

President's Address



*Dr Gerry McCarthy,
President*

Welcome to our Summer 2018 newsletter. I am delighted to say that the Dental Council hosted the annual conference of FEDCAR, the Federation of European Dental Competent Authorities and Regulators on the 20 April. We hold the FEDCAR presidency this year and we held the conference in Dublin Castle. A combination of the fine facilities and the first gloriously sunny days of the New Year showed Dublin and Ireland off positively to our European colleagues.

The main focus of the meeting was to discuss ways of ensuring that there is quality assurance of dental training across all European dental schools. The European Union project allows dental health professionals to move relatively freely across Europe. It is important for patients that they can be assured that there is an appropriate system in place to ensure that someone graduating with a dental qualification has the required skills to treat patients. This is presently not the case and it is a significant weakness in the European systems. We had a positive engagement with the other stakeholders representing dental educators, the professional organisations and the dental students. We look forward to progressing this important work over the coming months.

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Fitness to Practise

In this edition of the Newsletter I would like to set out some information about the Dental Council's Fitness to Practise procedures. This is an area that is of interest to many dentists and the general public alike.

Most allegations we receive are of professional misconduct which is defined as being a serious falling short in the standards expected of a dentist, and in this context the word 'serious' is important. Professional misconduct is intended to sit above negligence in terms of a hierarchy of seriousness. The process is intended to deal with matters where the allegation gives rise to a serious concern about the dentist's practise.

We receive over 150 calls or emails from patients every year. Most patients contact us because they are unhappy with their experience with a dentist and they are looking for advice. In most cases, we recommend that the patient discuss the matter with the dentist directly. Often, when the patient contacts the council, they are close to escalating the matter further, and resolving the matter promptly is usually the best option for everyone.

Each year about 8-10 calls and emails result in a formal allegation of professional misconduct being made. The dentist is always given an opportunity to provide their comments and observations on an allegation prior to the matter being considered by the Fitness to Practise Committee.

In order for the matter to proceed to Inquiry, the committee must be satisfied that there is prima facie evidence of professional misconduct. The prima facie test is met if the committee is satisfied that the allegation, if proven, would amount to professional misconduct, and that there is a likely prospect of the allegation being proven beyond reasonable doubt. Beyond reasonable doubt is the burden of proof required at an inquiry. As you can see from the table, only 1-2 of the applications received annually will result in an inquiry.

The Dental Council may apply any of 6 sanctions if an allegation of professional misconduct is proven. These sanctions are: erasure, suspension for a period of time, conditions attached to practise, censure, admonishment, and advisement. Shortly, all sanctions will need to be confirmed by the High Court.

Fitness to Practise Activity 2013-2017

Year	Total	Ave per contact (min)	Write to DC	Allegations received	Inquiry Decision	Subject of Complaint			
						Fees	Behaviour	Treatment	Others
2017	153	23	15	5	1	17%	30%	53%	0%
2016	150	24	12	9	2	19%	19%	59%	3%
2015	171	19	13	2	1	12%	20%	60%	8%
2014	163	18	16	13	1	16%	19%	60%	6%
2013	228	24	N/A	9	2	25%	25%	45%	4%

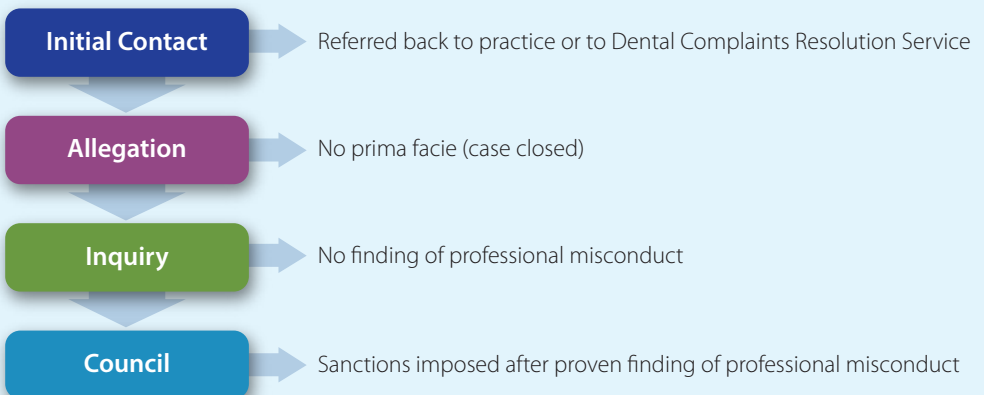
How the council works

Fitness to Practise Committee

Nine members of the Dental Council sit on the Fitness to Practise Committee. Under the Dentists Act, 1985, the majority of the committee must have been elected by the profession and at least one must be appointed by the Department of Health and must not be a dentist. The full committee considers allegations up to the prima facie decision, and usually three members of the committee are delegated to hear each inquiry. The present membership is:



Fitness to Practise Journey



Minimata:

The European Union has introduced regulation 2017/852 to implement the Minimata Convention on Mercury. This is an environmental regulation rather than a health regulation and its purpose is to reduce the amount of mercury used in many industries and professional sectors, including dentistry. This EU Regulation is binding in its entirety and directly applicable in all member states.



