

# Scope of practice for dental hygienists and therapists



**Rupert Hoppenbrouwers**, senior dento-legal adviser at the Dental Defence Union (DDU), discusses what dental professionals need to know about scope of practice.

**T**he General Dental Council (GDC) is currently reviewing its *Scope of practice* guidance, so it is timely to consider the current iteration and its importance for dental hygienists and therapists.

Whilst in the introduction to *Scope of practice* the GDC is at pains to point out that it sets out the skills and abilities each registrant group should have and is not a list of tasks that someone can do, fitness to practise proceedings against dental care professionals (DCPs) for working outside scope can and do occur. It is therefore important that dental hygienists and therapists know what tasks are included in *Scope of practice* for their registrant group and are cautious about stepping beyond those tasks. Even if a task is firmly within those listed in scope, the GDC requires that you should only undertake it if you are trained, competent and indemnified to do so.

## Can dental hygienists and therapists provide tooth whitening?

It is clear in the current version of *Scope of practice* that a dental hygienist or dental therapist can carry out tooth whitening as an additional skill; however, tooth whitening compounds containing or releasing between 0.1% and 6% hydrogen peroxide can only legally be supplied to registered dentists, so a dentist must have assessed the patient as suitable for the treatment, and the first treatment of a cycle must either be carried out by a dentist, or by an appropriately trained dental hygienist or dental therapist under the supervision of a dentist (which the DDU interpret as requiring a dentist on the premises at the time of the first treatment and this interpretation appears to be widely accepted). It is not permissible for a hygienist or therapist to carry out tooth whitening under direct access.

Once a patient has been assessed as suitable by a dentist, then a dental hygienist or dental

therapist can proceed to take impressions, construct bleaching trays, instruct the patient on the use and loading of the trays, and carry out the first treatment with the patient, provided a dentist is on the premises when that first treatment of the cycle takes place.

## New treatment modalities and extending the boundaries

*Scope of practice* should not be an obstacle to advances in dental science and technical innovation, but at the same time it is important to protect the public. Some of the principles involved in applying *Scope of practice* to technical innovation may best be illustrated by considering the increasingly widespread use of intraoral scanners in dental practice. Intraoral scanners are an electronic device which digitally maps the mouth, effectively taking a digital impression. As the taking of impressions is included in the *Scope of practice* for both dental hygienists and dental therapists, it would be reasonable to expect the use of intraoral scanners would be permissible, and indeed it is.

Appropriate additional training should be completed before using an intraoral scanner, to ensure competence in its use. Referring to the GDC's *Standards for the dental team*, there is an onus on the individual registrant to self-assess whether they have the necessary training and competence to carry out any individual clinical task, and there is a recognition that 'training can take many different forms'. However, if your competence to carry out a particular element of treatment is ever questioned, such as in the context of a claim for negligence or a GDC investigation, it might be necessary to demonstrate what training had been given. It is

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ideal for the training to be structured, assessed, and certified. It might be appropriate for it to be provided, in-house. Not all training needs to be from a recognised independent training provider. It is up to the individual registrant to decide what level of training they need. When deciding this, think about the complexity of the task and ask yourself if you would be happy explaining why the training you received was appropriate if asked by anyone to do so.

## Ensuring you have appropriate indemnity for all the work you do

The GDC require that all registrants have appropriate indemnity in place before providing treatment for a patient. If you plan to develop new skills which are within your scope of practice, check with your indemnity provider that you have adequate indemnity in place before you start. The DDU can indemnify dental hygienists and dental therapists for any additional task listed in the current version of *Scope of practice* once appropriate training has been provided. We do not charge an additional subscription for this.

## Useful resources

1. General Dental Council. *The scope of your practice*. Available at: <https://www.gdc-uk.org/standards-guidance/standards-and-guidance/scope-of-practice> (accessed 6 October 2022).
2. General Dental Council. *Standards for the dental team*. Available at: <https://www.gdc-uk.org/standards-guidance/standards-and-guidance/standards-for-the-dental-team> (accessed 6 October 2022).

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