Appointment of the new Registrar, Mr David O’Flynn

The Dental Council is pleased to announce the appointment of Mr David O’Flynn as the Council’s new Registrar. He is replacing the long serving Registrar Mr Thomas Farren who retired on 30 November 2009. Mr O’Flynn formally took up his appointment on the 18 January 2010. However prior to this he had been the acting Registrar for the period from July to December 2009. He is joining the Dental Council from An Bord Altranais, the regulatory body for nursing and midwifery in Ireland where he held the position of Director of Operations.

Mr O’Flynn is an accountant and a member of the Chartered Institute of Management Accountants. He has significant knowledge and experience of health regulation in Ireland from the seven years he was with An Bord Altranais. He was responsible for the Finance, Information Technology (IT), Human Resources and Technical Services Departments in An Bord Altranais and supported the Executive and Board in delivering on the Board’s statutory duties in relation to registration, education and fitness to practise. Prior to joining An Bord Altranais Mr O’Flynn held a number of senior financial positions in both the semi-state and private sectors.

He is joining the Council at an interesting and challenging time both for the Dental Council and for health regulation in Ireland. Health regulators in Ireland are being challenged to provide better and more effective regulation as a result of recent high profile incidents in the health sector. The implementation of the findings of the Commission on Patient Safety and Quality Assurance set out in the report *Building a Culture of Patient Safety* is a priority for the Government and will result in changes to the way that fitness to practise is managed by regulatory bodies as well as the introduction of a credentialing system to improve the flow of information between regulatory bodies, health care institutions, the Health Service Executive (HSE) and other bodies.

Mr O’Flynn will be responsible for implementing the Council’s new Continued Professional Development (CPD) initiative. In preparation for the forthcoming legislative changes the present Council is setting out a voluntary scheme of CPD for the profession. This is an important development because under the Dental Council’s Code of Practice pertaining to Professional Behaviour and Dental Ethics dentists have an obligation to maintain their professional knowledge and skills.

In the medium term Mr O’Flynn will be responsible for implementing a new Dentists Act on behalf of the Council. Based on the changes introduced for other health professionals it is almost certain that the majority of members of the Council under the new legislation will not be dentists and that there will be a significant increase in public interest representation and patients. As well as the probable requirement for all dental health care professionals to demonstrate ongoing continued professional development as a condition to maintaining registration there are also likely to be changes to the way that the Council regulates training institutions and to the fitness to practise and registration process.

The Council looks forward to working with Mr O’Flynn over the coming years to continually improve the regulatory environment in dentistry to protect the public.
Message from the President,  
Dr Martin Holohan

It has been a privilege and honour to serve as President of Council for the past 4 years. I thank all Council members and Council staff for their advice, commitment and cooperation.

The Dental Council is mandated to regulate Dentists, Dental Hygienists, Clinical Dental Technicians and Dental Nurses and, through the Dental Council, the dental profession is accountable for the quality of dental care that is provided within Ireland. The Dental Council endorses and promotes the philosophy that all dentists must keep their knowledge up to date, maintain competency in their practice throughout their careers and strive to deliver the highest standards of professional care in the provision of dental services.

The need for dentists to be current in learning and practice has intensified in recent years. Rapid technological change, innovation in health care delivery, new clinical procedures and increasing social awareness are just a few examples of why all dentists must meet their professional responsibility for the need to maintain competence. A commitment to continuing competence and lifelong learning is fundamental to each registrant’s obligation to fulfil this responsibility. The Dental Council is currently formulating a CPD Initiative which I fervently hope the profession will embrace wholeheartedly.

December 2009 marked the retirement of the Dental Council’s Registrar, Mr Tom Farren. Tom gave thirty years of exceptional public service and dedication to the various Dental Boards and Councils, to registrants and above all, the general public. He is owed an immense debt of gratitude for the complete integrity in which he conducted the affairs of the Council during those thirty years and many members of the Council and registrants alike have valued his insight and advice. On behalf of the Council and our registrants I wish to extend my sincere best wishes and continuing good health to Tom on his retirement.

Our recently appointed Registrar Mr David O’Flynn comes to us from An Bord Altranais where he held the position of Director of Operations. David’s intrinsic knowledge of regulation, his management skills and his proven ability to build positive relationships with government and other key stakeholders will continue to benefit the Dental Council as we realise our strategic goals and values.

