

1 Duties and non-surgical role of the dental nurse

Section 1: Multiple-choice questions

- Dental nurses are legally enacted by:
 - the Dentists Act 1984
 - the Health and Safety at Work Act
 - neither of the above
 - both of the above
- Clinical records should be kept for:
 - up to 2 years
 - up to 5 years
 - up to 11 years
 - they must never be disposed of
- The initials DPF stand for:
 - Dental Practice Federation
 - Dental Practitioners' Formulary
 - Directory of Plastic Fillings
 - Diploma in Practice Fellowship
- All of the following constitute a breach of confidentiality, except:
 - giving patient details to a debt collector
 - admitting a patient attends the practice
 - discussing a patient with a friend
 - discussing one patient's treatment with another
- Replies to referral letters should be:
 - disposed of when the dentist has read them
 - kept for 1 year in a filing cabinet
 - kept permanently in the patient's record card
 - given to the patient
- A patients' complaints log, recording all complaints and their handling and outcome, is:
 - compulsory in all practices
 - not necessary, but can be used if wished
 - compulsory in all private practices
 - necessary where more than 5000 patients are registered
- Following the completion of an NHS course of treatment, a claim form must be submitted for payment within:
 - 1 year from the end of treatment
 - 1 year from the beginning of treatment
 - 3 months from the end of treatment
 - 6 months from the end of treatment
- The confidentiality of patients' records is compulsory under the:
 - Health and Safety Act
 - Data Protection Act
 - Dentists Act 1984
 - COSHH report
- When a general anaesthetic referral has been made, the patient should be told to:
 - attend with a responsible adult
 - have a light meal before attending
 - only have a drink before attending
 - not drive for 1 hour post-operatively

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10. A proper stock control policy should include details of all of the following, except:
- stock expiry date
 - stockist and contact number
 - dentist using stock
 - number of items in stock
11. The NHS system of registering and providing care for child patients is called:
- continuing care
 - capitation
 - referring care
 - compulsory care
12. The following groups may all receive free NHS dental treatment, except:
- pensioners
 - children to age 18 years
 - those claiming Family Tax Credit
 - full-time students below 19 years old
13. Stocks of prescription pads should be:
- locked away when not in use
 - not stamped until they are issued
 - only ever signed by the dentist
 - all of the above
14. Medical history forms only need to be completed by patients:
- attending for the first time
 - who are elderly
 - who have a serious illness
 - every 6 months
15. At the end of a dental examination appointment, the patient must be given:
- their record card
 - an estimate for treatment required
 - a medical history form to complete
 - a consent form
16. After 11 years, patient records can be disposed of by:
- incineration
 - dumping as household waste
 - taking to recycling centres
 - all of the above
17. DPB stands for:
- Dental Protection Board
 - Dental Protection Body
 - Business Services Agency
 - Dental Practice Body Section
18. The body concerned with the registration of dental professionals is:
- Faculty of General Dental Practitioners
 - Business Services Agency
 - Health and Safety Executive
 - General Dental Council

Section 1: Short answer questions

- A good stock control policy would ensure that is used first.
- An FP170 is an NHS form used for
- An accident book is used to
- Medical history forms should be completed or updated at
- BDS stands for and LDS stands for

6. The professional conduct of all dentists is regulated by
7. Local Rules are concerned with and should be known by
8. All flammable dental materials should be stored
9. Record cards should be retained at the surgery for years or up to the age of, whichever is the longer.
10. Expired stock should be
11. All petty cash transactions should be
12. Signed consent forms should be stored
13. The British National Formulary is
14. NHS dental prescription sheets are in colour.
15. The Data Protection Act is concerned with
16. A current treatment file should contain
17. A patients' complaint log should record
18. Incomplete NHS courses of treatment can be sent for payment to after a period of
19. When a medical emergency occurs, the receptionist should telephone and then

Section 1: Essay questions

1. Write notes on each of the following:
 - (a) medical histories
 - (b) the importance of clinical record keeping
 - (c) the storage of dental stock
2. What details should be recorded on a patient's record card?
What additional material should be kept with the patient's notes?
3. What instructions should be given to a patient/guardian when:
 - (a) a child is being sent for deciduous tooth extractions under general anaesthesia?
 - (b) a patient requests information on out-of-hours emergency cover?
 - (c) a patient is to attend for a referred orthodontic consultation?

