



Removing Barriers Through Expansion of Scope

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Introduction

Our intention is to highlight issues in the wording of the current Scope of Practice policy that create barriers for both patients and us as dental care professionals. We aim to show how modifications to the policy, rather than to legislation, would enable Clinical Dental Technicians to enhance patient care while working safely and effectively within the dental team as regulated professionals.

Clarification

Are we suggesting that CDTs should be able to prescribe partial dentures for a patient without a prescription from a dentist or without establishing current oral health?

No

Are we suggesting the current Scope of Practice for CDTs creates unnecessary boundaries for patients and CDT's?

Yes

Are we as an Association advocating the maintenance of existing dental appliances without a need for prescription from a dentist unless there are concerns about the patient's oral health using professional judgement as part of a conjoined cohesive dental team?

Yes

Are we as an Association advocating for the replacement of existing dental appliances without need for further prescriptions when oral health has been established by a recent visit to a dental care professional, using professional judgement if there are concerns about the patient's oral health and referring as appropriate.

Yes

Are we suggesting valuable dental appointment time could be saved with changes to the wording of the current Scope of Practice Policy without any change in legislation to improve patient's pathways?

Yes

What we are suggesting as an Association

As an association we are suggesting modelling the UK scope of practice with the current Republic of Ireland Scope.

The reasoning behind a push to model the current UK scope of practice with that of Republic of Irelands Scope of Practice is that at the inception of the dental register in the United Kingdom and Republic of Ireland all CDTs would have trained and been accredited in the United Kingdom which would clearly align all CDTs with the same educational learning outcomes.

Other than continual professional development, which is a requirement for all CDTs, there hasn't been a requirement for CDTs in the republic of Ireland that qualified in the UK to have any additional learning or upskilling to work within their current scope.

The Scope of Practice in the Republic of Ireland has been in place for a similar length of time as the United Kingdom and has had no adverse impact on patient safety, to date there has been no Fitness to Practice cases brought against a CDT working under their current Scope of Practice.

The Scope of Practice in the Republic of Ireland is reviewed and monitored and found fit for purpose at this time.

The Scope of Practice in the Republic of Ireland has been in place for 16 years and would constitute a firm feasibility study and working model with no adverse impact to patient safety.

Why change and is there a need?

The United Kingdom Scope of Practice states

“CDT’s provide complete dentures direct to patients and other devices on prescription from a dentist”.

“Patients with natural teeth or implants must be see a dentist before a CDT can begin treatment”.

“CDT’s refer patients to a dentist if they need a treatment plan or if the CDT is concerned about the patient’s oral health”.

All three statements pose questions.

1. All other devices on prescription from a dentist, if oral health has been established by a recent visit with a dental care professional and the appliance has been removed and replaced during the check-up and a replacement appliance hasn’t been advised it would stand to reason that the appliance is deemed fit for purpose and oral health has been established, removing the need for a further prescription. If this was the patient preferred course of treatment would there be a need for further prescription?
2. Patients with natural teeth or implants must see a dentist before a CDT can begin treatment. If oral health has been established through a recent check-up would there be a need for further prescription, maintenance of denture would be problematic with this statement if a patient hadn’t had a recent visit with a dentist, it could be suggested that in these cases professional judgement is used, if there is a concern about the oral health of the patient pathways would be promoted all acting in the best interest of the patient.
3. CDT’s refer patients to a dentist if they need a treatment plan of if there are concerns about the patient’s oral health, as an association we believe there are no real issues with this statement as the emphasis is on the word **if**. If a CDT requires a treatment plan and **if** a CDT is concerned about the patient’s oral health, and oral health is established would there be a need for a treatment plan from a dentist? The statement also acknowledges the professional ability of a CDT to recognise and refer when necessary.

Furthermore, under a CDT’s current SOP it states a CDT can vary the detail but not the direction of a prescription according to the patient’s needs, it could be suggested that this statement recognises a CDTs ability to prescribe an appropriate denture for a patient’s needs as the prescribed denture would be unsuitable, without changing the direction i.e. the patients need for a denture.

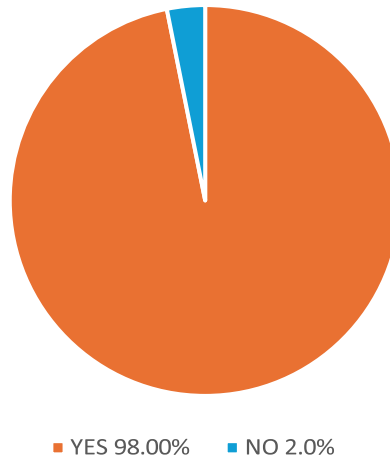
The need for a prescription is unnecessary but the need for unhindered information about a patient’s oral health is needed.

