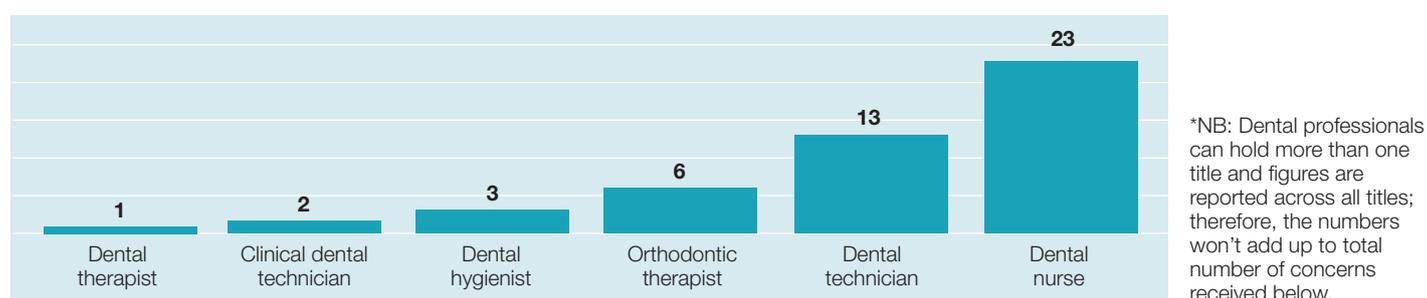


Spotlight on scope of practice: Q2 2019

1. Scope of practice concerns raised in 2019

Figure 1: Number of concerns received referencing scope of practice in 2019, by profession*



Total number of concerns raised in 2019:

1,413

Total number of concerns raised about dental care professionals in 2019:

240

Total number of scope of practice concerns in 2019:

37

NB: All cases relating to scope of practice were opened for an investigation.

2. About this publication

We are committed to providing a fair and transparent fitness to practise process, where concerns raised with us are dealt with in the right setting and within an acceptable timeframe. The system must protect members of the public and patients and maintain public confidence in the dental professions. Our aim is to do this while reducing costs and the number of concerns raised with us by shifting our focus from enforcement to prevention.

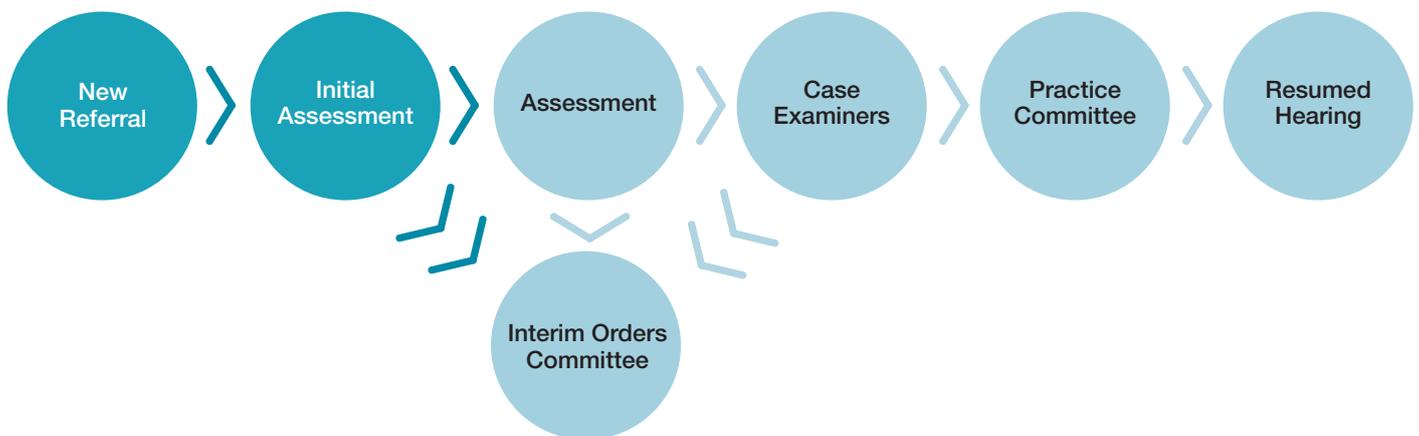
An important part of this approach is to share our insights from the fitness to practise process. Sharing this information will help to improve the understanding of the types of concerns raised with us and how they are processed. Equipped with this knowledge, dental professionals can be reassured of their current approach to various aspects of practice or can identify any potential issues or areas in need of improvement.

