



# CPD4dentalnurses

YOUR FUTURE IN YOUR HANDS

## **Legal and Ethical: Legislative requirements and applying them to DCP practice recognising personal and professional responsibilities**

**Aims:** This article focuses on the legislative requirements Dental Care professionals (DCPs) are expected to follow throughout their profession and the associated personal and professional responsibilities both patients and the dental team have in relation to them.

### **Objectives:**

- To identify the characteristics of a professional.
- To identify the levels of professional knowledge.
- To have knowledge of the GDC standards that the dental team should maintain.
- To identify some of the legislation and guidance that regulates the dental profession.

### **Introduction**

Legislative requirements and regulations are essential in all dental practices. Every DCP has a duty of care and a responsibility to work safely at all times. This requirement comes under The Health and safety at Work Act (1974). An important regulatory body of dentistry is the General Dental Council (GDC). The GDC have issued professional standards of guidance in relation to the dental team. Regulation within the dental profession is important because dental practices are subjected to a vast range of influences which could potentially act against the objectives desired by patients. It also allows areas for improvement to be identified to allow for the best service.

This article focuses on the GDC standards as subheadings for the different principles DCPs must follow whilst also introducing legalisations, policies and acts associated with the relevant GDC standards. Personal and Professional responsibilities exist within the dental profession towards the dental team and patients. The relevant responsibilities for each legislation and GDC Standard will be explained.

### **Professional Characteristics**

Generally, in the workplace it is well recognised that there is a need for individuals to respond to change by learning and developing and it has become the responsibility of

the individual to take accountability for their own development.

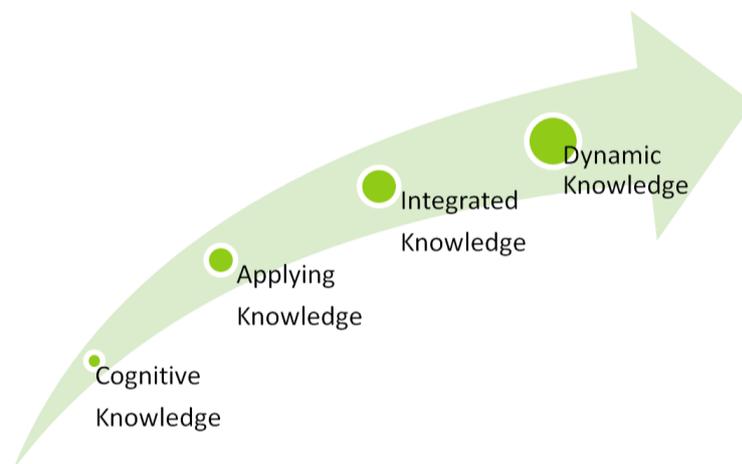
This provides assurance to patients, and dental professionals are obligated to regularly demonstrate to the General Dental Council (GDC) that they meet a satisfactory standard to maintain their registration. Each member of the team is required to maintain their knowledge, skills and attitudes and provide proof of this.

A professional will have certain characteristics. These include:

- Distinct body of knowledge (Dental Nursing/Dental Hygiene/Dental Therapy).
- They will have completed an academic course of study.
- They will belong to a professional body (GDC).
- As a professional they can be considered a value to society.
- Some professionals will operate independently, or some may work as part of a team; more commonly they do both. The overall aim as a dental care professional should always be to provide patients with the highest standard of care they possibly can.

Dental professionals work within set standards of practice, and these are set out by the general dental council.

### Levels of Professional Knowledge



1

This diagram shows the following levels of professional knowledge:

**Cognitive knowledge:** This is when you know what your role is and how to do it; however, in some circumstances, you might not have the confidence to do it. This means that you generally complete a task in exactly the way you were taught.

**Applying knowledge:** This is when you know how to do something, and you can apply that to practice independently with some flexibility.

**Integrated knowledge:** This is when you know how to carry out your role and you are able to work with others and share your knowledge.

**Dynamic knowledge:** This is where you use your knowledge to creatively adapt and create major changes with confidence.<sup>2</sup>

### Competencies Of Professionalism



This diagram shows the competencies that a professional should be aiming to achieve. These competencies are linked and as dental care professionals the aim should be to foster an attitude of individual responsibility for their own professionalism and make sure that they are accountable for their own development and actions. They will then be working towards meeting the standards that are set out for them by the GDC.

