



## Irish Dental Hygienists' Association

28<sup>th</sup> of February 2006

Dear Jacinta,

Please find below the response of the Irish Dental Hygienists' Association to the Preliminary Report of the Competition Authority.

If there is anything that requires further clarification please do not hesitate to contact us.

Yours sincerely,

Patricia Kelly  
Secretary

Eileen McEvoy  
Dental Council Representative

Catherine Waldron  
President



# Irish Dental Hygienists' Association

The Irish Dental Hygienist's Association welcomes the preliminary report of the Competition Authority.

## **Q1. Is the report's analysis at any stage based on erroneous or incomplete factual information? If so, how does this affect the recommendations?**

The committee felt that there was a general misconception regarding the role of a Dental Hygienist in the Report, and that this could lead to a misunderstanding of the level of responsibility already held by Dental Hygienists, and the increase in the level of responsibility that would be entailed in practicing independently. For this reason we have summarised the role of the Dental Hygienist for your information.

### **An overview of the role of the Dental Hygienist.**

The role of the Dental Hygienist is to improve the oral and dental health of the public, individually, or in groups, in collaboration with and under the supervision of a Dentist. This is achieved through preventive and therapeutic procedures.

### **Holistic approach to patient care.**

1. Taking of medical history (understanding of the implication for treatment)
2. Taking clinical history
3. Extra oral and intraoral examination of soft tissues to detect any abnormalities to be brought to the attention of the dentist.
4. Care of patients in General Hospital and Health Board settings
5. Care of special needs patients.
6. Treatment of head and neck radiation patients
7. Treatment of medically compromised patients.

### **Preventive role**

1. Provision of plaque control programmes for the prevention of periodontal disease
2. Diet analysis and advice for the prevention of dental caries
3. Smoking cessation advice and information on the effects of smoking on gingival health and general health.
4. Application of fluoride treatment to help prevent dental caries
5. Application of desensitising agents
6. Application of Fissure Sealants to help prevent dental caries.
7. Planning, implementing and evaluating oral health promotion programmes



# Irish Dental Hygienists' Association

## **Therapeutic role**

1. Provision of extra oral and intra oral radiographs as prescribed by the dentist
2. Data collection to include :
  - Periodontal probing depths
  - Bleeding levels
  - Plaque levels
  - Recession measurements
  - Furcation involvement
  - Mobility
  - Migration
  - Muco-gingival problems
  - Attachment loss measurements
3. Administration of Local Anaesthesia
4. Debridement – includes Scaling, Root Planning and polishing teeth.
5. Evaluation of the outcome of periodontal therapy
6. Supportive periodontal therapy (maintenance long-term)

## **Recommendation 1:**

In order for this recommendation to be valuable the following additional amendments would be required

- (c) Amend the scheme to allow dental hygienists to;
1. Diagnose and treatment plan
  2. Prescribe and Interpret Radiographs
  3. Administer Block Anaesthesia
  4. Administer Local anaesthesia without the supervision of a Dentist
  5. Treat patients taking oral sedation
  6. Prescribe specific medications such as Fluoride Gels, Painkillers and Prophylactic Antibiotic Cover
  7. Place temporary dressings, or replace crowns temporarily that become dislodged during treatment
  8. Take dental impressions for the fabrication of fluoride trays, and recording of recession
  9. Administer drugs in a Medical Emergency
  10. Change from a Diploma in Dental Hygiene to a Degree in Dental Hygiene (3 years)



## Irish Dental Hygienists' Association

**3.13 Clarification** - indirect supervision not only allows the Dental Hygienist to work in another room, but the Dentist no longer needs to be even on the premises unless Local Anaesthesia or Sedation is being used. On the premises, does not mean standing over our shoulder, but “in the building”.

**3.17 Clarification** - In practice, if the patient has been examined by the supervising Dentist in *the recent past*; they can attend for a dental hygiene visit, without seeing the Dentist. Only new patients must be seen by the dentist first, regardless of how recently they have been seen by a dentist. *The recent past* is an undefined period of time normally accepted to be somewhere between 18 months and 2 years.

The two clarifications above may highlight a level of independence already in existence for Dental Hygienists underestimated by the Competition Authority

### **Q2 Are there any major obstacles to the timely implementation of the recommendations?**

**Answer:**

A change in the Dental Act will take time.

Provision and funding of further training required to facilitate Independent Practice will take time to organise and implement.

### **Q3 Could the recommendations have any unintentional negative consequences for competition**

**Answer:**

Not qualified or informed enough to answer this – this is for an economist to answer.

### **Q4 Are the recommendations addressed in each case to the appropriate party?**

**Answer:**

Yes.



## Irish Dental Hygienists' Association

**Q5 Are the recommendations fit for the purpose. Will they solve the problems they address?**

**Answer:**

We have addressed this topic under the following headings: Cost, Access and Choice

Cost

Cost is a significant factor in a patient's choice of whether or not to avail of dental treatment. Prevention is better than cure, if people can avail of these services more easily it will increase general oral health and prevent the need for costly treatment and thus reduce the cost for the patient in their life time. This is a difficult issue to analysis and measure.

Access

Evidence from other countries shows that only a small percent of Dental Hygienists opted to practice independently when given the choice. There may be a small increase in access to treatment.

Choice

Independent Practice will provide consumer choice.

**Q6 Will the recommendations facilitate adherence to the precepts of Regulating Better – transparency, consistency, accountability, proportionality, effectiveness and necessity**

**Answer:**

We feel that the current level of transparency, consistency, accountability, proportionality, effectiveness and necessity will be maintained.

**Q7 Have any obvious recommendations which would benefit competition been omitted**

**Answer:**

None.

Date: 28<sup>th</sup> February 2006.

Patricia Kelly  
Secretary

Eileen McEvoy  
Dental Council Representative

Catherine Waldron  
President