Practice Management, Scope of Practice & Safeguarding

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EXAM-DAY SUMMARY

everything on this page → detail in §§ overleaf

NHS CHARGE BANDS (ENGLAND) → §1

- B1 **£27.90** exam/x-ray/scale-polish · B2 **£76.60** fillings/RCT/ext · B3 **£332.10** crown/denture/ortho · B4 urgent **£27.90**
- Multiple bands in one plan → pay highest band only
- Return same/lower band **free within 2 months** of completed course
- Free: <18 (or <19 in F/T education); pregnant → child age 1

H&S BODIES & REGS → §2

- **HSE** = statutory enforcer · **COSHH** = hazardous substances (blood, N_2O, latex)
- RIDDOR: report >7-day absence · hospital ≥24 h · workplace disease
- PPE free to staff · powdered latex gloves restricted (COSHH)

FIRE & GAS LIMITS → §2

- Classes **A** solids · **B** liquids · **C** gases · **D** metals · **F** cooking oils
- Water → A only · CO_2 → electronics · extinguisher ≤30 m, 1 per 200 m²
- N_2O **100 ppm** · isoflurane 50 · enflurane 50 · halothane 10 (8 h)

EMPLOYMENT → §3

- Written terms ≤**2 months** of start; changes notified ≤**1 month**
- 18+: 48 h/wk avg, 11 h between days, 20 min/6 h · <18: 40 h/wk, 8 h/day
- Resign → give 1 month notice

DISMISSAL & NOTICE → §3

- ≥2 yrs service → unfair dismissal; <2 yrs → breach of contract only
- Notice: >1 mth–2 yr = 1 wk; >2 yr = 1 wk/yr, max 12 wk
- Oral → 3 written warnings → dismissal; instant only if gross misconduct

LAW, QA & GOVERNANCE → §4

- Acts: Human Rights · Equality · H&S at Work · Data Protection · Health & Social Care · Disability Discrimination
- Clinical governance = accountability framework · audit = care vs criteria · peer review = dentist ↔ dentist

CPD (5-YR CYCLE) → §5

- Dentist 100 h · DCPs 75 h · nurse/technician 50 h · temp dentist 20 h
- Min **10 h over any 2 yrs**; dentist yr Jan–Dec, DCP/nurse Aug–Jul

SCOPE — UNIVERSALS → §6

- Act only if trained + competent + indemnified; else refer
- **ALL** registrants trained in medical emergencies incl. resuscitation
- Reserved duty → need new qualification/registrant group

SCOPE — WHO MAY → §6

- LA (infiltration + IDB): dentist, hygienist, therapist
- Extract permanent + endo adult + prescribe meds = **dentist only**
- Therapist: primary restorations/pulpotomy/extraction · CDT: complete dentures direct

SAFEGUARDING — PRINCIPLES → §7

- 6 P's: Empowerment · Prevention · Proportionality · Protection · Partnership · Accountability
- <16 disclosure → escalate; record injury site/size/shape + carer behaviour

SAFEGUARDING — SHARING → §7

- GDPR is not a barrier — 7 golden rules; record every decision
- Override refusal: no capacity · others/children at risk · prevents/ serious crime · staff implicated · duress · court order

§1 NHS dental charges

England NHS banded charges — one charge per course of treatment, revised each April.

Table 1 — The four NHS treatment bands

Band	Charge	Typical treatments
Band 1	★**£27.90**	Exam/assessment/advice · x-rays (if clinically needed) · scale & polish (if needed) · fluoride/sealants · marginal correction of fillings · impressions/moulds · ortho assessment + report · coloured photos · biopsy · treat sensitive cementum · adjust dentures/braces
Band 2	★**£76.60**	Fillings (white = front teeth only) · RCT · pulpotomy · extractions incl. wisdom · apicectomy · perio (root planing, deep scale, gingivectomy) · free gingival graft · frenectomy/frenoplasty · oral surgery (cyst, soft tissue) · fissure sealants · denture additions/reline/rebase · bite guard (not lab) · splint/transplant teeth
Band 3	★**£332.10**	Crowns & bridges · dentures · inlays/pinlays/onlays · veneers · orthodontic treatment & appliances · other custom appliances (not sports guards)
Band 4	★**£27.90**	**Urgent/emergency**: exam · x-rays · dressing/palliative · pulpectomy or vital pulpotomy · re-fix crown/inlay/bridge + temp bridge · drain abscess · treat avulsion/trauma · remove ≤2 teeth · 1 permanent filling · acute ulcers/herpetic lesions