The Clinical Dental Technicians Association has a membership of 217 CDT’s which constitutes over half of the currently registered Clinical Dental Technicians within the United Kingdom.

In a recent survey polled in 2024 concerning our current Scope of Practice the following questions were posed.

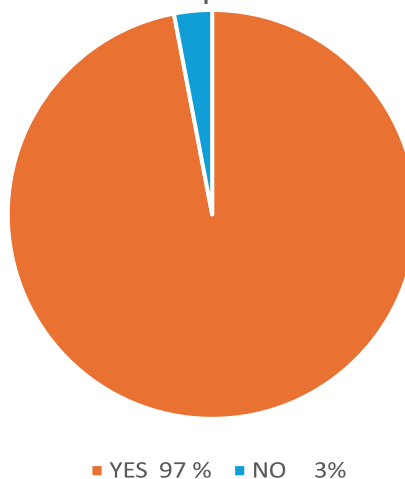
1. Do you support a change to our Scope of Practice, mirroring the Republic of Ireland's, enabling CDTs to maintain existing dentures without further need for prescriptions from a dentist unless there are concerns about the patient's oral health? Maintenance would include repairs, relines and addition of teeth.

Results question 1



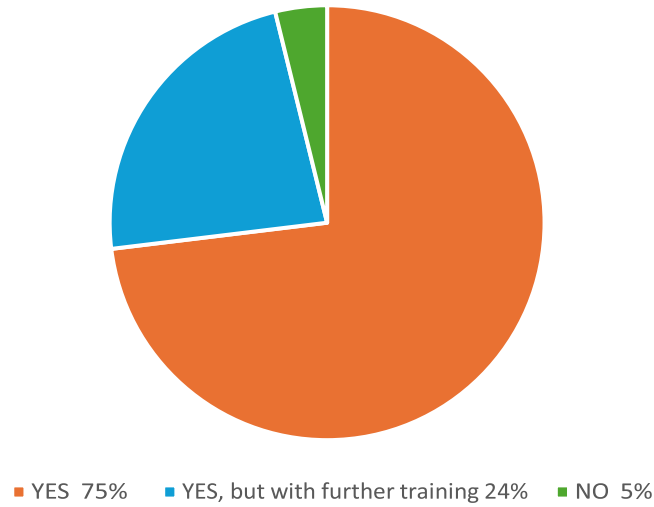
2. Would you support a change in our Scope of Practice so once oral health has been established, we are able to replace existing denture without further need for a prescription unless there are concerns for the patient's oral health?

Results question 2



3. At this time would you like the CDTA to pursue the ability to prescribe partial denture?

Results question 3



4. Do you frequently encounter situations where patients face barriers accessing dental care due to current Scope of Practice restrictions for Clinical Dental Technicians (CDTs)?

Results question 4



Establishing oral health and prescribing in the Republic of Ireland

The Republic of Ireland Scope of Practice states, Clinical Dental Technicians are registered dental health care professionals who provide complete dentures directly to patients and partial dentures when the oral health of the patients is established through recent visits to a dentist.

A CDT must only provide treatment that is in the best interest of the patient and with their consent and preferred course of treatment respected.

Implant-retained removable dentures may only be provided as part of a conjoined treatment plan with a registered GDP.

A CDT must refer patients to a dentist for treatment that is outside their scope of practice or if they are concerned about the patient's oral health.

1. Fabricate, fit, insert or fix removable denture protheses and the clinical and laboratory work preparatory work thereto, including the establishment and maintenance of all relevant records.
2. Give advice to or the attendance on patients for such purpose.
3. Ongoing maintenance of protheses.
4. Establish infection control prevention and control procedure in their premises.

The difference between their practice and our current Scope of Practice here in the United Kingdom is notable. In the UK, a CDT would still necessitate a prescription to replace a denture upon a patient's request, even if the patient's oral health has been confirmed through recent dentist check-ups within their regular cycle. During such check-ups, if the patient's oral health and suitability for the appliance are affirmed and a replacement denture is advised if deemed necessary, the question arises: if, during an oral examination by a dentist, the patient isn't advised to obtain a new appliance after the denture is removed, does it not indicate that the patient is indeed suitable for a denture, given they already have an existing one?