This publication considers cases raising a scope of practice concern. Please note that while the figures in this report relate to the number of cases at opened initial assessment only, the examples provided relate to cases that progressed to a fitness to practise hearing in 2019.

3. Initial assessment stage of the fitness to practise process

All concerns raised with us are considered by the initial assessment decision group. The group meets daily to review any concerns received and is made up of GDC staff members, including clinical dental advisers. Figure 2 illustrates how the initial assessment stage fits into the fitness to practise process, further details are also [available on our website](#).

Figure 2: Initial assessment stage



4. What is scope of practice?

‘Scope of practice’ is a way of describing what dental professionals are trained, competent and indemnified to do. It describes the areas in which dental professionals have the knowledge, skills and experience to practise safely and effectively in the best interests of patients.

We set out guidance on the skills and abilities that each dental professional should have, by title, in our [Scope of Practice](#) guidance document. It is not, nor intended to be, an exhaustive list of all of the tasks that a dental professional can do, but a guide. Ultimately, it is the responsibility of the individual dental professional to exercise their judgement as to whether they are appropriately trained, competent and indemnified to carry out a certain skill or procedure. Professional associations, expert societies and bodies, and indemnifiers may also provide advice to professionals on matters of scope.

Our Scope of Practice guidance document also describes the additional skills that a dental professional may develop to expand the scope of their practice. Therefore, it is important to note that a dental professionals’ scope of practice is likely to change over the course of their career, as they undertake further training and develop their skills.

5. Why is working within scope of practice important?

Dental professionals working beyond their scope of practice i.e. where they are not trained, competent or indemnified, is considered an immediate risk to patient safety because it can lead to incorrect and/or unnecessary treatment with the potential for patient harm.

Further, public trust and confidence in the dental profession is potentially undermined if dental professionals are not following the appropriate standards and guidelines related to their practice.

Importantly, a professional is likely not to be indemnified for procedures where they are not trained or competent. This can mean a patient would have no recourse to seek compensation if they suffered harm. Having [appropriate indemnity](#) is a legal requirement of all registered health professionals in the UK. This is taken very seriously by the GDC and will raise questions about the validity of individual's indemnity declaration required for annual renewal.

6. What types of cases were opened relating to scope of practice?

The following are examples of cases that were opened at initial assessment:

- A concern was raised about an **orthodontic therapist** who was potentially working outside of their scope. The concern was that the dental professional was not trained or indemnified to undertake a part of the clinical care they were providing, directly to patients, and was regularly working alone without any support.
- A member of the public raised a concern that a **dental technician** was seeing patients directly and providing dentures to them. Dental technicians do not provide any treatment directly to patients, but they may work alongside a dentist or clinical dental technician in a clinical environment. Therefore, providing dentures directly to patients was deemed as beyond their scope.
- Concerns were raised that a **dental nurse** was providing tooth whitening treatment, directly to patients. Tooth whitening is reserved for dentists, and under the prescription of a dentist, hygienists, therapists and clinical dental technicians may undertake this treatment. There are strict rules governing tooth whitening [under UK and European laws](#), which require a dentist to see a patient first before treatment can be administered. This treatment is therefore strictly outside of a dental nurse's scope.

The two following examples are of cases that progressed to a fitness to practise hearing:

- A patient initially raised concerns about care they received from a **clinical dental technician**. The patient had been provided with some partial dentures, which were not fit for purpose. When investigating, it emerged that the partial dentures had not been carried out under the prescription of a dentist, and subsequently, that the dental professional was not indemnified to carry out such a procedure without a prescription. The clinical dental technician was given conditions in order to keep practising.

- A **dental nurse** was reported by another professional for providing local anaesthetic and performing a restoration on a colleague. This was considered a serious breach of the dental nurse's scope of practice, given local anaesthetic is a prescription only medicine and restorations are restricted to other dental professionals.

Further, the dental nurse was not indemnified to provide such treatment. At the hearing, the dental nurse was able to demonstrate insight, remorse and showed evidence that remediation had already commenced. The dental nurse was given conditions, which included workplace supervision.

As a dental professional, what do I need to do?

- Ensure that you have undertaken and completed all of the relevant training and qualifications required to carry out the type of dental work you want to do. Check with your professional association, an expert society or your indemnifier if you are unsure.
- Be confident and competent in carrying out the treatment, if you are unsure always seek help from senior colleagues or ask a peer for assistance.
- Make sure that you have the correct indemnity to carry out the treatment, if you are covered by your employer, always check that it is in date and relevant to your role.
- Raise concerns within your workplace if feel you are being pressured to undertake duties that are outside of your scope of practice.