- **One charge per plan**: treatment spanning several bands → pay **highest band only**, not each item
  - e.g. x-ray (B1) + RCT (B2) → charged ★**Band 2**
- **Same band = one fee**: single charge for a single treatment even if delivered over several visits
- **Returns rule**: further tx of same or lower band → **free within 2 months** of the completed course → after 2 months = new band payment
- **Cosmetic ✗ NHS**: whitening not available; veneers/braces only where genuine clinical need (not cosmetic)
- **Exempt from charge**: under 18 (or under 19 in full-time education) · pregnant → until child is 1 yr · armed-forces compensation & accepted-disability tx · income-related Employment & Support Allowance · credit guarantees

> ★ EXAM PEARL
> Two figures share **£27.90** — Band 1 (routine) and Band 4 (urgent). The discriminator is **Band 3 £332.10** (lab/appliance work: crowns, dentures, ortho) — the one most often asked.

§2 Health & safety in the practice

Practice management rests on three pillars: **health & safety**, **employment** (§3) and **quality assurance** (§4).

2.1 Regulators & hazardous substances

- **HSE** = Health & Safety Executive → statutory body: advice/guidance + **enforces** UK H&S law
  - inspector rights: enter at reasonable time · examine all areas · request info/facilities/assistance · interview + take written statements · scrutinise radiograph, anaesthetic-gas & hazardous-substance control
- **COSHH** = Control of Substances Hazardous to Health → employer must eliminate/reduce exposure to:
  - biological agents (blood, saliva) · chemicals · dusts/fumes/mists/vapours · gases (nitrous oxide) · other hazards (latex)
- **Personal protection**: assess & reduce risk · staff **never charged** for supplying/cleaning/repairing/replacing PPE · COSHH restricts **powdered latex gloves**

2.2 Recording & reporting — RIDDOR

- **Risk assessment**: record accidents/incidents + investigate cause → prevent recurrence
  - amalgam: check amalgamators for **mercury leak** during mixing · asbestos risk only if built before **2000** + electrical/ maintenance work · display screens: adjustable brightness & contrast
- **RIDDOR** = Reporting of Injuries, Diseases & Dangerous Occurrences Regulations → keep records: date/time · name & occupation · nature of injury · place & circumstances (report online)
- **Reportable to HSE**: accidents causing ★**>7 days** absence · injury → hospital admission ★**≥24 h** · workplace-related diseases (incl. explosions) · death of a worker

2.3 Anaesthetic gases, electrics & lasers

8-hour workplace exposure limits — check ventilation weekly, service at least every 14 months.

Table 2 — Anaesthetic-gas exposure limits (8 h)

Gas	Limit (ppm)
Nitrous oxide	★**100**
Enflurane	50
Isoflurane	50
Halothane	10

- **Electrical**: equipment in good condition at all times · HSE suggests electrician check every **2–3 years**
- **Lasers**: classified 1–4 by power output · class 1 safe · classes 3 & 4 need medical/dental supervision · class 4 or IPL sources must **register with the CQC** (Care Quality Commission — the slide's "Healthcare Commission" is its pre-2009 name)

2.4 Fire safety

- **Law**: Regulatory Reform (Fire Safety) Order **2005** → everyone must be able to escape safely; detection + alarm required
- **Extinguisher placement**: within **30 m** reach · ≤1 m high if mounted · inspected **once a year** · ★**1 per 200 m²** floor, min 1 per floor

Table 3 — UK fire classes & matching extinguisher

Class	Fuel	Extinguisher
A	Organic solids (paper, wood)	Water (most useful) · wet chemical
B	Flammable liquids (petrol, oil)	Foam · dry chemical
C	Flammable gases	Dry chemical
D	Flammable metals	Specialist dry powder
F	Cooking fats & oils	Wet chemical
Elec.	Electrical source	**CO_2** or dry powder (no residue → safe for electronics/documents)

2.5 First aid

- **Cover**: <20 workers → **1** trained first aider (course incl. CPR + bleeding management) · >20 workers → more than one
- **First-aid box**: ≥20 sterile adhesive dressings · 2 eye pads · 4 triangular bandages · 6 medium + 2 large sterile wound dressings · 6 safety pins · 1 pair disposable gloves

> ★ EXAM PEARL
> Numbers examiners love: N_2O **100 ppm**, RIDDOR **>7 days / 24 h**, extinguisher **1 per 200 m²**, first aider threshold **20 workers**, asbestos cut-off year **2000**.