Key dates for dentists;

1 January 2018;

- Amalgam separators put into service from this date must provide retention level of at least 95% of amalgam particles and be maintained in accordance with manufacturer's instructions.

1 July 2018;

- Dental amalgam shall not be used for dental treatment of deciduous teeth, of children under 15 years and of pregnant or breastfeeding women, except when deemed strictly necessary by the dental practitioner based on the specific medical needs of the patient.

1 January 2019;

- Operators of dental facilities in which dental amalgam is used, or dental amalgam fillings or teeth containing such fillings are removed, shall ensure that their facilities are equipped with amalgam separators for the retention and collection of amalgam particles, including those contained in used water.
- Dental amalgam shall only be used in pre-dosed encapsulated form. The use of mercury in bulk by dental practitioners shall be prohibited.
- All separators must provide a retention level of at least 95%.

Dental practitioners should note that failure to comply with the waste management regulations may separately result in proceedings under the Waste Management Regulations, S.I. No. 126/2011 – European Communities (Waste Directive) Regulations 2011.

The Dental Council intends issuing guidance for the profession on complying with the new regulations

BT Young Scientist

We would like to congratulate Lily Fitzgerald for her prize winning project on dental phobia and anxiety.

Lily is a second year student at Kinsale Community School and her project was well received. She was interested in researching the prevalence of dental phobia and dental anxiety and who this affected attending a dentist, and some other matters. Her main objectives were to:

- Establish how prevalent dental anxiety and dental phobia is.
- Assess its causes.
- Try to measure anxiety and identify factors that enhance or lessen their perceived anxiety.
- Establish the extent to which people avoid the dentist due to anxiety and phobia.
- Establish what is most common: attending the dentist for a check-up or attending for an emergency.
- Establish whether people are aware of the age a child should first visit a dentist.
- Find people's preferences for their dentists and whether the participants own gender and age affected their preferences.

Lily undertook a survey of 1074 participants and the respondents were predominantly female (79%) aged 35-54, mainly educated up to third level and higher and predominantly Irish. She found that the most common reason for having a fear of the dentist was "bad memories of a dentist visit". She further found that 59.9% of respondents avoided the dentist because of dental anxiety, and 43.3% of respondents avoided attending a dentist because of dental phobia. Delays in being called into the surgery would make 39.3% of the survey respondents feel more anxious.

Almost 40% of those who only attend at least every 4 years said that this was because of dental phobia. Interestingly, Lily found that male patients are not as anxious as female patients.

Of the people who stated that they were "a little to very much afraid" to visit a dentist, 26% said it was due to having bad memories of a previous dental visit and 25% said it was because they were afraid of experiencing pain.

The survey is indicative of how important it is for all the dental team to ensure that their patients are put at ease. In our experience of patients contacting the council, the heightened anxiety that can sometimes stem from comment or a slight complication in treatment which can result in complaints to the council that could have been readily dealt with in the practice.



The Minister for Health Simon Harris TD visiting Lily's stand

Civil Liability (Amendment) Act

In November 2017, an amendment to the Civil Liability Act, 1961 was signed into law. The amendment Act allows healthcare professionals to make an open disclosure of patient safety related incidents in the interests of the common good. The amendment Act provides certain restrictions to prohibit information provided by way of an open disclosure being used in civil and regulatory processes.

The Act is prescriptive as to how an open disclosure should be made and by whom. New regulations will, in due course, set out the exact format of disclosures made under the Act. All healthcare providers are encouraged to prepare procedures for making an open disclosure to patients when:

- **Unintended or unanticipated injury or harm has occurred in the course of treatment**

- **Where a patient was put at risk of unanticipated injury and harm (even if harm or injury was not actually caused)**

- **Unintended or anticipated injury or harm was prevented through a timely intervention or by chance**

The Civil Liability (amendment) Act, 2017 (Number 30 of 2017) can be viewed in full on www.irishstatutebook.ie.

