Addressing the big question of direct access at the Dentistry Show
by Julie Rosse, BSDHT President

I was delighted to join a panel of leading thinkers on Saturday morning at the Dentistry Show to discuss the big and highly controversial question subject of direct access.

The GDC is due to debate and decide its decision on direct access on March 28, following a public consultation, although whatever the outcome, any changes or implementation are likely to be several years away.

On the panel were Bal Chana, President of BADT, Barry Cockroft, the Department of Health’s Chief Dental Officer for England, Christina Chatfield, Dental Hygienist & Clinical Director at the Dental Health Spa in Brighton, and Stephen Henderson, Dental Protection’s Senior Dento-Legal Advisor. The session was chaired by Shaun Howe.

We were presented with a selection of pre-set and direct questions from the floor, which centred around the perceived risks and benefits of direct access. The audience then used electronic devices to vote on specific questions.

As BSDHT members know, my feeling is there is no reason to prevent direct access. We (dental hygienists and therapists) have been treatment planning, recording indices and getting referrals for opinion from dentists for years and a vote for direct access would simply mean that any restrictions are removed allowing us to use our complete skills mix.

Bal Chana, another advocate of direct access, and I explained that we have provided a joint proposal to the GDC and that we would like to work with educational providers and deaneries to provide educational pathways should the decision be in support of direct access.

However, Stephen Henderson from Dental Protection pointed out that legally the Dentists Act did not allow for direct access because dental hygienists and therapists can only work to a dentist’s prescription and the law would have to be changed to move forward. He said the GDC decision was really based on patient safety. The question would be to convince the GDC that patients are safe in the hands of DH&Ts.

Australia and New Zealand already have direct access, which shows that it can work and it works well in those countries. Should they vote in favour, he said, the GDC would need to determine proper checks to ensure patient safety.
Christina Chatfield agreed, stating that the patient is, quite rightly, at the heart of this debate. She believes there are lots of people who do not visit the dentist and that direct access would open up pathways to these neglected people.

Barry Cockcroft said the demography of disease and the ease of access for patients meant that increasingly services are provided by the whole dental team. There is a greater focus on prevention and dealing with disease, especially among older people. He said the decision is about working in the best way as a whole team, balancing risks and opportunities.

The votes and panellists’ comments:

**Direct access - for and against**
- For: 85%
- Against: 15%

The panel, especially Barry, argued that this was a badly posed question, saying instead it should have been ‘does direct access pose greater risk to the patient?’

**Do you believe patient safety is a major issue?**
- Yes: 46%
- No: 46%
- Don’t know: 9%

**Would you consider opening your own private practice?**
- Yes, definitely: 24%
- Maybe: 33%
- Not sure: 13%
- No, never: 30%

My point to this response was that some of our members have opened their own practices but I explained that it wasn’t for everyone. We have found that many members want to work as part of a team with a collaborative approach, using their skills mix. Direct access removes the restrictions, allowing members more opportunities to act independently should they wish.

Stephen stressed that we must not lose sight of the fact that DCPs will have to prescribe anaesthetics etc, so it is not a straightforward change, just the beginning of a long journey of changes.

Agreeing, Barry said if the GDC changes the rules it will be done slowly - two years minimum. He said the provision of education would be very important, accepting that it won’t be for everyone and that individuals will have to demonstrate their skills and competencies.

Citing independent data, Christina said most DH&Ts just wanted to work alongside dentists, be treated like associates and respected for what they do.
Have you experienced access problems? (i.e. have patients turned up to see you for their appointment only for you to find you have not got a valid prescription?)

Often: 47%
Occasionally: 35%
Rarely: 14%
Never: 5%

This question sparked interesting and enlightening comments from the panel, with Stephen saying that he looks at dental records from lots of practices on a daily basis as part of his role. He said he was not surprised by the result of this question, explaining that some dentists were very poor at writing accurate and detailed records and that if one of the outcomes of the changes improved this aspect that could only be a positive thing.

I added that dentists should be taught to write records properly. In recent years, I had received a referral for a BPE of 5 – of which there is no such thing!

Bal said that the words ‘refer to hygienist’ are often the only detail of a referral dental hygienists and therapists are given! If we don’t get a proper BPE then dental hygienists and therapists are not working to a proper prescription anyway.

Would you consider accepting an NHS performer contract (as the contract stands right now)?

Yes: 22%
No: 42%
Don’t know: 35%

March 2013

ends