§3 Employment law

- **Contract**: exists the moment an employee accepts terms by **starting work**
  - written statement of terms within **≤2 months** of start · changes to main terms notified in writing within **≤1 month**

Table 4 — Working-time limits by age

	Adults (18+)	Young (<18, above school-leaving age)
Max hours/week	★**48 (average)**	★**40**
Max hours/day	—	8
Rest days/week	1 full day	2 full days
Daily rest	11 uninterrupted h	12 uninterrupted h / 24 h
Rest break	20 min / 6 h	30 min / 4.5 h

3.1 Dismissal, notice & discipline

- **Unfair dismissal**: needs ★**≥2 continuous years** service · <2 years → can claim **breach of contract only**
- **Resigning**: employee must give **1 month** notice
- **Employer notice to staff**: >1 month–<2 yrs → 1 week · ≥2 yrs → 1 week per year of service, up to **max 12 weeks**

- **Redundancy**: allowed, but **payment is a must**

1. Oral warning
2. 3 consecutive written warnings
3. Written notice of dismissal

> CAUTION
> **Instant (summary) dismissal** is lawful **only for gross misconduct** — otherwise the staged warning procedure above must be followed.

§4 Quality assurance, the law & clinical governance

Human Rights Act
fairness, respect, equality, dignity, autonomy, right to life.

Equality Act
anti-discrimination law.

Health & Safety at Work Act
protection from fire, electricity & hazards.

Data Protection Act
personal data accessed only fairly & lawfully.

Health & Social Care Act
organises the NHS — patient interest first.

Scope of Practice
organises the private clinic & staff duties in patient care (see §6).

Disability Discrimination Act
treat disabled persons fairly, as non-disabled.

4.1 Governance triad

- **Clinical governance**: NHS framework for quality assurance → improves care & makes providers **accountable** for a consistent standard patients can rely on
- **Clinical audit**: quality-improvement cycle → systematic review of care **against explicit criteria** + implement change
- **Peer review**: improves care by encouraging **dentist-to-dentist communication** → identify areas for change

> ★ EXAM PEARL
> Audit vs peer review: audit measures care **against a written standard** (criteria); peer review is **colleagues comparing practice** — no fixed external criterion.

§5 Continuing Professional Development (CPD)

Verifiable hours over a rolling **5-year cycle**, by registered title.

Table 5 — Minimum verifiable CPD by registrant (per 5-year cycle)

Registrant	Hours	CPD year
Dentists	★**100**	1 Jan – 31 Dec
Therapists, hygienists, orthodontic therapists, CDTs	75	1 Aug – 31 Jul
Dental nurses, dental technicians	50	1 Aug – 31 Jul
Temporary registrants (dentists)	20	—

- **Dental-nurse breakdown** (within the 50 h): 10 h medical emergencies (2 h/yr) · 5 h radiology & radiation protection · 5 h disinfection & decontamination
  - recommended topics: legal & ethical issues · complaints handling · oral-cancer detection · safeguarding children & vulnerable adults
- **2-year rule**: spread CPD across the cycle → minimum ★**10 h over any consecutive 2-year period** (including across the cycle boundary)
  - a 0-hour year is allowed **if** ≥10 h fall in the year before or after → record 0 h at renewal

