

## Direct Access to DCPs

### What is 'Direct Access'?

The restriction on dental hygienists and dental therapists requiring them to see patients on prescription from a dentist has been lifted by the GDC. Direct Access means giving patients the option to see a dental care professional (DCP) without a prescription from a dentist.

### Hygienists and therapists

The GDC's decision means that hygienists and therapists are now permitted to diagnose and plan treatment for patients for the full range of skills included in their scope of practice.

### *Dental nurses, orthodontic therapists, dental technicians and clinical dental technicians*

Dental nurses, orthodontic therapists, dental technicians and clinical dental technicians continue to carry out their scope of practice on the prescription of a dentist, with three exceptions:

- Dental nurses can participate in oral health programmes without the patient having to see a dentist first
- Orthodontic therapists can provide IOTN screening without prescription from a dentist
- Clinical dental technicians can continue to see edentulous patients for the provision of full dentures.

### What is not possible under direct access

The current NHS regulations require a full oral assessment to be made which precludes hygienists and therapists from treating patients in direct access arrangements on the NHS. **This means that currently direct access treatments can only take place in a private setting.**

Hygienists and therapists cannot prescribe medicines, local anaesthetics and radiographs so they must continue to work closely with dentists. Note that hygienists can prescribe local anaesthetics and fluoride supplements under a PGD from the practice principal, (See M 210)

Tooth-whitening treatments will continue to require a prescription from a dentist as this is a requirement of the EU cosmetics directive.

The administration of Botulinum Toxin (often called Botox™) is not the practise of dentistry and so it does not appear in the GDC's Scope of Practice document. As a prescription-only medicine Botulinum Toxin needs to be prescribed by a registered doctor or dentist who has completed a full assessment of the patient, so hygienists and therapists cannot carry out this treatment directly.

Injectable dermal fillers are classed as medical devices and so do not require a prescription. Hygienists and therapists who choose to provide these treatments to patients must be sure that they are trained and indemnified to do so.

### What direct access means in practical terms

- Patients can seek treatment from hygienists and therapists without the need to see a dentist first. However, direct access is not compulsory and whether or not to offer this service to patients is a business decision which individual practices will need to make
- NHS patients cannot be treated in direct access arrangements, as the regulations have not changed and NHS courses of treatment still require a full dental examination. Hence direct access arrangements are only possible in a private treatment setting. This may change in the future

- Hygienists and therapists are allowed to diagnose and plan treatment within their full scope of practice. The GDC's Scope of Practice is to be amended to reflect this change. All registrants have to be trained, competent and indemnified for the work that they do and those DCPs intending to work under direct access should review their CPD and training with their practices
- Practices and individuals should check the indemnity or professional insurance arrangements of staff working under direct access to ensure that it is appropriate
- Staff cannot be forced to see patients under direct access arrangements if they do not wish to. Direct access arrangements are not compulsory, and if a DCP prefers to work to the prescription of a dentist, they can continue to do so
- By the same token, a DCP cannot demand of the dental practice that employs them that direct access arrangements are brought in; it is for the practice owner(s) to decide whether the practice should introduce the arrangement
- There are no minimum experience requirements for a DCP to work under direct access but it is sensible for individual DCPs to ensure that they have the skills required

#### **Direct access under your current arrangements**

CODE believes that direct access arrangements will be highly beneficial to the practices that currently engage a hygienist. In this case direct access simplifies the arrangements at the practice as patients can now see them without first seeing a dentist for a prescription. This takes away a barrier to access, particularly for new patients. It also opens up a number of marketing opportunities. However, there are a few things that should be borne in mind:

- The hygienist should consider writing to the patient's dentist, informing them that they are seeing the patient and enquiring about recall periods and the date of the last examination (patient consent for this must be obtained)
- If a patient has not had a dental examination within their recall period, the hygienist/therapist should consider whether or not to treat the patient.

#### **Allowing independent direct access at your practice?**

If you receive a request from a hygienist, who is currently engaged by you, to provide independent direct access, i.e. patients would see them and pay them directly for hygiene treatment, CODE suggests exercising caution and the you consider postponing it until it has been tested at other practices and benefits have been seen, or the regulations change. This is because the benefits of allowing hygienists to run a 'practice within a practice' would seem to be outweighed by the additional administrative burden. However should you decide to allow independent direct access, you should consider:

- A licence to occupy the treatment room (M 247) with rental and other costs
- Arrangements for collecting payments and for them to be passed on to the hygienist
- Literature for patients about the arrangements
- Dedicated treatment plan forms and consent forms
- Additional information in practice brochures and on the website to clarify the roles and relationships
- Arrangements for booking the appointments
- A decision about CQC responsibilities and costs
- Arrangements for the independent practitioner to refer patients back to the practice team for necessary dental work or examinations
- Independent direct access protocols such as referral arrangement

**Direct access centres**

Whilst it is now possible to set up a hygiene/therapist centre, the likelihood of many being established would seem to be low. The costs of running a small practice are high, and are unlikely to be covered by the less advanced treatments that can be provided.

In this setting, hygienists and therapists will need to work closely with dental practices as they have a duty to refer patients with treatment needs outside their scope of practice. They should have clear referral arrangements in place in the event that they need to refer a patient for further advice or treatment and those arrangements should be made clear in their practice literature.

**Further information**

[GDC Guidance on Direct Access](#)

[GDC Questions and Answers about Direct Access](#)