Section 1: Answers

Multiple-choice questions

1. *Correct answer: b.* The Health and Safety at Work Act applies to places of employment, including dental surgeries. Although dental nurses are expected to maintain a set standard of work and behaviour whilst at the practice, they are not legally bound to, as dentists are by the Dentists Act. Indeed, under the Dentists Act, the dentist is also held accountable for any faults or omissions made by the nursing staff.
2. *Correct answer: c.* All clinical records are legally required to be kept for 11 years or until the patient is 25 years of age, whichever is the longer. This includes patients who have died, as well as those who have either not attended or who have changed practice some time previously.
3. *Correct answer: b.* The DPF is part of the British National Formulary (BNF) of current drugs available in Great Britain. The DPF stipulates those drugs that can be prescribed by a dentist. The other three choices are purely fictitious.
4. *Correct answer: a.* A patient's name, address, and date and size of debt owed can all be given to a debt collector employed by the practice to recover that debt. All other choices are a breach of confidentiality and can be used as a reason for summary (instant) dismissal by the employer.
5. *Correct answer: c.* Common sense dictates that all correspondence should be kept permanently with the patient's records, otherwise there is no proof of referral or record of replies received, which could be disastrous if ever any legal action is taken, for whatever reason. Only when the replies are stored in the patient's notes does that patient have a legal right of access to them, and if clinical records have to be kept for 11 years, there is no point in only keeping correspondence for one year.
6. *Correct answer: a.* In 1996, proper records of patients' complaints and their handling became compulsory in all practices carrying out some degree of dental treatment under the NHS, no matter how small the amount of NHS work. There are moves to have some type of legislation for a complaints log in private dental surgeries too.
7. *Correct answer: d.* Only six months need elapse from the end of a course of treatment before the dentist will not be paid for that dental treatment, except under exceptional circumstances. Unfortunately, forgetting to post the form to the Business Services Agency (formerly known as the Dental Practice Board) in time does not constitute an 'exceptional circumstance'.
8. *Correct answer: b.* Even if a practice is not computerised, it is obliged to follow the requirements of the Data Protection Act, such that all patient details must be kept confidential to the practice. Again, this is a matter for summary dismissal of an employee if that confidentiality is breached.
9. *Correct answer: a.* Under no circumstances should any patient attend for a general anaesthetic without an adult escort to see them safely home again afterwards. Similarly, under no circumstances should the patient have anything to eat or drink for six hours before the appointment, otherwise any vomiting during the procedure may be inhaled with dire consequences for the patient. Patients are also advised not to drive or operate machinery for the remainder of the day, and not just for one hour post-operatively, as they will still be under the influence of the anaesthetic even after this short time.

10. *Correct answer: c.* Which dentist is using the stock is irrelevant, although it can be recorded if required. However, all the other three choices must be recorded for a proper stock control policy to serve any useful purpose.

11. *Correct answer: b.* This is a system where the dentist is paid a small fee for each child patient on their register per month, irrespective of whether treatment has been received or not, as the fee is meant to cover the cost of any treatment provided. This regulation was finally altered in late 1996 when it became obvious that the capitation fee was not covering the cost to the dentist of the treatment provided.

12. *Correct answer: a.* Unless pensioners can claim benefits such as Income Support or have a low income help certificate, they have no legal entitlement to free NHS dental treatment.

13. *Correct answer: d.* Stolen prescription pads can easily be used by drug-users to gain access to drugs from a pharmacist, so any pads not actually in use should be locked safely away on the surgery premises. Under no circumstances should they ever be stamped in advance of being issued to a patient, as this just makes life that much easier for a thief. It is illegal for any person other than a qualified dentist to sign the script.

14. *Correct answer: d.* A patient's and the dentist's idea of a serious illness that needs reporting to the practice are quite often two entirely different things. It is prudent, therefore, to have all patients complete a new medical history form at each six-monthly recall appointment, or to sign the same one every six months to say that nothing has changed.