- Technical and professional skills of their own specialism, i.e., dental nursing which they have gained through formal and informal learning.
- Intellectual skills – of decision making, analytical reasoning and innovation and creativity.
- Coping skills - some professionals will be very driven but, everyone needs to be flexible and adaptable.
- People skills – they will need to be able to work as part of a team. To do this they may need some managerial skills and they may need to focus on continually improving their communication skills on a personal level within the team and with patients.
- Commercial awareness - no matter what your role in the practice is,

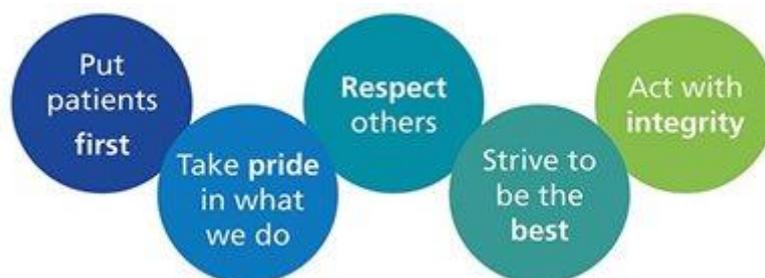
dentistry is a business, and it is necessary to know the mission of their workplace, and have an awareness of the key issues of the business and be familiar with the aims of the practice that they work in.

## GDC Standards and Legislative Requirements



### Standards 1 and 9

**“Put patients’ interest’s first”** and **“make sure your personal behaviour maintains patients’ confidence in you and the dental profession”** are outlined by GDC standards one and nine (General Dental Council, 2018). Professionalism is necessary for both standards and is an indispensable component of the social contract between DCPs and their patients, therefore it is important that patients can maintain their trust and confidence in DCPs. It is essential that social media and personal behaviour outside the workplace are kept professional so that the public’s perception of the dental profession is not disrupted and the professional identity of DCPs is preserved.



The CQC states that patients have the right to have ‘person centred care’ (Care Quality Commission, 2024 Regulation 9 Person-centred care). This means that DCP’s must tailor needs and procedures to every patient as an individual and allow them to discuss and ask questions about different treatment options. In addition, both DCPs and patients must tolerate diversity and have respect towards one another; GDC Standard 1.2 states that DCPs have the professional responsibility to treat all patients as equals and with kindness and compassion. However, patients also have a personal

responsibility for their own behaviour during appointments, therefore if they are disrespectful and display inadequate behaviour to their DCP e.g., racist remarks; DCPs have the right to pass their treatment to a different clinician and to refuse to provide the patient further treatment from themselves, especially if the remarks or abuse affect the DCP's fitness to practice.

Infection control procedures are essential for ensuring that patients are treated in a safe and hygienic environment. Patients reserve the right to be treated in a surgery environment that is clean and sterile. The decontamination of instruments is a necessary requirement to reduce the risk of cross-infection from patient to patient and also between patients and staff. As part of a DCP's registration they have a responsibility to demonstrate competence in all aspects of their work and take actions to protect patients. This includes ensuring that the decontamination of instruments is conducted to recommended standards.

Guidance documents that the Department of Health state should be followed in England include: HTM 01-05 which stands for Health Technical Memorandum and makes up part of a series of guidance documents relating to decontamination in all healthcare settings. HTM01-05 is based on HTM2030 which is the guidance that is used in hospital settings.

It is designed to:

- Assist general dental practices to meet pre-existing legislative requirement.
- Define a minimum acceptable standard of decontamination (essential quality requirements or EQR).
- Provide a development path to achieve 'best practice' standard of decontamination.

In Scotland, the general principles in the equivalent Scottish guidance (SDCEP) are comparable. The Regulation and Quality Improvement Authority (RQIA) is Northern Ireland's independent health and social care regulator. Documents for Northern Ireland (DHSSPSNI) along with guidance for England and Scotland can be found from the links available at the end of the article under further reading.

HTM 07-01 is designed to provide guidance and safe sustainable management of clinical waste disposal. (c: Health Technical Memorandum 07-01 Safe and sustainable management of healthcare waste 2023 Version).

With regards to putting patient's interests first, the duty of candour states that DCPs must be open and honest with patients if treatment goes wrong. It is essential that the patient and clinician have a discussion prior to appointments to give both the DCP and patient the opportunity to discuss risks, benefits, and enough time to allow the individual to make a decision about treatment preferences. DCPs have a professional responsibility of apologising to patients if their treatment does not go according to plan or if the service provided causes distress or harm to the patient. The problem must be explained clearly and in a way, they can understand, and an explanation of how to solve the issues must be included. (Being open and honest with patients when something goes wrong [The professional duty of candour], 2018). It is the patient's personal choice and decision to accept the apology and continue to have trust in the service or DCP involved depending on the circumstances.

