

Welcome to BiteSize



*Dr Gerry McCarthy,
President*

I am very pleased to introduce the revamped Dental Council newsletter for the profession. Our aim is to include articles that we hope you will find useful in your practice and to make you aware of different aspects of the council's work.

We have also established a social media presence and I would encourage you to like us on Facebook and follow us on Twitter.

I am pleased to report to you that the Dental Council met with the Minister for Health Simon Harris, TD, earlier this year.

We had a useful meeting and he undertook to publish the draft heads of the new Dental Bill at the earliest opportunity. The council was concerned that some of the proposed provisions would have the effect of deregulating some of the auxiliary professions, but Minister Harris has now clarified that the existing professions will continue to be regulated, subject to a regulatory impact assessment. We also agreed to work together to minimise the post-Brexit impact on dentistry in Ireland.

Finally, I hope you find our revamped newsletter useful and we would welcome your feedback on it.



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Minister for Health, Simon Harris, TD, visited the council's offices at Merrion Square in February 2017.

How the council works

Over the coming newsletters, we would like to explain how the Dental Council is constituted and how it operates at a corporate level. The purpose of this is to give you an understanding of our functions and how we exercise our duties under the Dentists Act, 1985.



The Act establishes three statutory committees:

Education and Training Committee: responsible for undergraduate and postgraduate dental education.

Auxiliary Dental Workers Committee: responsible for all matters concerning the auxiliary professions (this committee also has members elected by each class of auxiliary dental worker).

Fitness to Practice Committee: considers allegations of professional misconduct against registrants. The council and the committees meet about four times a year.

The council also has a number of standing committees to deal with specialist registration and continued professional development.

Update from David O'Flynn, Registrar



I am pleased to have an opportunity to give you an overview of the day to day work of the Dental Council. We are a comparatively small office and I have eight colleagues working with me: three working in the Education Department, three in the Registration Department and two working in Corporate Administration. Despite being a small, busy office, we endeavour to provide as thorough a service as possible. I have set out below some statistics to give readers a general impression of the nature and volume of our work.

Table 1: Registers*

REGISTRANTS	2017
Dentists	3,059
Specialists	232
Oral surgeons	68
Orthodontists	164
Dental Nurses	783
Dental Hygienists	533
Clinical Dental Technicians	39
Orthodontic Therapist	28

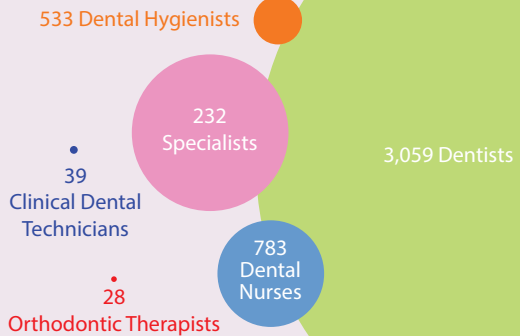
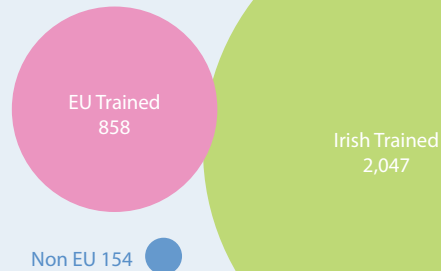


Table 2: Register of Dentists*

REGISTRANTS	2017
Irish Trained	2,047
EU Trained	858
Non EU	154
Total	3,059



Annual Activity*

Registrations in 2016 - **349** Fitness Inquiries in 2016 - **1**

Complaint queries in 2016 - **139** Fitness Inquiries Pending - **6**

Annual CPD applications - **320** Exam candidates - **57**

*Figures correct as of October 2017

Practitioner Health Matters Programme

A new service, the Practitioner Health Matters Programme (PHMP), which supports health professionals who may have addiction or mental health issues, has confirmed it helped 47 practitioners in its first year of operating. It is open to doctors, dentists and pharmacists according to its 2016 annual report..

An independent charitable organisation, the PHMP has the support of the representative and training bodies, including the Dental Council, for the medical, dental and pharmacy professionals as well as the three professional regulatory bodies.

In its first annual report it found that substance misuse was the most common standalone presenting problem (15) followed by anxiety (6) and depression (4). Almost half of all referrals were self-referrals (22) while eight were referrals made by a consultant psychiatrist and six were referred by a colleague.

Dr Ide Delargy is the Clinical Lead for the new Programme and said “after our first year in operation, PHMP has offered almost 50 practitioners access to a high standard of care in a non-judgemental

atmosphere and with complete confidentiality assured. We want to get the message out there that health professionals in difficulty can come to us to have their health needs met”.

Dr. Delargy also stated that “Practitioners who access a service from a designated programme like this do extremely well and about 80% recover and return to working well”.