Update from the Chair of Auxiliary Dental Workers Committee,  
Dr Eamon Croke

The Auxiliary Dental Workers Committee had great pleasure in welcoming Mr Colum Sower as the representative of the Clinical Dental Technicians (CDTs) in February 2009. This is a very exciting time for all concerned as this new grade of dental health care professional beds into the community and into the dental team. I invite you to read Colum’s contribution to the Newsletter.

In December 2009 the Committee presented to the Dental Council the proposal document entitled Dental Nursing - Level 2 Expanded Duties, having undergone the consultative process earlier in the year. The document was approved by Council and will be sent to the Minister of Health and Children in early 2010 for her approval. The document outlines an expanded role for dental nurses allowing the dental health care team to improve its delivery of service to the public.

Currently, Dental Hygienists are not permitted to carry out tooth whitening procedures. Tooth whitening products are controlled by the Cosmetic Products (Safety) Regulations and it is illegal to supply tooth whitening products which contain more than 0.1% hydrogen peroxide. The Dental Council was informed that this matter should have been clarified at EU level in October 2008 but the matter remains in abeyance. The Dental Council is keen to see regulation of this area which will protect the public by setting out clear guidelines on the use of these products, the concentration of the product to be supplied and by whom. It is important that the public are served by qualified and registered personnel with the appropriate training.

While the Committee advances its work on the role of the dental hygienist in the community it is important to note that the current legislation only permits a Dental Hygienist to treat patients under the supervision of a dentist after that dentist has examined the patient and has formulated a treatment plan for the patient.
Why do patients complain to the Dental Council?

Dr Terry Farrelly, Chair of Fitness to Practise Committee

Patients complain to the Dental Council mostly because they are not satisfied with the standard of service they were provided with by the dentist or his/her employees. Most of the problems revolve around poor communication by the dentist. Patient must always be treated in a courteous, professional manner. They have a right to know the treatment options available and the cost of these options. In this way they can make an informed choice before treatment commences. If any subsequent treatment or procedures are required, what is being referred to doesn't necessarily happen at the start of the revised treatment but can occur in mid-treatment and how much that in turn will cost. If the treatment consists of anything more complicated than an examination and one or two simple items of treatment, the estimate must be given in writing.

The treatment must be performed competently to the patient's satisfaction. If the dentist becomes aware of any problems during treatment he/she must inform the patient and resolve the problem. If the dentist cannot resolve the problem, the patient must be referred to a competent colleague. If the patient experiences any pain or discomfort after the procedure this must be attended to with urgency. If the patient complains to the practice, the dentist or the receptionist should attend speedily to resolve the patient's dissatisfaction.

Most complaints are as a result of poor communication between the dental practice and the patient. It is more difficult to communicate when either party speaks a different language. So, when one of the parties, either dentist or patient, is not speaking in their native language, special care must be taken to make sure both dentist and patient understand each other clearly.

Satisfied patients are more loyal and spread positive word of mouth to friends, workmates and relatives, whereas dissatisfied customers display little or no loyalty and even worse, are quite likely to spread negative word of mouth. There is little doubt that bad news travels faster and further than good news. For good news to travel fast it has to be exceptionally good. Patients will seek out dentists who provide an outstanding quality of service and care.

Message from the Clinical Dental Technician (CDT) Representative on the Auxiliary Dental Workers Committee, Mr Colum Sower

It is just over a year since the Register of CDTs was established by the Dental Council. It has been a very busy time for the CDTs as we strive to promote the new grade as members of the dental health care profession and inform the general public of the existence and status of CDTs.

I was delighted to accept the Dental Council’s invitation to represent my new grade on the Auxiliary Dental Workers Committee.

Throughout the year, CDTs have reported a steady referral rate from dentists who have readily accepted and embraced CDTs into the team. Dentists are also happy to take referrals from CDTs where it is indicated in the treatment plan. It is hoped that CDTs will be able to provide the public with treatment under the Dental Treatment Service Scheme for Medical Card holders early in 2010. The criteria for referral is working very well and I have worked closely with members of the Auxiliary Dental Workers Committee to enhance the Council’s Ethical Guidelines for the grade.

There are now fifteen CDT’s on the Council’s Register of CDTs. One of my colleagues is practising part-time in a very busy implant practice. There are on-going efforts to establish an indigenous training programme for CDT’s but the present economic climate is hampering progress. Access to the course run in the UK, which has one Irish participant at present, is still available. Any new Irish course leading to registration would need the approval of the Dental Council prior to its commencement.