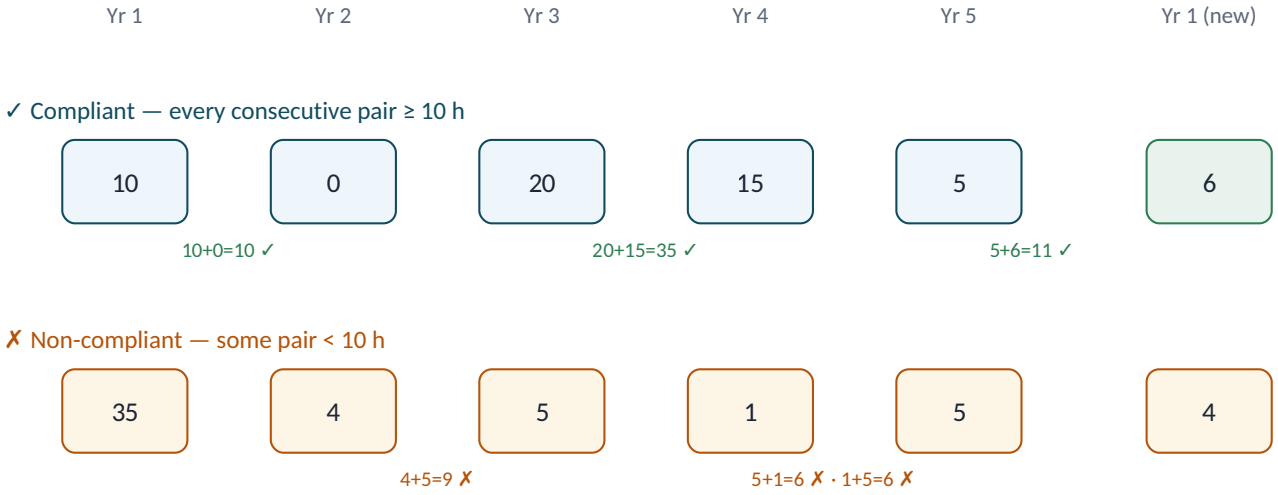

Diagram 1 — CPD 2-year rule: total may reach 50 h either way, but compliance needs ≥10 h in *every* rolling 2-year window, including across the cycle boundary.

§6 Scope of practice (GDC, 2013)

KEY POINTS

Scope = what you are **trained & competent** to do. Act only if trained, competent & **indemnified**; if a task is outside your scope → **refer** to an appropriately trained colleague. Practise per *Standards for the Dental Team*. A **reserved duty** needs a qualification to register in a **different** registrant group.

- **Medical emergencies — universal**: a patient can collapse on any premises at any time (treated or not) → **ALL registrants** trained in medical emergencies incl. **resuscitation**, with up-to-date evidence of capability
- **Growing your scope**: additional skills need further training · complex skills need an approved provider + assessment · scope changes across a career (technology + training)

Table 6 — Reserved & discriminator tasks: who may perform them

Task	Who may (GDC 2013)
Diagnose & treatment plan	Dentist; hygienist & therapist *within their competence*
Local analgesia (infiltration + IDB)	**Dentist, hygienist, therapist** only
Scaling & root-surface debridement	Dentist, hygienist, therapist
Direct restorations	Dentist (all); **therapist** (primary + secondary teeth)
Pulpotomy	Dentist (all); therapist (**primary teeth only**)
Extractions	Dentist (**permanent**); therapist (**primary only**)
Endodontics on adult teeth	**Dentist only**
Prescribe medicines · conscious sedation (provide) · GA treatment	**Dentist only**
Complete dentures direct to patient	Dentist; **CDT**
Repair dentures direct to public	Dentist; CDT; **dental technician**
IOTN screening	Dentist; **orthodontic therapist**
Inhalation (conscious) sedation — administer	Hygienist & therapist (additional skill); dentist

★ EXAM PEARL

The classic single-best-answer: **who can give an inferior dental block?** → dentist, hygienist, therapist. Orthodontic therapists **cannot** give local analgesia. **Only the dentist** extracts permanent teeth, does adult endodontics, prescribes medicines and provides conscious sedation.

6.1 Dental nurse

- **Core**: prepare/maintain clinical environment & equipment · infection prevention & control · record charting/oral-tissue assessment done by other registrants · prepare/mix/handle biomaterials · chairside support · contemporaneous records · prepare for & process radiographs · monitor/support/reassure patients · patient advice · support in a medical emergency · make referrals

- **Additional**: oral-health education/promotion · assist conscious sedation · assist special-needs & orthodontic patients · intra/extra-oral photography · pour/cast/trim study models · shade taking · tracing cephalographs
- **On prescription/direction**: take radiographs · place rubber dam · plaque indices · remove sutures (after a dentist checks the wound) · construct occlusal registration rims & special trays · repair acrylic of removable appliances · apply topical anaesthetic · make mouthguards/bleaching trays/vacuum-formed retainers · take impressions (to a dentist or CDT prescription)
- **Fluoride varnish**: on prescription **or** direct as part of a structured dental-health programme

> CAUTION
> Dental nurses **do not diagnose disease or treatment plan**; all other skills are reserved to other registrant groups.

