1 Career Development Pathways

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Introduction

This book is intended primarily for dental nurses who have obtained their national certificate or National Vocational Qualifications (NVQ) equivalent and would like to consider changes in their career development or extend their knowledge and skills, particularly in the areas of oral health education, special needs, orthodontic, sedation and implantology nursing. The recently extended remit for dental nurses has not been included as this is addressed in other texts such as the teamwork publication Changing Roles in the Dental Team published by the Faculty of General Dental Practice, UK.

Dental radiography has been excluded not only to reduce the cost and size of this book but also because there are a number of useful textbooks covering this area already on the market, such as Radiography and Radiology for Dental Nurses, to which the interested reader is referred. Since general anaesthesia (GA) is now not undertaken in a primary care environment and the number of nurses wishing to specialise in this area has significantly diminished, GA nursing has also been omitted.

Legal framework

In May 2001, the General Dental Council (GDC) approved a commitment to regulate all the members of the dental team, now known as dental care professionals (DCPs). This term includes:

- dental nurses
- dental technicians
- clinical dental technicians
- dental hygienists
- dental therapists
- maxillofacial technicians
- orthodontic therapists.

This regulation came into force following the amendment by Parliament of the Dental Auxiliaries Regulations 1986. The aim of the GDC in this development was to produce caring, knowledgeable, competent and skilful individuals who are able to accept professional responsibility within the framework of their particular area of knowledge and
competence, and who contribute to the safe and effective care of the patient. They will appreciate the need for continuing professional development (CPD) that will foster the knowledge, understanding, skills and attitudes that promote effective lifelong learning and support.

The implementation of statutory registration has ensured dental nurse updating on an annual basis to make sure that they are ‘fit to practise’. This process makes dental nurses a professional body that must be prepared to abide by the GDC rules and code of conduct. They are liable to disciplinary and misconduct procedures, which could, in extreme circumstances, result in removal from the register. In such circumstances, that person would no longer be able to practise as a dental nurse.

**Governing bodies and professional associations**

**General Dental Council**

The GDC was created in 1956 and is currently constituted by the *Dentists Act 1984*, which was amended in 2005. It protects the public by regulating dental professionals in the UK. All dentists and DCPs are required to register with the GDC.

The role of the GDC is to protect the patient by:

- keeping up-to-date lists of properly qualified dentists, hygienists and therapists
- setting high standards of dental practice and conduct
- maintaining high standards of dental education
- requiring dentists and DCPs to take part in CPD
- taking appropriate action if there is concern about whether a dental professional should be allowed to continue to practise dentistry.

The GDC has undergone a modernisation programme following new legislation implemented through a series of amendments (Section 60 orders) to the Dentists Act 1984. The Council is now much smaller, consisting of 24 members made up of eight dentists, four DCPs and 12 lay people. Further information can be obtained from the GDC website (www.gdc-uk.org).

**National Examining Board for Dental Nurses**

The aim of the National Examining Board for Dental Nurses (NEBDN) is to ‘advance the education of dental nurses for the benefit of the public’. This is achieved by:

- providing qualifications for dental nurses
- publishing syllabuses of study
- issuing certificates and badges
- standard setting for the qualifications
- liaising with other appropriate bodies.
The NEBDN was established in 1943 to provide a national certificate in dental nursing. A part-time secretary was employed to undertake administrative and secretarial duties. The head office was established in Leyland, Lancashire, where the secretary shared offices with the British Association of Dental Nurses (BADN). It relocated to Poulton-le-Fylde, Lancashire, in 1963 and then to Fleetwood (also in Lancashire) in 1978, where it remains to date.

The NEBDN consists of registered dental nurses and dentists, with a current establishment of 400 members. New examiners are appointed according to the needs of the Board. These members form the panel of the Board, from whom 12 council members are elected. The Council is responsible for the finance and administration of the Board. Within the Council are five executive committee members who are empowered to undertake the business and strategic planning of the NEBDN.

The NEBDN currently provides:

- National Certificate for Dental Nurses
- NVQ Level 2 Oral Health Support Worker
- NVQ Level 3 Oral Healthcare Dental Nursing
- Certificate in Oral Health Education
- Certificate in Dental Sedation Nursing
- Certificate in Dental Anaesthetic Nursing
- Certificate in Special Care Dental Nursing
- Certificate in Orthodontic Dental Nursing
- Certificate in Dental Implant Nursing.

Further information can be obtained from the NEBDN website (www.nebdn.org.uk).

British Association of Dental Nurses

The British Association of Dental Nurses (BADN) was established in 1943 with the NEBDN and is also based at Fleetwood, but in different premises from the NEBDN. The association is the professional organisation committed to the representation of all dental nurses, whether qualified or unqualified, working in all areas of employment. The BADN represents dental nurses at all levels and has representation on many working groups, including the NEBDN. It negotiates and represents the interests of dental nurses on remuneration and working conditions. All dental disciplines have journals published by their own associations, and the BADN is no exception. The BADN journal is published every three months, highlighting relevant workplace issues, letters of concern/praise, aspects of good practice and employment vacancies. It is an excellent source for keeping up to date. Further information can be obtained from the BADN website (www.badn.org.uk).

British Dental Association

The British Dental Association (BDA) is the trade union and national professional association for dentists. It represents approximately 18,000 dentists in the UK in all dental
services, although the majority are from general dental practice. It strives to promote the interests of its members, to advance the science, art and ethics of dentistry, and to improve the nation’s oral health. In pursuing its mission the association is guided by the following beliefs and principles.