Further education is also paramount among registered CDTs. Several registrants hope to commence a Dental Degree course which is due to start in September 2010. This course will again be run by the University of Kent in England in conjunction with the Faculty of General Dental Practice (FGDP) (UK) and the Royal College of Surgeons England. A full list of Registered CDTs is available from the Dental Council.
Members of the Dental Council

The Council has nineteen members. 2 are appointed by Trinity College Dublin, 1 is appointed by the Royal College of Surgeons in Ireland, 7 are elected by registered dentists, 2 are appointed by the Minister for Education and Science and 4 are appointed by the Minister of Health and Children, whom must not be registered dentists and represent the public.

The Council is supported by a team of 5: Ms David O’Connor, Ms Angela McNulty and Ms Caitriona Craddock.
The Dental Council


Appointed by the University College Cork, 2 are appointed by the Royal College of Surgeons in Ireland (RCSI), 7 dentists are appointed by the Medical Council, 1 is appointed by the Minister of Health and Children, 2 of the Council are dentists appointed by the University College Cork and represent the interest of the general public.

David O’Flynn, Ms Joanne Fulham, Ms Vivienne Galvin, Ms Kathryn Neville, and Ms Jamie-Lee Ferguson.
Update from the National Dental Nurse Training Programme of Ireland

Ms Carmen Sheridan

The National Dental Nurse Training Programme of Ireland (NDNTP) commenced in 2004 to create a National Programme which meets the training demands and standardises dental nurse training in the Republic. This programme is aimed at those dental nurses working in practice environments who wish to gain a registerable qualification (with the Dental Council). Upon successful completion of the programme students will be awarded a Diploma in Dental Nursing from either Trinity College Dublin or University College Cork (depending on which centre the student is registered with).

The two governing centres for the programme are the Dublin Dental School and Hospital and the Cork University Dental School and Hospital. In 2010 the programme will be delivered in the regional centres of Galway, Limerick and Waterford.

The National Programme is modular in design; there are nine modules, broken up into 3 blocks. The programme is eighteen months in duration, commencing in January of each year. All candidates from the regional centres must travel to either Dublin or Cork to complete their examinations and practical sessions. This creates continuity and standardisation for all candidates. Didactic teaching takes place one evening per week, with various practicals throughout the year. Evaluation and quality assurance are essential in the continuous development, refinement and progression of the programme. Students, practitioners and key stakeholders are included in the evaluative process.

This programme depends on the support of dental practitioners to verify practical experiences through the use of a logbook. Didactic teaching methods are supported by videoconferencing technology and a virtual online learning environment. The introduction of technological support has lent itself to creating a blended, collaborative learning environment for students. Use of technology has enabled tutors to increase the flexibility surrounding study by offering opportunities of web streaming, mobile learning and collaborating in an online environment. Feedback from the students and evaluation of these support mechanisms has proven very beneficial to the learner.

For more information and application details please visit www.dentalnurse.learnonline.ie or for the Dublin and Galway centres contact the Dental Nursing Administrator atdentalnursetutor@tcd.ie or at 01 612 715 or for the Cork Waterford and Limerick centres visit www.dentalnurse.learnonline.ie or 021 490 1160.
2010 meeting dates
The dates for this year’s meetings have been confirmed, as follows:

Council meetings:
• 24 February
• 26 May
• 22 September
• 10 November – date to be confirmed (departing Council Members)
• 11 November – date to be confirmed (new Council Members*)

Auxiliary Dental Workers Committee meetings:
• 25 February
• 27 May
• 23 September
• 11 November – date to be confirmed

Education and Training Committee meetings:
• 25 February
• 27 May
• 23 September
• 11 November – date to be confirmed

Finance and General Purpose Committee meetings:
• 20 January
• 24 March
• 21 April
• 23 June
• 21 July
• 20 October

Fitness to Practise Committee meetings:
• 25 February
• 27 May
• 23 September
• 11 November – date to be confirmed

Dublin to host the next Conference of Orders and Assimilated Bodies of Dental Practitioners in Europe (CODE):
• 23 and 24 April

* Dental Council Elections:
Elections to the Dental Council for the 5 year term of office commencing on 11 November 2010 will be held later this year.

2010 Dental Council examination dates:
The dates for this year’s Council’s examinations are as follows:

Part 1  Bench Test held at Dental School and Hospital, Dublin – 15 April 2010
Written examination held at RCSI, Dublin - 16th and 17th April 2010

Part 2  Wednesday 14 – Friday 16 July held at Dental School and Hospital, Dublin

2011 examinations – deadline for applications
The deadline date for 2011 examination applications is 29 October 2010.