6.2 Orthodontic therapist

- **Definition**: carries out **certain parts of orthodontic treatment under prescription** from a dentist
- **Core**: clean/prepare tooth surfaces · select/use/maintain instruments · insert passive removable appliances · insert removable appliances activated/adjusted by a dentist · remove fixed appliances, adhesives & cement · place auxiliaries · impressions · pour/cast/trim models · make an appliance safe in the dentist's absence · fit headgear · fit facebows adjusted by a dentist · occlusal records incl. orthognathic facebow · photos · **place brackets & bands** · prepare/insert/adjust/remove archwires *previously prescribed or activated* by a dentist · appliance-care & OHI advice · fit tooth separators · fit bonded retainers · IOTN screening (under direction or direct) · referrals · records
- **Additional**: apply fluoride varnish (Rx) · repair acrylic of ortho appliances · plaque indices · remove sutures (after check)

> CAUTION
> Ortho therapists do **not**: modify prescribed archwires · give local analgesia · remove sub-gingival deposits · re-cement crowns · place temporary dressings · diagnose · treatment plan · lab work beyond that listed.

6.3 Dental hygienist

- **Definition**: prevent & treat periodontal disease, promote oral health — direct to patients or on prescription
- **Core**: dental history + evaluate medical history · clinical exam within competence · perio exam/charting + indices · **diagnose & treatment plan within competence** · prescribe radiographs · take/process/interpret film views · plan care · preventive care & liaise re caries/perio/tooth wear · **supra- & subgingival scaling + root-surface debridement** (manual & powered) · anti-microbial therapy · adjust restored surfaces re perio · topical treatments & fissure sealants · smoking-cessation advice · photos · **infiltration & inferior dental block analgesia** · temp dressings & re-cement crowns (temp cement) · rubber dam · impressions · implant & peri-implant care · recognise abnormalities/interpret pathology · oral-cancer screening · refer · records · vary detail not direction of a prescription
- **Additional**: tooth whitening (Rx) · administer inhalation sedation · remove sutures (after check)

> CAUTION
> Hygienists do **not**: restore teeth · carry out pulp treatments · adjust unrestored surfaces · extract teeth.

6.4 Dental therapist

- **Definition**: carries out certain items of treatment direct to patients or on prescription — the **hygienist skill-set plus operative work**
- **Additional operative scope (vs hygienist)**: **direct restorations on primary & secondary (permanent) teeth** · **pulpotomies on primary teeth** · **extract primary teeth** · place pre-formed crowns on primary teeth · vary detail (e.g. number of surfaces, material) not direction
- **Additional (developed)**: tooth whitening (Rx) · inhalation sedation · remove sutures (after check)

> ★ EXAM PEARL
> Hygienist vs therapist = the perennial trap. Both give LA, scale and screen. **Only the therapist** restores teeth, does primary-tooth pulpotomies and extracts primary teeth. Neither touches **permanent** extractions or **adult** endodontics.

6.5 Dental technician

- **Definition**: makes dental devices to a prescription from a dentist or CDT; may **repair dentures direct to the public**
- **Core**: review lab cases · work with dentist/CDT on treatment planning & outline design · design/plan/make custom devices per Rx · modify dentures/ortho appliances/crowns/bridges per Rx · shade taking · lab infection control · full lab records · **verify & take responsibility for quality/safety of devices leaving the lab** · referrals · patient advice

- **Additional (assisting in clinic)**: fit attachments chairside · impressions · facebows · intra/extra-oral tracing · implant-frame assessments · occlusal registrations · tracing cephalographs · intra-oral scanning (CAD/CAM) · photos

> **CAUTION**
> Dental technicians do **not** work independently in the clinic to: perform clinical procedures for removable appliances · carry out independent clinical exams · identify abnormal mucosa/underlying structures · fit removable appliances.

