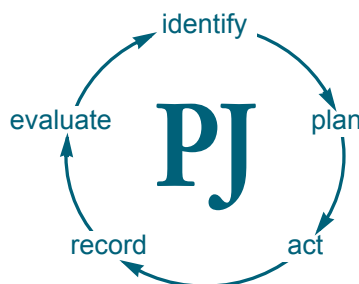


ORAL CARE

# (1) DENTISTRY

By Derrick Garwood, BDS

*In the run up to National Smile Week (12–18 May), a series of four articles looks at oral care. This first article gives an overview of the dental profession and dental services*



## identify gaps in your knowledge

1. Apart from the dentist, who else might be part of the dental team?
2. Name one cross infection control measure that a dentist should employ.
3. What types of dental services are there?

This article relates to the Royal Pharmaceutical Society's core competencies of "health education and promotion" and "appropriate advice" (see "Medicines, ethics and practice — a guide for pharmacists", number 26, July 2002, pp105–6). You should consider how it will be of value to your practice.

For many people, the pharmacy is the first port of call when they have oral symptoms, such as a toothache or mouth ulcers. Pharmacists can contribute to oral health in many ways. In addition to responding to oral symptoms, they sell and provide advice on products to prevent dental disease, and dispense and advise on dental prescriptions. Pharmacists are also ideally placed to work with the dental profession to support dental health education messages.

To provide background knowledge for talking to patients about their oral health care and working with dentists, the first two articles in this series will focus on the dental profession and team, basic dental structures and dental procedures. The last two articles will look at oral symptoms and other areas in which pharmacists can help to improve oral health.

### GENERAL DENTAL SERVICES

Approximately 40 per cent of people in the United Kingdom do not have a regular dentist. When they require a check-up or treatment, sometimes at short notice, the pharmacist is often asked about local dental services. Supplying a list of practices in an area is relatively straightforward, but finding practitioners willing to provide National Health Service treatment can be a different matter. According to the recent Audit Commission report on primary dental care,<sup>1</sup> 50 per cent of dentistry is now carried out privately in the south of England, 40 per cent of practices no longer register patients for NHS continuing care, and one health authority reported that only four out of 90 practices were accepting NHS patients, and then only children and adults who were exempt from payment.

Lists of NHS practices can be obtained from primary care trusts. Customers looking for a dentist can also be advised to ring NHS Direct which should provide them with details of dental surgeons willing to accept NHS patients, although this may only be for emergency treatment and not for continuing care. In some parts of the UK, patients may have to be prepared to travel a considerable distance for an appointment.

The major cause of this access problem is chronic underfunding. Estimates of the hourly cost of running a surgery range from £35 upwards, and last year the House of Commons' Health Select Committee reported: "The [dental services] fee structure encourages the movement of dentists out of the NHS. It also discourages preventive dental care and the maintenance of good oral health."<sup>2</sup> This being the case, the role that pharmacists can play in promoting oral health is even more valuable. Another factor that contributes to poor accessibility to NHS dental treatment is the sheer volume of

paperwork required — it is not surprising that many practitioners move from 40-patient days and struggling with a 300-item fee scale to the relative tranquillity of private practice.

Some treatments, such as veneers and implants, are only available privately and, in addition, the Dental Practice Board (which has similar functions to the Prescription Pricing Authority) can determine which NHS treatment may be provided in an individual case. For example, where a patient has lost two or three teeth, the DPB may only approve the provision of a removable denture to replace them, rather than bridges, which would be more expensive. Some surgeries offer private capitation schemes. These involve patients paying a regular monthly fee and having regular check-ups. When treatment is required the dentist's time is provided free, although patients are responsible for the technician's charges if, for example, they require a crown or denture. The size of the monthly fee depends partly on an individual's previous dental history: the more extensive the work carried out in the past, the higher the fee.

### OTHER TYPES OF DENTAL SERVICE

In addition to the general dental services (GDS), other types of dental service exist. The community dental services (CDS) provide dental care for people who have difficulty getting treated in the GDS or who need treatment that is not available in the GDS. Unlike GDS dentists, who are self employed, CDS dentists are employed by primary care trusts. Their work can include visiting schools and treating patients at home or in nursing homes.

Personal dental service (PDS) is a relatively new type of service created as part of the Government's NHS modernisation agenda. Similar to local pharmaceutical services in pharmacy, PDS pilots have explored new ways for dentists to work within the NHS. For example, some GDS dentists have negotiated a salary from their PCT for helping to develop dental access centres in areas where oral health is poor. The hospital dental service concentrates on providing consultant advice and treating patients referred by their dentists.

### DENTAL QUALIFICATIONS AND REGISTRATION

The basic dentistry qualifications in the UK are the degree of bachelor of dental surgery (BDS or BChD), which is awarded by a

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university, and the licentiate in dental surgery (LDS) of the Royal College of Surgeons. Both are of equal standing.

The dental syllabus covers not only the various dental disciplines but also related subjects such as anatomy, physiology, pharmacology, medicine, surgery, biochemistry and pathology. In addition, there is a broad range of postgraduate qualifications which require further study and almost always involve some specialisation. Among the most frequently encountered are the following:

- DDH — diploma in dental health
- DDS — doctor of dental surgery
- DOrth — diploma in orthodontics
- FDS — fellowship in dental surgery
- FGDP(UK) — fellowship in general dental practice (UK)
- MDentSci — master of dental science
- MDS — master of dental surgery
- MFGDP(UK) — membership of the faculty of general dental practitioners (UK)

Pharmacists are also likely to come across various overseas qualifications, particularly now that the proportion of UK-trained dentists joining the dental register each year has fallen below 50 per cent. For example, in 2000, 807 graduates of British dental schools joined the register, compared with 909 from overseas institutions.

