

The modern day dental nurse – the pathway to nurse-led clinics

Rachel Hughes has successfully implemented a nurse-led clinic at her practice based solely on using the extended Scope of Practice. Here she discusses what exactly extended Scope of Practice is and how other nurses can use it to develop as individuals and to the benefit of their patients and practices

When the General Dental Council (GDC) implemented statutory registration for all dental care professionals in 2008, it was greeted with mixed emotions. There was confusion over what it actually meant. It even led to some nurses deciding they didn't want to continue their future in dentistry. Six years on, it is an entirely different story.

Statutory registration has opened doors for dental nurses to become treatment providers in their own right. The GDC'S *Scope of Practice* outlines not only our roles and responsibilities with regards to chairside assistance and surgery management, but also how we can progress and develop ourselves through extended scope of practice (GDC, 2013).

Extended scope of practice

As a dental nurse we can 'further skills in oral health education' (GDC, 2013).

Does this mean taking a formal qualification in oral health education? The GDC does not suggest this, but I personally would want that as a qualification to be confident in my knowledge and delivery of the role.

And what practice would not want or see the benefit of oral health education as a useable service for their patients? Education, health and prevention should be at the heart of every practice. Having

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a nurse or team of nurses who are competent in delivering important dental messages is vital and when the new NHS contracts become active this role will be integral. It is a service and benefit that many private practices are already delivering.

We should be educating the young to build good habits, giving preventative advice to all, and building compliance with our patients to complement the hard work of the hygiene and therapy team.

Structured programme of care

Patients with long-term health problems or who are medically compromised can be entered into a structured programme of care. During any of these sessions topical application of fluoride varnish can also be prescribed for any at risk patients and all can be competently carried out by a trained dental nurse. Nurses and oral health educators are also fantastic at awareness campaigns, I have seen some amazing concepts for motivating and communicating with patients from dental nurses and we should be reaching out to the wider community.

Radiography

Taking radiographs to the prescription of a dentist has long been a way for dental nurses to progress their careers, however I speak to so many dental nurses who do not get to use the skill actively in practice. The excuses are always the same: 'I feel my dentist doesn't trust me' or 'my dentist thinks it's just quicker and easier for him/her to do it'.

Taking a full set of diagnostic radiographs can be time consuming for a dentist, add to that a patient with a gag reflex or who is dentally anxious, and before you know it the dentist is behind schedule and under pressure in surgery, and potentially cutting corners on care and communication. Taking radiographs can be passed over to a dental nurse who



Figure 1. Dental nurses can take radiographs, saving the dentist time and offering a high level of care to patients

can complete the appointment, deliver a high level of care and communication, but also engage with the patient on a different level. Patients will feel more relaxed, and quite often conversation leads itself to discussing other services that are offered in-house. In addition, the patient gets to see the nurse and a nurse's role from a different perspective.

Dental impressions

Taking dental impressions to the prescription of a dentist or CDT is a skill that more and more dental nurses are developing, either by informal in-house training or through recognised training days and completion of a record of experience. It is important to bear in mind here that some indemnity providers will only cover you if you have received formal training.

A nurse who is trained to take dental impressions is a benefit to any business. In a GDC document *Dental Team Working Frequently Asked Questions*, it states that 'Dental care professionals are able to take impressions to the prescription of a dentist as long as they are fully trained and competent' (GDC, 2010).

So, for example, if your practice offers orthodontic treatment, a nurse can easily facilitate all the record taking stages, including alginate or silicone impressions, a bite registration and intra and extraoral photographs, following on with retainer impressions. Dental nurses can also take impressions for dentures, bite guards, whitening trays, surgical stents or just about anything that requires an impression.

In addition to this the nurse can then pour, cast and trim study models and fabricate either a vacuum formed whitening tray, a mouth guard or an orthodontic retainer.

This is not only another great skill for a nurse to develop, but can cut down on a patient's waiting time for appliances and also saves on laboratory fees.

Tooth whitening

For those nurses involved with tooth whitening treatments, it is possible to take intra and extraoral photographs to form pre- and post-treatment records and also take a tooth shade. Dental nurses can now also place a liquid dam, which means that they can take a more hands on role when assisting with whitening treatments.

Other options

There are of course other routes for personnel development within extended scope of practice.

Dependent on the practice or setting in which you work, you may have the opportunity to assist with the treatments of patients under conscious sedation. The National Examining Board for Dental Nurses (NEBDN) have a fantastic qualification for those of you who wish to develop this skill further.

You can also further develop skills in special care nursing if you work with patients who have complex health and social care needs—the NEBDN also offer a qualification in this.

Orthodontic nurses can gain a recognised qualification to develop elements of the extended scope such as tracing cephalometric radiographs, casting models and adjusting removable appliances.

Conclusion

The extended scope of practice is paving the way for the modern day dental nurse. A nurse can become a treatment provider in a way that is bespoke both to them and the needs of the practice. The extended scope is constantly under review and the more dental nurses that upskill and join together to deliver good quality patient focused care, the more our scope will be increased.

If nurse-led clinics are to be the future of dentistry, then dentists need to let their nurses release their potential and start giving them the autonomy to carry out their extended scope. If dentists are not sure or convinced of their ability then they should mentor their dental nurses to nurture and develop their skills. DN

General Dental Council (2010) *Dental Team Working Frequently Asked Questions*. GDC, London

General Dental Council (2013) *Scope of Practice*. GDC, London