## Standards 2 and 5



GDC Standard 2 states ‘**Communicate effectively with patients**’ (General Dental Council, 2018). DCPs must listen to patients and convey information to patients at a level they are able to understand. It is a professional responsibility of DCPs to take communication needs into account and respect cultural values. The Health Equity in England the Marmot Review 10 years on (2020) outlines how health inequalities exist and proposes evidence-based strategies to address social determinants of health and conditions in which people live and work. It is the professional responsibility of DCPs to identify these health inequalities and to adapt patient treatment to social determinants. However, it is a personal responsibility of patients to provide accurate information about their health, conditions, and status (Health and Equity in England: The Marmot Review 10 years on 2020).

Communication barriers exist within healthcare due to language, beliefs or conditions which affect communication with DCPs. Patients should make DCPs aware of these relevant barriers prior to appointments in order to ensure that correct information is being conveyed and that they fully understand their treatment plan. The GDC outline that communication barriers can be overcome by suggesting that patients bring along someone who can express their thoughts and feelings to the clinician through sign language and also by providing induction loops to patients who wear hearing aids. It is a professional responsibility for DCPs to recognise a patient’s communication difficulties and to devise plans to reach their particular needs (General Dental Council, 2018).



Standard 5 states ‘**Have a clear and effective complaints procedure**’ (General Dental Council, 2018). Communication is important with regards to complaint handling. DCPs must respect patients’ right to complain and respect their choice to ‘claim for a judicial review if patients believe they have been directly affected by an unlawful act or decision of an NHS body’ (The NHS Constitution - Your rights and responsibilities | Patients and visitors | North Cumbria University Hospitals NHS Trust, 2018). It is the professional responsibility of DCPs to provide complaint procedures and to give patients a constructive response. However, if patients feel that their complaint has not been dealt with effectively, they have the personal choice of taking their complaint to the independent health service Ombudsman.

The GDC also have their own complaints handling service for private patients (the Dental Complaints Service), which advise DCPs how to deal with complaints raised and how to prevent these concerns from escalating further. They suggest that DCPs should provide a timeframe to the patient explaining when they should expect to receive a full response. In addition, it is a personal responsibility of DCPs to acknowledge the patient's complaint and listen to what they have to say if a DCP is approached by a patient who feels the need to complain.

### Standards 3 and 4



Standard 3 '**obtain valid consent**' is a crucial professional responsibility for DCPs. The DCP must ensure that patients fully understand their treatment plans and that all relevant options and decisions have been made before the DCP asks the patient to give either verbal or written consent depending on the circumstances (General Dental Council, 2018). Valid consent is central in all forms of healthcare and explains that patients must be informed about risks, benefits, and consequences of proposed treatment.

For consent to be valid, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question (this will be the patient or someone with parental responsibility for a patient under the age of 18, someone authorised to do so under a Lasting Power of Attorney (LPA) or someone who has the authority to make treatment decisions as a court appointed deputy.)

The Mental Capacity Act (2005) applies to all Individuals aged 16 and over who may lack the capacity to give consent for themselves prior to treatment. However, 'a person must be assumed to have capacity unless it is established that he lacks capacity'. Gillick competence is used within healthcare to decide whether a child below 16 years of age is capable of giving consent to their treatment without the need of knowledge or parental guidance. The Dental Defence Union outlines that if the child is not Gillick-competent, authority may be given to somebody who has parental responsibilities. (Children Act, 1989) It is a personal responsibility for the parent to give consent for their child.

However, it is the professional responsibility of DCPs to understand that emergency treatment required to save a life or prevent serious harm must not be delayed if consent from an adult with parental responsibility cannot be obtained. In addition, decisions on whether to treat a child, considerations must also be in the best interest of the patient (Consent and children under 16 - The DDU, 2018).

GDC standard 4 states '**maintain and protect patient's information**' (General Dental Council, 2018). This standard expresses how it is the responsibility of DCPs to keep patients' records confidential, complete, and up to date. It is essential that there are

record of patient discussions, medical health, and written evidence that consent had been obtained prior to treatment. Information must be kept confidential including personal details, costs, and medical treatment (Confidentiality UK, 2018).

The Caldicott Principle 5 also implies that DCPs and staff dealing with the confidential information of patients, must be aware that they have the personal and professional responsibilities to respect patient data (Caldicott2 Principles, 2013).