2010 deadline payments
The dates for this year’s payments have been confirmed, as follows:
• Dentists Annual Retention Fee (€200) is due 31 January 2010.
• Dentists over 65 years Annual Retention fee (€20) is due 31 January 2010
• Dental Nurses Annual Retention Fee (€15) is due by 31 March 2010
• Clinical Dental Technicians Annual Retention Fee (€50) is due by 31 October 2010
• Dental Specialists Annual Retention Fee (€200) is due 31 October 2010
• Dental Hygienists Annual Retention Fee (€30) is due 31 December 2010

2010 examination fees
Dentists:
• €250.00 (Non-refundable deposit)
• €1500.00 (Exam for Non-EEA dentists)
• €750.00 (Repeat Fee)

Dental Hygienists:
• €500.00 (Dental Hygiene Exam for non EEA dental hygienists)
• €300.00 (Repeat Fee)
Points to remember:

1. A dentist should act correctly, sympathetically and in a courteous manner towards patients at all times. Under no circumstances should unnecessary treatment or treatment that is contrary to the expressed wishes of the patient, or in the case of a dependent patient his/her parent or guardian, be carried out.

2. Good communications with patients are essential and dentists should be prepared to answer patients’ questions openly and honestly and in terms that the patient can understand.

3. A dentist has a duty to explain to the patient and provide information so that the patient understands the treatment to be carried out. The informed consent of the patient or the parent or guardian in the case of a person under sixteen years of age should be received before any procedure is commenced. It should be noted that persons under sixteen years of age can validly withdraw consent given by a parent/guardian. Consent can be implied, oral or written. Written consent is recommended when extensive treatment is being undertaken and is essential when general anaesthesia or sedation is to be administered.

4. An estimate of the cost of treatment should be given and agreement reached before treatment commences. If in the course of treatment the estimate has to be revised a full explanation should be given at the first opportunity. In the event of complex and or costly procedures a written treatment plan and estimate of cost is recommended.

5. As set out in the Dental Council’s Code of Conduct pertaining to Communication and Public Relations ‘Greater transparency in fees is advocated and a list of private fees should be prominently displayed in dental practices. It is accepted that a detailed estimate of the cost of treatment can only be given following a full oral examination but it should be possible to give an indication of the fees charged by the practice for routine procedures.’ The National Consumer Agency undertook to conduct a telephone survey of 108 dental practices in Ireland from 10 March to 7 April 2009 in order to quantify the proportion of dentists who display their fees to consumers. Whilst it was not statistically representative sample, the trend of responses attracted the National Consumer Agency’s interest. The survey found that 69% of the dental practices surveyed did not display their prices, 25% did display their prices and 6% of respondents were unwilling or unable to participate in the survey. The Dental Council is concerned that a large proportion of dentists are not publishing price lists and would encourage all dentists to publish a comprehensive price list.

6. Dental work carried out by a dental hygienist may only be carried out under the supervision of a registered dentist who has first examined the patient and who has indicated to the dental hygienist the course of treatment to be provided.

Dental Technicians information

1. Dental Technicians sometimes called dental craftsmen or dental mechanics, fabricate dental appliances such as dentures, crowns and bridges to the prescription of a dentist. The dental technician never sees a patient and the appliances are fitted by the dentist who prescribed them.

Dental Technicians training is now provided by the Dublin Dental Hospital in a three year degree programme in dental technology which replaced an apprenticeship system.

Dental Technicians do not attend on patients or treat patients directly and consequently do not engage in the practice of dentistry as defined in the Dentists Act, 1985.

2. Clinical Dental Technicians (CDTs) are a new category of dental worker in Ireland and the UK although they have been recognised in some other countries such as Canada and Finland for many years. Clinical Dental Technicians are, in effect, expanded duty Dental Technicians. They have supplemented their dental technician training with a number of years of clinical training to equip themselves to provide full and partial dentures directly to the public without any involvement of a dentist.

The work of a Clinical Dental Technician involves the practice of dentistry as defined in the Dentists Act, 1985 and consequently they must be registered with the Council.

Editorial note

– Ms Joanne Fulham

We hope you find the information contained within this newsletter useful. If you have any questions or articles you would like covered in our next edition please contact me. My email address is joannefulham@dentalcouncil.ie