- Oral health is necessary for general health and well-being.
- Quality oral health should be easily accessible to everyone.
- Quality oral care is best provided by co-ordinated teams led by dentists and with well-trained support staff.
- Research into oral health and the delivery of quality oral healthcare is to be actively encouraged.
- Collaboration between the association and other appropriate dental bodies is to be actively pursued.

Further information can be obtained from the BDA website (www.bda-dentistry.org.uk).

Faculty of General Dental Practice [FGDP(UK)]

Since its inception in 1992, the Faculty of General Dental Practice (UK) has been the academic home of dentists working in the field of primary dental care. The primary aim of dentistry is the oral health and well-being of the patient, and the FGDP recognises that the care of the patient really is a team effort. Dentistry cannot function without the highly capable support of a whole team of dental professionals, and so the Faculty has developed an approach to education and training that increasingly encompasses the whole of the dental team. The FGDP(UK) welcomes dental care professionals (DCPs) and offers affiliate membership to all DCPs, including dental nurses, who are subject to registration with the GDC. The Faculty also offers diplomas in dental hygiene and dental therapy and has recently established an RCS Eng Diploma in Orthodontic Therapy and a route to GDC registration for clinical dental technicians.

Continuing professional development (CPD)

Continuing professional development is often perceived as education that continues if and when required by the individual. It is in fact lifelong learning that should be ongoing throughout a person’s working life. It does not always involve formal studies, and can be achieved through various methods of learning.

It is an individual’s responsibility to undertake CPD in order to maintain, enhance and broaden professional knowledge already gained. The benefits of this process can include:

- increased job satisfaction
- promotion of awareness of issues or problems
- improved communication with colleagues
improved efficiency
improvement in career prospects
a greater commitment to the workplace.

Following statutory registration, compulsory CPD requirements were introduced in August 2008 by the GDC. All DCPs must keep a record of their CPD activity from the time of their registration. It is necessary to complete at least 150 hours of CPD every cycle of five years, of which at least 50 hours need to be verifiable CPD. For CPD to be classed as verifiable it must satisfy four conditions.

- There must be documentary proof of having taken part provided by the activity provider or organiser.
- The activity should have clearly defined, concise aims and objectives.
- The activity should have clearly defined anticipated outcomes so that it is evident what can be gained by taking part.
- The activity should have quality controls: there should be an opportunity to provide feedback so that the quality of future activities can be further improved.

Verifiable CPD should include a specified amount of time in three identified core subjects. These are medical emergencies (at least 10 hours in every CPD cycle); disinfection and decontamination (at least 5 hours in every CPD cycle); radiography and radiation protection (at least 5 hours in every CPD cycle). The GDC recommends that all dental professionals undertake CPD in medical emergencies every year. It also recommends keeping up to date with CPD in legal and ethical issues, and complaints handling.

Non-verifiable or general CPD does not have to satisfy the four conditions for verifiable CPD but it does need to be recorded. It can include such activities as reading journals, background research, and private study.

The records that need to be kept should include the date, title and venue of the activity, the name of the person or organisation running the activity, whether it is verifiable or general CPD, and the number of hours spent undertaking the activity. The GDC provides a CPD booklet on the back of which is a form that may be used for recording all CPD activity.

The planning and undertaking of CPD should be given careful thought, and the following points should be taken into account:

- it can be time consuming
- it requires self-discipline
- it needs to be structured and organised
- the appropriate course may be difficult to locate
- it will require searching for CPD outside the workplace.

CPD will help to prepare dental nurses for changing roles or circumstances in the practice or clinic and help make them safer workers who understand the implications of the roles
and responsibilities they are undertaking in the workplace. It can also prevent complacency and inertia, which could potentially put patients or staff at risk.

To achieve a high quality standard and appropriateness of CPD, it needs planning thoroughly via appraisals or performance review. This process will identify the needs of the individual and the needs of the organisation within the requirements imposed by the GDC. It encompasses the short-term and long-term goals that need to be met, and how these can best be achieved. These needs will be addressed through:

- implementation: what, where, when and how these needs can be met
- evaluation: was the CPD appropriate and of high quality?
- review: where do we go now?

If carried out properly, CPD will produce an efficient, enthusiastic, safe and understanding individual in the workplace who will be a great asset to any employer.

This book covers a number of areas of CPD in considerable detail. However, it should be appreciated that CPD can be obtained from a wide variety of sources, including dental journals, local meetings, conferences, formal courses, postgraduate handbooks, computer-aided learning (CAL) and specialist websites. Some of these sources may be verifiable CPD and some may be general. These will be discussed later in this chapter.

Further activities and resources for CPD

Not all compulsory CPD is based around certificated courses or formal learning. This type of learning does not suit many individuals because they require a more flexible approach to their knowledge/skills updating. There may also not be the opportunity to undertake a formal course for geographical, financial or personal reasons.

Learning can often commence via appraisals and individual performance reviews. This allows the dental nurse an opportunity to discuss with the dentist, practice manager or senior nurse, their own development needs, what development is required to deliver the service effectively, and what activity may be required to help others in the workplace within the boundaries imposed by the GDC for general and verifiable CPD. This can lead to productive discussions around the type of activity that can be undertaken.