NEWS IN BRIEF

Practitioner Health Matters Programme

We feel it's important to bring this service to the attention of the dental profession once again. This programme was launched in 2015 and since then has expanded with a steady increase in the number of practitioners availing of the service. It gives support to those going through mental health difficulties, stress, or alcohol or drug misuse problems and we would like to remind all dental professionals that this service is available to help in a completely confidential manner. Ph; 012970356 or practitionerhealth.ie

Dental Renewal Fees

We would like to thank the profession for their co-operation in using our online payments system this year. We acknowledge that a small number of practitioners had some difficulty but overall the online payment system worked very well. The Dental Council will continue to use this online payment system and would encourage dentists and auxiliary workers to retain their sign in details somewhere safe to allow easy access next year.

General Data Protection Regulations (GDPR)



You are probably already aware that the new EU General Data Protection Regulations came into force on 25 May 2018. These regulations further strengthen an individual's right to

have their information held and processed appropriately and securely. Failing to comply may result in significant fines.

The concept of confidentiality of patient information has been a bedrock of dentistry over the years, and there should be little difficulty for the dental profession in meeting these enhanced requirements. However there are other areas that dentists should reflect on to ensure that they have appropriate policies and procedures in place.

Dentists should only retain records for as long as they are reasonably required and it would be advisable to prepare a data retention policy. Under the Dental Council's Code of Practise regarding Professional Behaviour and Ethical Conduct, dentists should retain records for at least 8 years (9 years, in certain cases). Dentists should consult with their indemnity provider regarding an appropriate duration for them to hold records. This is likely to vary from practice to practice, depending on the nature of the treatments provided.

We also regularly hear from patients stating that dentists are failing to release records or are being slow to do so. This is frustrating for your patients and is contrary to the regulations. We would suggest putting a notice in your practice informing patients how they can go about obtaining a copy of their records and the costs involved.

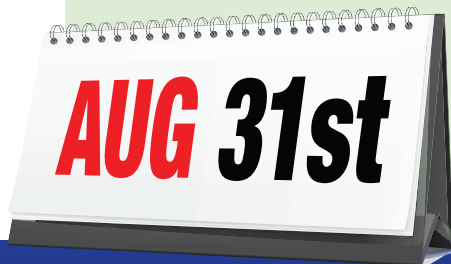
Further information on GDPR can be found on the Data Protection Commissioner's website:
<https://www.dataprotection.ie/docs/GDPR/1623.htm>

Auxiliary Renewal Fees

All auxiliary renewal fees are due on August 31st 2018. Dental nurses who have joined additional registers such as Dental Hygienist or Orthodontic Therapists and who no longer wish to be included on the Dental Nurse register need to inform us of this via e-mail. The fee can only be paid online through the Dental Council website. We are unable to accept cheques, cash or any other form of payment. Your payment will be returned if you pay this way. You should also inform us if you have changed your address or are no longer practising. Please e-mail us at info@dentalcouncil.ie

Communicating with the Registration Department

While you will all have dealt with the registration department upon registering to practice for the first time, it is important to know your responsibilities going forward. It is easy to keep your information up-to-date on the Register. Drop us an email to info@dentalcouncil.ie with any changes to your details and we will let you know if you are required to send in any additional information in order for us to make these changes happen.



DEADLINE - 31st AUGUST 2018

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.



Do you get many calls about communication issues?

In 2017, the main issue for approximately 30% of the patients who contacted the council concerned communications. These patients reported problems ranging from sharp or brusque responses to questions, to anger, to the patient feeling that the treatment plan was not properly explained to them.

The number of calls and emails we receive is small in the context of the total number of patient/dentist interactions that take place every day in Ireland. However, sometimes the patient's heightened general anxiety about going to the dentist and the draws on the dental team's attention that can occur in a busy dental surgery collide and leave the patient worried or annoyed about something that happened in the surgery.

It is important for all members of the dental team to continually remind themselves of the paramount importance of fully engaging with your patients.

Is complex treatment at the heart of many complaints to the Dental Council?

Surprisingly, no. Most of the complaints we receive about treatment are routine general practise dentistry, such as fillings falling out, ill-fitting dentures, fabricating and affixing crowns and bridgework. In many cases, the patient has already discussed the issue with the dentist and is still dissatisfied. While we generally ask the patient to discuss their treatment with the dentist, the fact that they have contacted us generally means they are losing confidence in their dentist's willingness to deal with their problem.

We do also receive complaints about more complex treatment and an increasing number of these concern implant retained bridges. A recurring problem is the failure of the dentist to realise when specialist assistance may be required. We accept that problems will arise during even the most routine treatment, and it is important for dentists to reflect on the point when the patient should be referred on.

The Dental Council expects all dentists to have a formal complaints procedure in place (Section 5.4 of the Code of Practice regarding Professional Behaviour and Ethical Conduct).