We, as an Association, believe that if our current scope aligns with that of the Republic of Ireland, then surely the need for a prescription for a replacement denture would be eliminated, as the patient's oral health and suitability have already been established.

In both Scopes of Practice, including the draft document published in late 2023, there is a significant emphasis on CDTs referring patients through appropriate pathways within the dental team, particularly if the CDT has concerns about the patient's oral health. This statement clearly acknowledges and underscores the CDT's capability to recognize abnormal oral mucosa and related underlying structures, thereby acting in a professional and ethical manner by referring to other dental care professionals if necessary.

CDTA draft revision of the current Scope of Practice 2024

Clinical Dental Technicians (CDT's)

Role within the dental team

Clinical Dental Technicians are registered Dental Healthcare Professionals who provide complete dentures directly to patients and partial dentures when the patient's oral health has been established through recent visits to a dentist or a suitably qualified dental care professional.

A CDT must only provide treatment that is in the best interest of the patient and with their consent and preferred course of treatment respected.

Implant retained removable dentures may only be provided as part of a conjoined treatment plan with a suitably qualified clinician.

CDT's work collaboratively with other members of the dental team and refer patients for treatment that is outside their competency, training, and scope of practice or if they are concerned about the patient's oral health.

What CDT's do

- CDT's plan, design, manufacture, and fit dentures and other removable appliances, carrying out clinical examinations and procedures related to providing removable appliances.
- Give appropriate advice.
- Maintain full, accurate and contemporaneous patient records.
- Provide ongoing maintenance of prothesis.
- Establish infection control prevention and control procedures in their premises.
- Recognise abnormal oral mucosa and related underlying structures and refer patients to other healthcare professionals.
- Take and process radiographs and other images related to providing removable dental appliances.

Additional Skills

Additional skills a CDT with additional training could develop include:

- Oral health education
- Providing sleep aid devices as a conjoined treatment with a suitably qualified clinician
- Prescribing radiographs
- Replacing implant abutments for removable dental appliances.
- Prescribe Partial denture.

Boundaries of the role

Clinical Dental Technicians are not permitted to undertake invasive treatments.

Conclusion

We as an Association would suggest as in the Republic of Ireland and acting in the best interests of the patient that ongoing maintenance of a patient's denture for repairs, relines and additions shouldn't require a prescription from a dentist prior to treatment commencing for patients that are already being monitored by the dentist unless the CDT has concerns about the patient's oral health.

For patients that are not registered with a dentist, access and pathways should be promoted, and professional judgment adhered to and working in the best interests of the patient should be considered before commencing treatment.

We would suggest that working in the best interest of the patient, the need for a CDT obtaining a prescription for a replacement denture for a patient that is currently being seen and has been seen recently by a dentist would be unnecessary unless the CDT is concerned about the patient's oral health or requires information to aid design.

A patient should see a dentist, there is no question of this fact, and this should always be promoted, and pathways encouraged but, as is well documented - access to dental care is currently an issue and with added issues such as dental phobias this creates access barriers for patients.

In many cases the first dental care professional many denture wearing patients have seen in years are CDT's, it is our duty as dental care professionals to advise and facilitate the most appropriate pathways, hence why at this time the CDTA would not advocate CDT's prescribing all removable partial dentures, only the maintenance and replacement of a patient's current appliance to improve a patient's wellbeing, function, and dignity, unless a patient's oral health has been recently established.

Patient safety is often put forward as a reason for not allowing more flexibility to CDT's work practices. However as documented the Republic of Ireland are an example of equivalent roles with no adverse patient safety issues, so is safety a perceived or genuine reason for restriction?

Training will doubtless be flagged as an issue. However, the ECPD and its CPD predecessor provide an easy source of verifiable evidence for both the regulator and indemnity providers.

A greater understanding of a CDT's role and boundaries are needed by the wider dental team to achieve a truly patient centred approach to treatment, the understanding from a dental surgeon that CDT's are requesting information about a patient's current oral health and to establish the best course of treatment for the provision of a removable appliance and that this is a request from a dental care professional and also requirement to be able to provide a suitable appliance of which the CDT will take responsibility needs to be emphasised across the dental team. The only good ethical and professional reason to refuse or hinder the progression of treatment of a patient should be sound clinical reasons not a misunderstanding of the role or professional standing of a Clinical Dental Technician.

Collaborating effectively with all members of the dental team and recognizing the diverse roles within it can greatly enhance equality, diversity, and recognition for all dental care professionals. Ultimately, this teamwork fosters an environment conducive to improved patient care.