Conferences

Each year various conferences are held throughout the UK and abroad. These can take the form of specific areas of interest such as orthodontic conferences, or more wide-ranging conferences such as the annual BADN conference. Conferences can be useful for:

- networking
- updating knowledge by attending relevant lectures
- updating skills by attending specific workshops
- obtaining trade materials and information (usually free).
Publications and journals

Most dental practices, community clinics and hospitals receive copies of various journals. These should be stored where they can be easily referenced and used as a medium to keep up to date with current ideas and issues. Most journals are available in an electronic format, some of which can be accessed free of charge to non-subscribers. Useful journals relevant to dental nurses are *Vital* (British Dental Association), *BADN Journal*, *British Dental Journal* (www.bdj.co.uk), *Primary Dental Care* (www.rcseng.ac.uk/dental/fgdp/pdc) and *Dental Update* (www.dental-update.co.uk).

Projects

Some areas of dental practice requiring attention or review may be highlighted during audit (see below). This could be an area where the dental nurse becomes involved by carrying out a project on the topic in question, such as oral health, white filling replacements or evaluating new materials or products. A project could take just a few hours or may involve a longer review over several months, with a final evaluation process.

Secondments and job swaps

A secondment to another area in a practice, clinic or hospital can be a useful experience for someone unsure of which direction to take in their career. Secondments can not only reinforce a decision to make or not make a career change, but they can also provide a valuable insight into another area of clinical practice. Job swaps, even if only for a few hours, can provide an excellent learning opportunity to find out about new techniques or working practices. These can take place within the same building or may involve travelling to a different location.

Audit

Audit is the systematic analysis of an area of clinical or administrative dental practice with the intention of producing an improvement. It is usual to talk about audit as taking place in a cyclic manner as illustrated in Figure 1.1.

A topic for audit is first identified, e.g. how often gloves are contaminated in the surgery, and then a standard should be set. The standard should, where possible, be one defined by acknowledged authorities rather than those carrying out the audit. The process should then be observed and measured against the standard to see whether the standard is met. If it is not, improvements are made and then the process is observed again. The audit can take some time and it is quite possible that the original standard used is out of date on completion of the audit and so the whole audit process would need to be repeated. This is why it is known as an audit cycle. Any member of the dental team can undertake audit either individually or as a group. Virtually any aspect of a dental practice or clinic can be the subject of an audit. Some examples are the reasons for patients failing to attend, correct mixing of impression and filling materials, aspects of infection control, etc. Audit can be a very important and rewarding part of CPD for the dental nurse.
Distance learning

Distance learning is a form of learning that takes place where the teacher and the student are not in the same place at the same time.

For some people this may be the ideal means of learning on a structured course, and with the advent of registration more of these courses have now become available for dental nurses. They may live in a region where access to the type of training programme they require is unavailable, or they may have no access to transport to get to different locations. Distance learning can overcome the problem of taking time off work or difficulty in attendance due to family pressures.

This type of learning can be very useful, but there may be disadvantages.

- It is not always the most appropriate course.
- It can be expensive.
- Tutors are not always available for support when required.
- It requires motivation and discipline.

It is important to be able to evaluate the quality of distance learning programmes, and some useful guidelines are provided in *Teamwork 6: Changing Roles in the Dental Team* (available from the Faculty of General Dental Practice; www.fgdp.org.uk).

Videos and computer-aided learning (CAL)

Videos and computer-aided learning (CAL) have become a part of modern-day culture and can be very effective tools for learning. They provide an opportunity to build up a personal learning resource, which can be accessed with ease at any time since
computers, video recorders and DVD players are now so cheap and widely available. Videos are often cheaper than CAL programs but have the disadvantages that they can become quickly outdated and they are expensive to produce and therefore to buy. Consequently they are tending to go out of fashion. CAL programs can be accessed via the internet and are considered to be of greatest advantage when linked with a structured teaching programme. Many of these programmes include self-assessment and documentary evidence of completion, which is important in contributing to a portfolio of personal CPD.

The internet

Many dental internet sites offer online verifiable CPD on a subscription basis, often linked to a journal such as Dental Nursing (a monthly journal specifically for dental nurses) or Vital (British Dental Association). The majority of these sites keep an electronic record of verifiable activity, which can be downloaded and submitted to the GDC when requested. Some sites provide online webinars using a broadband internet connection, in which a live presentation is given and opportunities are provided for the audience, linked via computers in their own practices, to ask questions. The Dental Channel (dental-channel.co.uk) holds webinars for dental nurses on a monthly basis, usually at times that don’t conflict with normal surgery hours.

In-house training

This can be a very flexible approach to learning for both the participant and the deliverer, and is an excellent opportunity for developing teamwork in the workplace. An in-house programme can be a one-off update to a full-length course such as the teamwork programme. Regular practice or team meetings provide excellent learning opportunities. They also provide the possibility of company representatives giving demonstrations or workshops about their products.

In-house training, particularly in hospitals and the Community Dental Service (CDS), can focus on specific areas that are important to the whole team such as fire practice, Control of Substances Hazardous to Health (COSHH) regulations, guidance on lifting and handling, and infection control.

Exhibitions

The largest exhibition in the dental field is ‘Dental Showcase’, which usually takes place in October each year and features many aspects of dentistry of value to the whole dental team, such as personal protective clothing, materials developments, advances in equipment design and association stands, e.g. BADN.

Many other meetings or conferences have associated trade exhibitions which are usually free to all delegates, e.g. at the BDA annual conference.

There are opportunities for nurses to prepare and display their own exhibition either in the workplace for the benefit of staff or patients or in schools or care homes, etc. This
can be very time-consuming because it could involve research and communication with a wide variety of people, but it can also be very rewarding.

Lectures
These are held around the country all year round, and it is a question of deciding which lecture is of interest or relevance and booking a place at the session. The postgraduate deaneries (www.oxident.ac.uk/links.html) and BDA branches and sections organise a large number of lectures locally, many of which are very relevant to dental nursing. Schools of dental nursing and local BADN groups (www.badn.org.uk) also organise many interesting and relevant lecture sessions.