6.6 Clinical dental technician (CDT)

- **Definition**: provides **complete dentures direct** to patients + other devices on prescription; also a qualified dental technician
- **Gate-keeping**: patients with **natural teeth or implants must see a dentist first**; refer to a dentist if a treatment plan is needed or there is an oral-health concern
- **Core**: prescribe & provide complete dentures direct · provide/fit other devices on Rx · detailed dental + medical history · clinical & technical procedures for removable appliances · clinical exams within scope · take/process radiographs for removable appliances · distinguish normal/abnormal ageing · fit removable appliances · sports mouthguards · recognise abnormal mucosa & refer · records
- **Additional**: oral-health education · re-cement crowns (temp cement) · anti-snoring devices (Rx) · remove sutures (after check) · prescribe radiographs · replace implant abutments for removable appliances (Rx) · tooth whitening (Rx)

6.7 Dentist

- **Scope**: may carry out **all treatments** in the document, and uniquely: diagnose disease · comprehensive treatment plans · **endodontics on adult teeth** · fixed orthodontics · fixed & removable prostheses · oral surgery · periodontal surgery · **extract permanent teeth** · crowns & bridges · **provide conscious sedation** · treat under GA · **prescribe medicines** · prescribe & interpret radiographs
- **Additional (developed)**: providing implants · non-surgical cosmetic injectables

§7 Safeguarding

7.1 The six principles

Empowerment
people supported to make their own decisions + informed consent.

Prevention
act **before** harm occurs.

Proportionality
least intrusive response appropriate to the risk.

Protection
support & representation for those in greatest need.

Partnership
local solutions; communities help prevent/detect/report abuse.

Accountability
accountability & transparency in safeguarding practice.

7.2 Children & those lacking capacity

- **Under-16 disclosure** raising a safeguarding concern:
  - **No capacity** to consent → staff **obliged** to raise & escalate the concern
  - **Has capacity** + disclosure essential to protect from harm / in public interest → escalate through safeguarding processes
- **Tell the young person**: inform them of the action **unless** doing so poses significant additional risk to their safe care
- **Records to keep**: physical signs of **abuse & neglect** → for abuse record: description & **location** · nature (bruise/laceration) · **size & shape** · comments by patient/parent/carer · behaviour/presentation of the accompanying carer. Also record **missed appointments** & **non-compliance**

7.3 Competent adults — information sharing

Seven golden rules for sharing:

1. **GDPR is not a barrier** — a framework for appropriate sharing of living persons' data

2. Be **open & honest** from the outset (why/what/how/with whom); seek agreement unless unsafe/inappropriate
3. **Seek advice** if in doubt — without disclosing identity where possible
4. Share **with consent** where appropriate; may share **without consent** if overridden in the public interest
5. Consider **safety & wellbeing** of the person and others affected
6. Necessary · proportionate · relevant · accurate · timely · **secure**
7. **Record** the decision & reasons — whether you share or not

Why share adult safeguarding information — prevent death/serious harm · coordinate responses · enable early intervention · prevent abuse escalating care needs · maintain good practice · reveal previously undetected patterns of abuse · identify low-level concerns · help access support · identify people who pose a risk · reduce organisational risk/protect reputation.

7.4 Overriding a person's refusal

If a competent person refuses intervention or asks that information is not shared, their wishes are respected — **except** where any of these apply:

- Person **lacks mental capacity** (explore & record per the **Mental Capacity Act**)
- Others are/may be at risk, **including children**
- Sharing could **prevent a crime** · a **serious crime** has been committed
- The alleged abuser has care & support needs and may also be at risk
- **Staff are implicated**
- Person has capacity but may be under **duress/coercion**
- Risk is unreasonably high → meets criteria for a **multi-agency risk-assessment conference (MARAC)** referral
- A **court order** / legal authority has requested the information
- **If none apply & you decide not to share/intervene**: support the person to weigh risks/benefits · ensure they understand the risk & outcomes · offer an advocate/peer supporter · offer confidence/self-esteem support · **agree & record** the level of risk taken · record reasons · review regularly · build trust/use gentle persuasion
  - if they still will not consent — and it is not dangerous — explain the information **will** be shared without consent; give & record reasons; always respect **proportionality**
- **Key contacts**: **SPL** = Safeguarding Practice Lead (contacts local safeguarding services) · **FGM** = Female Genital Mutilation

> ★ EXAM PEARL
> Confidentiality is **not absolute**. The reflex answer to "can I break confidentiality for a competent adult who refuses?" is **yes, if** capacity is lacking, others (esp. children) are at risk, a crime is prevented/committed, staff are implicated, there's coercion, or a court orders it — and you **document** the reasoning either way.