The registration process for dentists who qualify outside Britain depends upon their country of origin. Nationals of European Economic Area (EEA) states who are EEA-qualified simply have to submit a comprehensive package of documentation which includes their passport, degree certificate, a medical report and a letter of good standing from the most recent country in which they practised. There is no requirement to prove they are proficient in English — in fact they cannot legally be required to take a language test. Similar regulations apply to graduates who qualified in certain Commonwealth and former Commonwealth countries before 1 January 2001. For all other applicants the procedure is more rigorous.

The GDC is responsible for protecting the public and regulating dental professionals in the UK, both those working in the NHS and in private practice. Anyone wishing to work as a dentist must have a licence to practise from the GDC and appear on the dentists register, for which their qualifications and fitness to practise are checked. People wishing to ensure that a dentist is entitled to practise can telephone the GDC. Those with internet access can visit the GDC web site ([www.gdc-uk.org/](http://www.gdc-uk.org/)) and search the register themselves, using the dentist's forename, surname, town or postcode.

Legally, dentists are allowed to prescribe all prescription-only medicines. However, under the NHS, this is restricted to drugs listed in the dental formulary. In addition, the GDC takes the view that dentists should only prescribe in connection with bona fide treatment and the Royal Pharmaceutical Society's advice is that pharmacists should consider the appropriateness of dispensing a dentist's prescription for drugs that fall outside the sphere of dentistry.

## QUALITY OF THE PRACTICE

Having identified a suitable practice, prospective patients' primary concerns are that the dentist is friendly and the treatment is painless, but pharmacists might be asked how the surgery's professional standards can be assessed. This is not an exact science, but there are some useful indicators and guidelines.

If the patient makes an appointment in person, he or she can check there is an adequate number of staff and that they are friendly, helpful and willing to answer questions. The premises should be clean and comfortable with oral health education material available. It may become apparent whether or not patients are seen on time, although this can be tricky to interpret. Morning and afternoon sessions should always begin punctually, but being on schedule at other times could be a result of good planning and organisation, or of rushing and not seeing emergency patients. Certainly, no one should be kept waiting for more than an hour unless the circumstances are exceptional.

At the first appointment the dentist should be courteous and genuinely interested in the patient's health. Before beginning the oral examination, a comprehensive medical and dental history should be taken, which includes details of any medication. It is

## action : practice points

1. This year, the theme of National Smile Week is oral health and beauty. Plan an event for Smile Week (12–18 May). An event organiser's guide is available free from the British Dental Health Foundation (call 0870 770 4012 or visit [www.dentalhealth.org.uk/smileweek/](http://www.dentalhealth.org.uk/smileweek/))
2. Find out which dental practices in your area are offering NHS treatment, and to which categories of patient.
3. Speak to your dentist about how pharmacists can help improve oral health.

## evaluate

How could your learning have been more effective?  
What will you do now and how will this be achieved?

essential that adequate cross infection control measures are in place; these include the wearing of surgical masks and gloves for examinations and treatment, hot sterilisation of instruments and the use of disposable instruments where possible. On concluding the examination, the dentist should draw up a treatment plan and discuss the various treatment options, clearly explaining the advantages and disadvantages of each, as well as the cost and whether they will be carried out privately or under the NHS.

## THE DENTAL TEAM

The dental team may include receptionists, dental nurses, dental hygienists, dental technicians and dental therapists. Dental nurses support the dentist by preparing dental instruments and materials, making sure the patient is comfortable and assisting during operative procedures. No academic qualifications are required, although a few dental hospitals offer courses leading to a national certificate.

Dental hygienists carry out procedures such as scaling, polishing and fissure sealing. The GDC's diploma in dental hygiene and registration with the GDC is a practice requirement. It takes about two years to become a hygienist and subjects studied include anatomy and physiology. Dental therapists are less common than hygienists. They carry out scaling and polishing, but also restore and extract teeth in certain situations, acting on a dentist's instructions. If trained, they can also provide emergency temporary replacement of fillings and crowns. Subjects studied for the diploma in dental therapy include preventive dentistry, dental pathology, simple restorative procedures, radiography and pharmacology.

Dental technicians make crowns, bridges, dentures and braces, working to dentists' and doctors' prescriptions. Work can be divided into four specialised areas: prosthodontics (designing and making dentures), orthodontics (making braces), conservation (crown and bridge work) and maxillofacial (helping to reconstruct the faces of patients who have suffered disease or accidents. Currently, there are no minimum requirements to work as a dental technician, but the formal qualification is a BTEC National Diploma in dental technology.

## USEFUL TELEPHONE NUMBERS

- NHS Direct 0845 4647
- General Dental Council 020 7887 3800

## REFERENCES

1. Audit Commission. Primary dental care services in England and Wales. 2002: London; Stationery Office.
2. First Report from the Health Committee, Session 2000–2001, Access to NHS Dentistry. 2001: London; Stationery Office.