Special interest groups
Many specialist areas within the dental field have societies primarily focused on the needs of dentists. However, nurses may be invited where it is appropriate for them and where it will help them keep abreast of current trends and changes. Examples of such groups are:

- British Society for the Study of Prosthetic Dentistry (www.derweb.co.uk/bsspd)
- British Society of Periodontology (www.bsperio.org)
- British Orthodontic Society (www.bos.org.uk)
- British Society of Restorative Dentistry (www.derweb.co.uk/bsrd/index.html)
- Armed forces
- British Society of Paediatric Dentistry (www.bspd.co.uk/)
- British Society of Oral Implantology (www.bsoi.org/).

Many of the above groups produce newsletters or hold training/update days to allow nurses to network with others with similar interests and skills. There are also specialised groups specific to dental nurses. They are mainly based within the BADN and can be accessed via its website. Currently the groups are:

- Armed Forces National Group
- Conscious Sedation and General Anaesthetic National Group
- Special Care Dental Nursing Group
- National Teaching Group.

Career opportunities
This section focuses on career and qualification development in the following areas of employment:

- general dental practice
- Salaried Dental Services (including dental access centres)
■ Personal Dental Service
■ general and district hospitals
■ dental teaching hospitals
■ armed forces
■ industry
■ Prison Service
■ education sector.

General dental practice

The majority of primary dental care is provided within the NHS General Dental Services (GDS); however, an increasing proportion is now provided within private practice. Additional to their accepted remit, there are a number of areas of responsibility within a dental practice that nurses can undertake:

■ additional duties in a specialist practice
■ oral health education
■ receptionist
■ senior dental nurse
■ practice manager.

Specialist practice

Recently there has been an increase in the number of practices specialising in certain areas. This includes both existing practices starting to specialise and the establishment of new specialist practices in order to broaden the scope of treatment for patients. Some examples are given below.

Implantology

This is a rapidly growing area where the patient has a metal or ceramic implant inserted into the bone with a fixed or removable bridge or denture attached. Duties of the nurse may include assisting in the surgical placement of the implants or prostheses, patient management and appropriate oral healthcare maintenance. Therefore skills in these areas should be acquired. The NEBDN offers a post qualification Certificate in Dental Implant Nursing. The Dental Nurse Education and Training Centre at Kings College London also offers a Certificate Course in Implant Dental Nursing (www.kcl.ac.uk/schools/dentistry/about/org/acad/dcp.html).

Cosmetic dentistry

These practices specialise in advanced restorative procedures including veneers, multiple crowns and bridges. The nurse needs to attend courses to gain a working knowledge and understanding of the techniques and materials involved. Close support operating skills are essential in this type of work.
Endodontics
These practices specialise in single and multirooted root canal therapy with possible surgical intervention, frequently using clinical microscopes. The nurse needs to be familiar with current endodontic techniques and materials and to be able to assist appropriately at the chairside.

Sedation
With the withdrawal of general anaesthetics from general dental practice, treatment under sedation is often offered as an acceptable alternative. The nurse who is the second appropriate person is required to have undertaken recognised sedation training. The experience and knowledge required for this is addressed in detail in Chapter 4.

Orthodontics
These may be specialist referral practices or general dental practitioners offering orthodontic care using fixed or removable appliances. There is now a new post-qualification certificate for orthodontic nursing, and the knowledge required for this certificate is covered in Chapter 5. Training courses are now available leading to the Diploma in Orthodontic Therapy. These may be particularly attractive to dental nurses who have obtained a Certificate in Orthodontic Nursing (see Interprofessional development, p. 20).

Special care
Special care dentistry is that branch of dentistry that aims to secure the oral health of, and enhance the quality of life for, people with disabilities where an interprofessional approach, supported by appropriate behaviour management techniques, is required to deliver efficacious and effective care in a holistic way. There is a post-qualification certificate for special care nursing, and the knowledge required for this certificate is covered in Chapter 3.

Oral health education
The importance of prevention is now widely accepted, and many practices and clinics have developed dedicated preventive dental units. Delivering effective preventive advice and support to patients of all ages requires both knowledge and great skill. Additional knowledge and training is required, and this subject area is covered in Chapter 2.

Receptionist
In some practices the dental nurse covers both reception and surgery duties, but with the complexity of modern clinical practice it is more common to employ a member of staff specifically as a receptionist. A recent study in southwest England found that 43% of dental nurses also had non-clinical duties (e.g. reception). The duties of a receptionist include:
Advanced Dental Nursing

- patient appointments
- stock control
- office administration
- management of information technology (IT) systems
- patient accounts.

There is a nine-month open learning Business and Technology Education Council (BTEC) level 3 qualification available as part of the Professional Development Award framework leading to an Advanced Diploma in Dental Reception. This diploma includes the role of the dental receptionist, dental reception administrative skills, aspects of patient care and professional development. More information is available from the Dental Resource Company (www.dental-resource.co.uk). Some receptionists obtain customer care or reception qualifications by attending courses provided by local colleges or primary care trusts (PCTs), but the majority tend to learn by means of in-house training provided by more experienced colleagues. The receptionist plays a key role in the smooth and efficient operation of a practice and is therefore a valued and essential member of the dental team.

