Update on Direct Access:
Changes to the GDC’s Scope of Practice and the regulations surrounding prescribing radiographs

Scope of Practice

The new GDC Scope of Practice document was published on 18th October 2013 and the main change for BSDHT members as dental hygienists or hygienist-therapists is that we can now diagnose within our Scope of Practice.

This is a real step forward and one that BSDHT welcomes.

However ‘check ups’ remain within the remit for the dentist and we cannot diagnose anything outside our Scope of Practice.

Radiographs

The new Scope of Practice also states that we can ‘prescribe radiographs’. This has been a bone of contention for a while as the radiology people were of the opinion that we are not on a prescribers list, so we were not allowed to prescribe.

The IR (ME) R regulations that most dental professionals are aware of date back to the year 2000, however a chance meeting with Neil Pick from Public Health England - formerly the National Radiological Protection Board whilst at the BDTA in October, informed us of the changes to the IR (ME) R regulations in 2006.
(There were further changes in 2011, but these yielded nothing further).

The 2006 update says:

‘Referrers: The Referrer must be a registered healthcare professional (a person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act (2002)).’

On clarification at a recent meeting of dental stakeholders, I can confirm the following:

Referrer – the person that decides that there is a justification for the radiograph.

Operator – the person that lines the patient up for the radiograph, and pushes the button.

Practitioner – the person who makes the clinical decision depending on what the radiograph shows and should preferably be a shared responsibility between the dental hygienist or hygienist-therapist and the dentist.

Employer – the person who owns the practice and is responsible to the authorities for the x-ray equipment.

So it is possible for dental hygienists and therapists with the appropriate training (i.e. those with a qualification in taking radiographs – same as that for BDS students) to be the Referrer, Operator and Practitioner.

The Employer has overall responsibility to the Radiological Protection Board for the radiography equipment – this is usually the dentist, but can be the dental hygienist or therapist if they are a practice owner.
Once the decision to take the radiograph is made, dental hygienists or hygienist-therapists can interpret the radiograph within their Scope of Practice. So for example, a dental hygienist or hygienist-therapist might take the radiograph to ascertain the bone levels – she/he can then diagnose a bony defect from what she or he sees radiographically and clinically.

Similarly, a dental hygienist or hygienist-therapist can also diagnose a cavity from the radiograph they have undertaken to ascertain the depth of the cavity.

However …

A dentist is required to write a report on the entire radiograph as it may show something that would not come within the Scope of Practice of a dental hygienist or hygienist-therapist.

The conclusion then, is that we can refer the patient for a radiograph (effectively prescribe it), take the radiograph, and record what we see – we still need a dentist though to write a report on the whole radiograph.

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