For further details about the Programme go to www.practitionerhealth.ie



HSE Guidelines on antibiotic prescribing

The HSE has published new, evidence based, antibiotic prescribing guidelines. These guidelines are part of the general medical guidelines and are intended to be a guiding resource to doctors and dentists. It is deemed to be necessary that existing classes of antibiotics are managed to reduce the effect of emerging resistance. World experts believe it is unlikely that major new classes of antibiotics will be developed in the near future so it is our collective responsibility to ensure the correct use of antibiotics. Co-operation between the medical, dental and associated professions is imperative to support this vital cause.



There is a dedicated section in the guidelines on dental prescribing and treatment and on good practice for writing prescriptions. For more information on this topic please go to: www.antibioticprescribing.ie

Basic Periodontal Examination Screening Tool

The British Society of Periodontology recently created a useful rapid screening tool named the Basic Periodontal Examination (BPE). Its intention is to indicate the level of further examination needed and provide basic guidance on treatment needed. These BPE guidelines are not prescriptive but represent a minimum standard of care for initial periodontal assessment. BPE should be used for screening only and should not be used for diagnosis.

Guidelines for the use of BPE in younger patients can be found in the BSP document *"Guidelines for periodontal screening and management of children and adolescents under 18 years of age."*

For a downloadable version of the screening tool will be available please go to: www.bsperio.org.uk/publications/downloads/94_154250_bpe-2016-po-v5-final-002.pdf.

New Amalgam Separators Guidelines

New European Union regulations to give effect to the Minamata Convention on Mercury came into force on 17 May 2017, and these will directly impact many dental practices.

Under the regulations practices must ensure that:

- **Separators put into service after the date of application of this regulation shall ensure a retention of at least 95% of the amalgam particles.**
- **From January 1 2021, all separators in use shall ensure the retention level specified in above paragraph.**

Separators shall be maintained in accordance with manufacturer's instructions to ensure the highest practicable level of retention.

This regulation is in line with Dental Council's existing Codes of Practice for Infection Control which are set out in 2015. Page 22, section 4.2.2 reads;

"There is a legal obligation on the holder of hazardous waste to make sure that the waste is handled in a manner that is environmentally safe. Dentists must therefore take all steps necessary to avoid contamination of the environment with waste dental amalgam. To achieve this, dentists must install, use and service amalgam separation units".

You can obtain a copy of the new regulation, Regulation (EU) 2017/852 on Mercury, from the European Council website:
<http://eur-lex.europa.eu/homepage.html>.

NEWS IN BRIEF

Codes of Practice

A working group has been established to review all Dental Council Codes of Practice. The group will review each code thoroughly with a view to updating and ensuring they are relevant to the practice of dentistry. We will notify all registrants if any of the codes are being amended.

Undergraduate Visits

The Dental Council has a statutory responsibility for ensuring that dental professionals are trained to a high standard. The council therefore monitors the standard of education and training by conducting accreditation visits to assess the quality of the undergraduate degrees and diplomas offered by educational bodies. The Dental Council is also responsible for the standard of the final examinations and will conduct accreditation visits for this purpose. These visits usually occur once every five years and are conducted by visitors appointed by council for this purpose. Both Dublin Dental University Hospital and Cork Dental School had their undergraduate programmes visited in October of this year.

THE REGISTRAR'S Frequently Asked Questions

As Registrar, David O'Flynn receives many phone calls and emails from both registrants and members of the public and there are some themes that come forward regularly.



What are my obligations when a patient requests their records?

Dentists have both an ethical obligation and statutory obligation to give a patient a copy of their medical and dental records. While data controllers have up to 40 days to release records and can charge €6.35 under the data protection legislation for doing so, many dentists will give a patient a copy of their record on request and at no charge. Dentists must release a copy of the records even if the patient has outstanding fees.

The council encourages dentists to make it as easy as possible for patients to obtain a copy of their records should they require them. You should be upfront with your patient if you think there will be delays in providing a copy of some records, for example, due to a delay in having an x-ray copied, and provide what you can as soon as possible.

Under the Data Protection legislation, practices are regarded as data controllers and as a consequence, all dental practices should be registered with the Data Protection Commissioner. The data protection regulations will be changing next year and complying will both become more onerous. Data controllers will be open to both fines and claims for compensation for breaches of an individual's

rights. You should familiarise yourself with the provisions of the new data protection regulations (known as the GDPR) and ensure your practice complies.

Did the Dental Council tell a patient of mine to discuss their treatment with me?

Potentially yes. We receive between 150-180 phone calls or emails a year from patients who have concerns about something that happened while they were with their dentists. The majority of these are matters that will almost certainly never reach the threshold of professional misconduct and where the patient is looking for a problem to be resolved. In cases like this, I will generally suggest to the patient to discuss the matter with their treating dentist.

I would ask you to bear in mind that should one of your patients say this to you, they were sufficiently aggrieved or worried about what had happened to contact the council. While the matter may never reach the threshold of professional misconduct, these patients may still make an allegation of professional misconduct against you. The council believes that matters like this are best resolved in the practice and for this reason, I will generally ask the patient to discuss the problem and possible solutions with the dentist.