**Senior dental nurse**

Due to economic influences, larger practices are now becoming more common, resulting in an expansion of the dental team. This can require an experienced nurse to take on additional responsibilities. This role may involve:

- the allocation of dental nurses to surgeries and specific tasks
- monitoring holiday entitlements
- monitoring sickness absences
- responsibility for continuing professional development
- additional clerical or management duties.

A senior nurse would be expected to be qualified and to have had extensive experience. In the past there has been no formal training in the dental nurse framework for this role, but a supervisor, team leader or management certificate would be advisable to equip a nurse with the skills to cope with these demanding responsibilities.

**Practice manager**

This new role is becoming very important in general dental practices, particularly within larger practices employing sizeable numbers of staff. Practice managers may be experienced dental nurses who have moved into a management role or they may be recruited from outside the field of dentistry. There are a number of accredited training courses available. Some are specific to dentistry, such as the BTEC Diploma in Dental Practice Management usually delivered in an open learning or workshop format, and the Institute of Leadership and Management (ILM; www.i-l-m.com) Level 5 Diploma in Management. Other training courses that are not specifically dental are available from local colleges or
as distance-learning programmes, such as management and leadership qualifications offered by the Management Standards Centre (www.management-standards.org.uk). The non-dental qualifications are either medically, care or generic based and it would be up to the individual to establish if they were suitable for their needs in their practice or clinic.

The **British Dental Practice Managers Association** (BDPMA) was founded in 1993 and its aims are to promote and support all those who are managing dental practices by means of:

- representing the views of dental practice managers at all levels of the profession
- providing support and advice for dental practice managers
- providing a channel of communication and co-operation for all who are active in dental practice management
- encouraging further training and qualifications
- promoting a career structure and pay scale.

Further details can be obtained from the BDPMA website (www.bdpma.org.uk).

**Salaried Dental Services**

The Salaried (Community) Dental Services and **access centres** were established primarily to provide dental care for patients who are unable to register for treatment in general practice, and to provide care for adults and children in priority groups, including those with special needs. The main areas of activity are paediatric dentistry including school screening and orthodontics, special needs dentistry, health promotion and undertaking epidemiological studies; there is also an increasing role for providing the dental care for ‘looked after’ children and asylum seekers. Because of the large number of patients seen with special needs, some treatment is carried out under conscious, intravenous, intranasal or oral sedation. A general anaesthetic (GA) service was provided by many salaried dental service clinics. This service has remained under the management of the salaried dental staff, only now the procedures are carried out at a local hospital with critical care facilities to comply with GDC legislation. In some areas the GDC legislation has led to a reduction in the provision of a GA service.

The structure and set-up within the salaried service varies enormously over the whole of the UK. Clinics are managed and run independently within different regions, usually under the control of a clinical director, therefore the dental nurse structure and pay levels may also vary. The career structure within the salaried service is similar to that within general practice, with opportunities for advancement to senior dental nurse, principal dental nurse and dental nurse manager. Some salaried services offer dental nurses the opportunity to specialise in a particular area of dental nursing such as domiciliary care and special needs. Because clinics tend to provide dental services requiring special skills, nurses obtaining or possessing the NEBDN Sedation, Oral Health or Special Care Certificates, or those who have attended a GA course are very much in demand. The pay structure for the Salaried Dental Services is the same across the whole of England with different salary bands being assigned to each specific nurse’s role.
Dental nurses in the salaried services are often involved in epidemiological studies, domiciliary visits and nursing home screening. The rural nature of some salaried dental service regions can mean considerable travelling between clinics or the delivery of healthcare by means of mobile clinics. With the implementation of the Health and Social Care (Community Health and Standards) Bill which came into effect in 2005, the distinctions between the General Dental Service (GDS), Community Dental Service (CDS) and the Personal Dental Service (PDS) have largely disappeared and they are combined within a Primary Dental Service for which the PCTs have commissioning (purchasing) responsibility. Some dental nurses work entirely within the emergency dental service, such as the ‘out-of-hours’ service, since it can fit in with a family lifestyle and working antisocial hours is often reflected in an increased salary scale.

**Personal Dental Service (PDS)**

One of the criticisms of NHS general practice has been that because it is delivered in the same way throughout the UK, it is not sensitive to the local needs of different population groups. The National Health Service (Primary Care) Act 1997 provided the necessary legislation to establish the PDS on a pilot basis in 1998. The aims of the PDS are to:

- provide flexibility to address local needs
- improve access to NHS services
- reduce oral health inequalities
- increase the utilisation of skill mix (including the employment of dental therapists)
- provide more integrated health services for local communities
- provide better value for money.

The PDS pilot schemes were successfully established by dentists working in both the CDS and NHS general practice. These schemes have provided training and employment opportunities for nurses. As stated above, in 2005 the PDS pilot schemes have largely been incorporated into a salaried Primary Care Service administered by the PCTs.

**Hospitals**

Patients might attend an Accident & Emergency department by self-referral or referral from NHS Direct or from dentists as part of an out-of-hours emergency scheme for swelling, bleeding or trauma. Here they would normally be treated only as a medical emergency and then referred back to their general dental practitioner for ongoing longer-term care or a more appropriate hospital. There are three types of hospital that undertake the delivery of dental treatment:

- district/general hospitals
- dental teaching hospitals (schools)
- postgraduate teaching hospitals.
District and general hospitals

These hospitals specialise in orthodontics and oral and maxillofacial surgery. They usually employ a fairly small specialised workforce. Nurses working in these hospitals would be expected to undertake post-qualification training in the appropriate discipline.