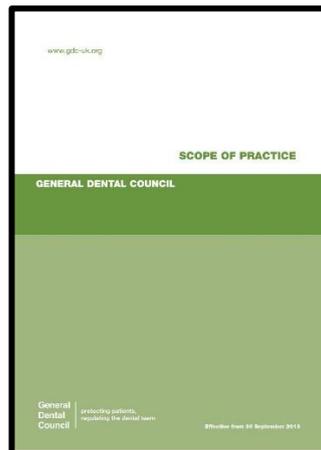
### Standards 6 and 8

Standard 6 **‘work with colleagues in a way that is in patients’ best interests’** (General Dental Council, 2018). This standard includes principles DCPs must follow with regards to their scope of practice and relationship with all members of the dental team. It is a professional responsibility for DCPs to refer a patient to another member of the team with all the relevant information they need if the patient requires dental treatment outside the DCP’s scope of practice. It is the patient’s personal responsibility to accept that their DCP cannot perform the required treatment under their scope of practice and to understand the reasons for their referral.



GDC Standard 8 states **‘raise concerns if patients are at risk’** (General Dental Council, 2018). It is the professional responsibility of DCPs to raise concerns if they feel that a patient is at risk. This duty to raise patient concerns must override any personal concerns and professional loyalties the DCP may have. The Department of Health have issued a guidance tool for DCPs about safeguarding children (Working together to safeguard children, 2023). The document states that children need to have vigilance, respect, and support. It is the responsibility of healthcare professionals to identify suspicious circumstances and to treat all children with the expectation that they are competent. During appointments it is the personal responsibility of patients to understand that social history notes and other personal information not directly related to their dental treatment is required for the purpose of safeguarding and protection. However, it is the patient’s personal choice for choosing whether or not to disclose certain information to their DCP. If a DCP has concerns that anybody is at risk of harm or abuse they must notify their line manager or local safeguarding lead, the local Police may also need to be informed (The Mental Capacity Act Deprivation of Liberty Safeguards, 2018).

## Standard 7



Standard 7 states **‘maintain, develop, and work within your professional knowledge and skills’** (General Dental Council, 2018). It is essential that DCPs only carry out a type of treatment or task if they are appropriately trained and competent in. It is a DCP’s personal responsibility to determine how confident they feel at performing certain treatment types, ensuring that the treatment type is covered under their scope of practice. If a DCP does not feel that they are capable of performing treatment, they must remember that it is their professional responsibility to only work within their physical and mental abilities and appropriately refer the patient to an alternative DCP who will be able to fulfil the treatment.

It is the patient’s personal responsibility to understand that the DCP cannot perform the treatment required and that the referral to another DCP will prevent any risks of harm to them.

DCPs are also expected to carry out Continuing Professional Development (CPD). This is a requirement they must follow and allows DCPs to maintain their registration. It must be completed within a five-year cycle and the number of hours of CPD depends on the registrant’s title. It is essential that CPD is carried out to ensure that knowledge and skills are maintained for every DCP. It is a professional responsibility of DCPs to take part in activities which aim to improve their practice and it is a personal responsibility to provide the time and effort to carry out the learning activities in order to enhance and maintain professional performance.

## Conclusion

Overall, this article has highlighted some of the main topic areas mentioned within the GDC standards and has also introduced other legislative requirements and policies to support the statements made. DCPs have legal ethical and professional duties to the patients as well as the public and to the dental profession itself. Regulatory bodies such as the GDC and CQC are necessary in order to ensure that the responsibilities of DCPs are being maintained and that they continue to work in the best interests of patients. In addition, it is important that professional standards are being continuously improved and that patients continue to maintain trust with the dental profession.

Patient expectations are continuously rising. GDC standard 1 focuses on how DCPs must work in the best interests of their patients, therefore they have the professional responsibility of providing appropriate treatment to every patient as an individual. The other GDC standards are all built on the requirement that patients' interests are always put first in order to provide the best care to every individual treated. However, it is also the patient's personal responsibility and choice to provide the DCP with accurate and complete information about themselves and treatment options.

Without the personal responsibilities of the patient, the DCPs role in giving appropriate care to the patient is made considerably more difficult. This example demonstrates how it is important that DCPs understand their responsibilities associated with the healthcare they provide in order to make their treatment as effective as possible whilst also following current legislative requirements.

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### **Personal Development Plan and Reflective Learning**

This CPD is linked to the following GDC Enhanced CPD Development Outcome:

**A. Effective communication with patients, the dental team, and others across dentistry, including when obtaining consent, dealing with complaints, and raising concerns when patients are at risk.**

**C. Maintenance and development of knowledge and skill within your field of practice.**

Reflective learning is now a requirement of the GDC Enhanced Professional Development Scheme. As such, you will now be offered the opportunity to answer some reflective learning questions for the CPD you complete. These will be:

- 1) What did you learn (or confirm) from the activity that was helpful or relevant to your daily work and patients?
- 2) Comment on any changes/updates needed in your daily work
- 3) How has completion of this CPD article benefitted your work as a DCP?

#### **Further Reading**

[England](#)

[Northern Ireland](#)

[Scotland](#)

[Wales](#)

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