Dental teaching hospitals/schools

Following a recent expansion in the number of undergraduate dental schools, there are now 13 dental hospitals/schools in the UK, located as follows:

Northern Ireland – 1
Scotland – 2
Wales – 1
England – 11

Their primary roles are the provision of dental care and the teaching and education of undergraduate and graduate dental students, together with the education of DCPs, i.e. dental nurses, dental hygienists, dental therapists and dental technicians. Dental hospitals are linked to university dental schools, which may be responsible for the teaching and the assessment of diploma or degree courses.

Not all hospitals provide training for every category of DCP. The training of dental nurses can also vary, with some hospitals taking on 20–30 students per year while others take only six per year. Some hospitals provide part-time training for dental nurses working in general dental practice. Most hospitals now deliver courses leading to one or more of the post-qualification certificates, although this is dependent on the demands within their geographical area. The structure for training dental nurses in teaching hospitals is subject to wide variation.

Trainee or student nurses receive a salary while undertaking a two-year training programme. They receive day or half-day release for their off-the-job training, and receive assessments and procedural instructions while working in the departments. They now work towards the NEBDN Certificate or the NVQ level 3 dental nurse qualification, but may also receive a hospital certificate or other in-house qualification.

Hospitals are usually split into different departments, such as periodontal, restorative, paediatric dentistry, etc. Qualified dental nurses tend to be assigned to certain departments and they only move due to nurse shortages. This consolidates their skills and they are able to gain additional qualifications to suit their working environment.

Some nurses act as co-ordinators and are employed in a certain field, such as sedation or implantology. Their role is to co-ordinate the clinical and administrative element of these treatment specialties. They undertake patient allocation and organise their own workload. These posts not only demand experience and post-qualification training in the specialist area, but also the ability to take initiatives and additional responsibility.

A senior dental nurse takes overall responsibility for the running and day-to-day management of a specific department. They are responsible for staff allocation, ordering
supplies and regulating patient throughput, in addition to health and safety issues and Control of Substances Hazardous to Health (COSHH) regulations. They are required to liaise with the clinician or consultant to establish good relationships to help with the efficient running of the department. They are normally required to be qualified for at least a three-year period and preferably have a supervisor, leadership or teaching qualification.

Most hospitals have a **principal dental nurse** or dental nurse manager who may have responsibility and professional accountability for either just the qualified dental nurses working in the departments or for both the qualified staff and the staff within the school of dental nursing. There are also hospitals where the manager is responsible specifically for the school of dental nursing. Post-qualification management experience would be an essential criterion for employment in this role.

As can be appreciated, roles are different and varied throughout the country, as are the criteria for appointment. A candidate for one of these posts would have to demonstrate considerable dental nurse experience, preferably in a wide range of work areas, and possess additional qualifications, especially in management.

A new post, that of **director of dental nursing**, has been developed within the dental nurse workforce. Such an appointee would have overall responsibility for dental nurse training and education within the hospital, and in addition would have responsibility for the delivery of external certification and post-certification courses.

**Postgraduate teaching hospitals**

These hospitals are usually slightly smaller than traditional teaching hospitals and specifically undertake research and the training of postgraduate students and DCPs to diploma or degree level. They do, however, recruit and maintain similar dental nurse staffing grades to the teaching hospitals described above.

**Armed forces**

The employment of dental nurses in the armed forces is different from that in civilian life. Personnel assisting the dentist are termed **dental clerk assistants**. They are graded into three categories.

**Class III standard**

This category can perform the following duties:

- select the appropriate instruments for any dental procedure and present them to the dental surgeon
- routine maintenance of dental equipment
- sterilisation of instruments
- taking of x-rays, and processing and mounting of films
- give emergency treatment for fainting, cardiac arrest, etc.
- carry out a range of clerical duties.
Class II standard
This category can perform the following duties:

- as for class III but with more experience and knowledge
- oral hygiene instruction
- carry out first aid
- handle classified documents.

The person holding this post usually holds the rank of lance corporal or corporal. They are responsible for supervising other dental clerk assistants and will be able to effect office management to a reasonable degree of competence.

Class I standard
The duties this category can perform are the same as for class II, with the following additions:

- have knowledge of relevant anatomy and pathology
- understand the principles and methods of sterilisation
- able to repair fractured plastic dentures
- able to undertake office management of a dental group headquarters.

This person may hold one of several different ranks, such as:

- sergeant or staff sergeant, who may be the senior dental clerk assistant in a multi-surgery dental unit
- company quartermaster sergeant in a dental unit
- warrant officer, who may be a chief clerk in a dental unit
- warrant officer class I, who could be a superintending clerk at the Ministry of Defence, administrative warrant officer of a dental group or a staff assistant in the dental branch of a formation headquarters.

The armed forces also provide facilities for hygiene, therapy and dental technology training. More information about employment can be found at the Dental Defence Services website (www.mod.uk/DefenceInternet/AboutDefence/WhatWeDo/HealthandSafety/DDS/).

Industry
Approximately 30–50 years ago saw the introduction of dental practices within industry. Many companies and large departmental stores such as Marks & Spencer saw the benefits in on-site dental and medical facilities, thereby relieving the need for employees to take time off for appointments that included additional time for travel.

The service is usually manned on a part-time basis, by dentists who work mainly in general dental practice. Nursing staff are either employees of the company or are
employed by the dentist. Changes in industry have seen a marked reduction in industrial-based dental practice. Industrial practice provides an opportunity for nurses to become employees and enjoy the benefits of large organisations.

**Bodies corporate**

The term *bodies corporate* is used to refer to a particular group of dental organisations that share the same type of legal entity, although their philosophy and approach to dental care can vary considerably. The number of bodies corporate was restricted to 27, but following changes to the Dentists Act, any corporate body can now carry out the business of dentistry provided that it can satisfy the conditions of board membership set out in the amended Dentists Act. Employment opportunities can be explored by contacting these bodies corporate directly via their advertisements in the dental press, e.g. in the *British Dental Journal*. Examples of bodies corporate are Oasis Dental Care Ltd, Integrated Dental Holdings and Whitecross Dental Care Ltd.

**Prison Service**

The Prison Service does not provide its own dentists and nurses, but as with the industrial-based practices it contracts part-time staff to form the dental team. However, some prisons, e.g. Birmingham, have a full-time dentist. Recruitment may be problematic in view of the environment and the limited range of treatment provision. In some instances the salaried dental services hold contracts with the Prison Service for the delivery of primary dental care. Prison healthcare, including dentistry, is now also the commissioning (purchasing) responsibility of the primary care trusts. Dental nurses working within the prison service need to acquire additional skills, such as security awareness.

**Interprofessional development**

**Dental hygienists**

Under the Dentists Act 1957 a class of ancillary dental workers called *dental hygienists* was established. Hygienists are permitted to work in all sectors of dentistry. In addition to their health promotion role, they help to treat and prevent periodontal disease by scaling and polishing teeth, applying prophylactic and antibacterial materials, and applying topical fluorides and fissure sealants. A hygienist works to the written prescription of a registered dental surgeon. As from July 2002, following legislative changes and subject to appropriate training, hygienists are permitted to take impressions, administer inferior dental block analgesia, replace dislodged crowns with temporary cement, and carry out dental work on patients under conscious sedation.

Most dental schools are currently offering a two-year full-time diploma course and some, e.g. Manchester University, are offering a three-year degree course. Most of these
courses are extended by an additional three months to include the Diploma in Dental Therapy. Entry requirements for training for dental hygiene vary between different schools, but normally two A-level passes are required, although applicants may be considered if they possess a nationally recognised dental nursing qualification. Further details can be obtained from the British Dental Hygienists Association website (www.bdha.org.uk).

**Dental therapists**

A dental therapist can undertake the full remit of the dental hygienist with the addition of simple restorative treatment in both deciduous and permanent teeth, and the extraction of deciduous teeth under local infiltration anaesthesia. Since 2002, following legislative changes and subject to appropriate training, therapists are permitted to take impressions, undertake pulp therapy on deciduous teeth, place preformed crowns on deciduous teeth, temporarily replace crowns and administer inferior dental nerve block analgesia. They are also permitted to treat patients under conscious sedation.

The number of dental schools offering courses leading to the Diploma in Dental Therapy linked with the Dental Hygiene Diploma has recently greatly increased. Further information can be obtained from the British Association of Dental Therapists website (www.badt.org.uk).

**Dental technicians**

Dental technicians are responsible for constructing a range of oral and facial appliances to the prescription of a dentist. They require a high degree of manual dexterity, problem-solving skills and the ability to use their skills across a wide and varied range of tasks.

Training can be achieved by full-time study within a dental hospital, college of further education or university. Trainees can also study on a part-time day-release basis from dental laboratories. The entry requirements are five GCSE grades C or above, or BTEC 1st in science. The qualifications they can achieve are:

- BTEC National Diploma
- BTEC Higher National Diploma
- BSc(Hons) Dental Technology (A-level entry only).

The disciplines covered in dental technology are prosthetics, crown and bridgework, orthodontic and maxillofacial appliances. The career opportunities include working in dental hospitals, community clinics, private commercial laboratories and laboratories attached to dental practices. Following changes to the Dentists Act, all dental technicians now have to be registered with the General Dental Council. Further information can be obtained from the Dental Technicians Association (DTA), formerly the Dental Technicians Education and Training Advisory Board, website (www.dta-uk.org or from www.nhscareers.nhs.uk/nhs-knowledge_base/data).
Clinical dental technicians

The GDC has approved the introduction of a new class of PCDs called *clinical dental technicians* who are able to undertake the clinical aspects of the construction of prosthetic appliances. Following new legislation, they have to be registered with the GDC and are able to practise subject to post-technician training in sciences, clinical and interpersonal skills. Further information can be obtained from the Dental Technicians Association (www.dta-uk.org).

Oral health education/promotion

The majority of oral health educators/promoters are employed within the salaried dental service, Personal Dental Service or in hospital settings, although some are now employed in general dental practices. Within the salaried service they not only work on an individual patient basis but also visit schools, care homes, Scout/Guide groups, and give oral health advice and messages to various target groups.

Within teaching dental hospitals oral health educators can have an oral health role for patients on wards in the main general hospital who have chronic illnesses or for those who have illnesses that have side effects affecting the teeth, gingivae or oral structures, such as cancer patients. They may also advise special needs patients visiting the hospital on an outpatient basis.

The National Oral Health Promotion Group is a forum for all professionals interested in the promotion of oral health. The group holds an annual conference and details can be obtained from www.nohpg.org

Nationally recognised oral health courses available for dental nurses include the following:

- The NEBDN post-qualification course, the contents of which are covered in more detail in Chapter 2. This course predominately focuses on one-to-one teaching and applicants must be qualified and registered to undertake this course. A number of centres in the UK offer this course.

- The Royal Society for the Promotion of Health Foundation Certificate in Oral Health Promotion. This is a 13-week course with approximately 32.5 hours of teaching held in Stoke-on-Trent. Details can be obtained from www.hpromo.northstaffs.nhs.uk/pdfs/RSH_Info.pdf

Orthodontic therapists

In 1999 the General Dental Council agreed to establish a new type of PCD known as an *orthodontic therapist*. This PCD classification is not to be confused with the remit of the orthodontic nurse described in Chapter 5. The orthodontic therapist is trained to undertake more specialised and complex tasks, details of which are available in the teamwork publication *Changing Roles in the Dental Team*.

Training for orthodontic therapy is available to nurses holding the NEBDN National Certificate, NVQ level 3. Several training programmes have now been established, either
associated with existing dental schools or as outreach programmes. The courses are of approximately 12 months duration, a considerable part of which involves practical chair-side clinical experience. The training programme leads to a Diploma in Orthodontic Therapy, currently awarded by either a university or the Faculty of General Dental Practice.

**Teaching and training**

The NEBDN has offered the national certificate in Dental Nursing since the foundation of the Board in 1943. There is now the alternative of obtaining competence and qualifications via the NVQ route. It is not the purpose of this book to provide details of NVQ level 2 and level 3 qualifications, but an overview of the NVQ process can be found in *Changing Roles in the Dental Team.*

The introduction of the NVQ level 3 dental nurse qualifications has seen the development of many new and diverse appointments. The main areas of progression within the teaching area are discussed below.

**Dental tutor or trainer**

This role is primarily involved in the setting up and delivery of either a syllabus for the National Certificate or knowledge evidence and performance criteria for the NVQ. The main qualification tutors usually hold is the City & Guilds 7404/6 teaching qualification. This allows a person to teach the subject in which they are qualified and occupationally competent. Within the NVQ framework tutors or trainers can also hold the D32/33 Award, which enables them to assess their students’ progress. Additionally, tutors or trainers can obtain the Certificate of Education, which allows them a broader scope within their teaching. Tutors or trainers are employed in teaching hospitals, colleges of further education, training centres, large practices that deliver their own training and the armed forces.

**Assessors**

This role is encompassed within the NVQ framework. The assessor’s role is to act as an independent unbiased person to ensure the trainee dental nurse is competent in their area of work. They assess the performance criteria within the workplace that the students must undertake. The assessor carries out this assessment and makes the decision as to whether the student is safe and understands what they are doing. The assessor should hold a **D32/33 Assessors Award.** In January 2003 this qualification was upgraded and replaced by the ‘A1 and A2’ Assessors Award. The qualification takes from three to nine months to complete depending on access to students, motivation and time constraints.

Assessors can be employed on a full-time, part-time time or peripatetic (as and when required) basis by centres delivering the NVQ qualification. Initially, NVQ centres planned to train and qualify assessors working within general dental practices to assess their own student dental nurses working with them. This resulted in a number of
difficulties, such as the time required to undertake the assessment, particularly for remote rural practices, funding issues and the lack of independence of the assessors. It has therefore been found to be more effective to train enthusiastic dental nurses to be assessors but employ them on a peripatetic basis and send them to other practices to assess trainees they do not know who are undertaking the qualification. This has proved to be a more successful solution.

**Internal verifiers**

This is a completely new role within dental education. The role of the internal verifier is to sample portfolios of students who are undertaking the NVQ to determine whether the assessor has made a valid decision on their work. They are checking to ensure there is sufficient evidence, it is authentic, current and reliable, and signatures and dates are valid. It is one of the many quality assurance mechanisms within the qualification.

The internal verifier must possess a D34 Internal Verifier qualification. In January 2003 this qualification was upgraded and replaced by a ‘V’ unit qualification. They are also required to be qualified and occupationally competent in the dental field. They can work full time (although there are very few centres large enough to warrant full time), part time, peripatetically or can be subcontracted by centres that require this facility but have no one suitably qualified.

**External verifiers**

External verifiers are employed by the awarding bodies, i.e. City & Guilds and the Scottish Qualifications Authority. Their role is to provide support and advice to centres and act as the main quality assuror for the course. They visit the centre twice a year and check that systems are in place to offer a fair, equitable qualification.

The external verifiers are usually employed on a yearly contract for a minimum of 20 days per year and they are allocated centres around the region in which they reside. While verifying centres, they are expected to complete the D35 qualification which is delivered by the awarding body. They must be occupationally competent in their field of expertise and hold the D32/33/34 qualifications.

**Centre managers/NVQ co-ordinators**

The establishment and delivery of the NVQ and the complex funding structures involved have led to the development of managers/co-ordinators to manage the areas. Most are employed on a full-time basis and possess all the above qualifications (barring D35), including a management qualification.

**Post-qualification courses**

Currently, the most widely accepted post-certification courses are those awarded by the NEBDN. The first of these courses was the Certificate in Conscious Sedation introduced

The delivery of these courses in many instances is based at the large teaching hospitals, due to the depth of training and resources required to deliver the course, although the Oral Health Education Course has been delivered successfully for many years at local colleges or training centres.

**Attendance certificates**

In the past, dental nurses have been encouraged to attend courses relevant to either their work environment or to develop their own interest. These were delivered either by marketing companies, BADN training days or teaching hospitals. On some occasions attendance certificates were issued for the nurse to retain or display in the practice.

Statutory registration and CPD has changed this concept, and now registration is mandatory, dental nurses are required to attend relevant courses to keep up to date in order to maintain their annual registration. The provision of attendance certificates has become obligatory for those delivering the course and an essential requisite for dental nurses in enabling them to build up a portfolio of CPD.

There are a number of core areas in which dental nurses will need to keep up to date on a regular basis including:

- cardiopulmonary resuscitation
- first aid
- health and safety
- infection control.

**References and further reading**