15. *Correct answer: b.* Except for examinations and scalings, all NHS patients should be given an estimate on form FP17DC, and it is also prudent for all private patients to be given an

estimate for each course of treatment. Both medical histories and consent forms should be given to and completed by the patient before the dental examination begins. The record cards have to be kept on the practice premises by law, so they must never be given to the patient, although legally they can have access to them.

16. *Correct answer: a.* The information on the cards must be rendered unreadable by the disposal process, and incineration is the only choice that can be guaranteed to do this.

17. *Correct answer: c.* This is the body responsible for receiving all NHS dental treatment claims and authorising payment to the dentist for the treatment provided. All other choices are fictitious. The Dental Practice Board is now called the Business Services Agency.

18. *Correct answer: d.* From July 2006, the General Dental Council will be responsible for maintaining the registers of all dental professionals, rather than just those of dentists, hygienists and therapists. If a person's name is not entered onto the relevant register annually, they will be working illegally and could face prosecution. The Business Services Agency (formerly known as the Dental Practice Board) currently determines the NHS payments system for dentists, as well as monitoring probity. The HSE is concerned with Health and Safety in all workplaces, not just dental practices, and the Faculty of General Dental Practitioners is a body concerned with the post-graduate education and lifelong learning of dentists.

Short answer questions

1. the oldest stock
2. claiming NHS payment for orthodontic examinations, assessments and treatment courses

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3. record all accidents and injuries to all personnel and patients whilst on the premises
4. every recall appointment
5. Bachelor of Dental Surgery . . . Licentiate in Dental Surgery
6. the General Dental Council
7. dental radiation . . . all personnel
8. in a metal cabinet
9. 11 . . . 25 years
10. disposed of safely
11. accurately recorded in a petty cash book, with receipts wherever possible
12. in the relevant patient's record card
13. a book containing dose and prescribing details of all drugs available in Great Britain at the time of publication
14. yellow
15. the confidentiality of all medical and dental records
16. record cards of all patients who are currently undergoing a course of dental treatment
17. time and date of the complaint, how it was received, the nature of the complaint, and how it was handled
18. the Business Services Agency (formerly known as the Dental Practice Board) . . . two months since the patient's last attendance
19. for paramedics on 999 . . . quickly and firmly empty the waiting room of all patients

Essay questions

1. These are all subjects about reception and non-clinical duties, which are very important in the smooth running of any dental surgery.

The legal aspects should also be considered, wherever appropriate. As the question does not stipulate whether short or detailed notes are required, the candidate is advised to give as much relevant information as possible.

(a) Medical histories

Medical histories should be completed for all patients, with no exceptions.

Most standard forms have room for six-monthly signatures to indicate that the medical history has not changed since the patient's last signing.

If details require updating, a new form should be completed.

The form should also record the patient's medical practitioner in case details need verifying or advice sought.

All completed forms should remain with the patient's record card.

The existence of any serious conditions should be highlighted in some way, such as a red star on the record card.

Serious conditions that may affect the provision of dental treatment are:

- all heart disorders
- all respiratory disorders
- all liver or kidney disorders
- diabetes
- epilepsy

Details of current and recent medication should also be recorded, especially:

- long-term steroids
- antidepressants
- anticoagulants

Recent medical treatment should also be recorded.

Any history of adverse reactions to anaesthesia, either local or general, should also be indicated.

All these medical details will allow the dentist to decide whether treatment is appropriate at the surgery, or whether the patient needs a hospital referral: for example, for those with blood-clotting disorders.

These details may also determine which local anaesthetic is safe to use: for example, those with heart conditions should not be given a local anaesthetic with adrenaline as a vasoconstrictor.

The details also determine whether treatment should be provided under antibiotic cover: for example, for those patients with a history of rheumatic fever.

The medical history is of vital importance to the safety of the patient whilst undergoing dental treatment, and this history should be taken as a matter of routine before they enter the clinical area.

(b) *Clinical record keeping*

Clinical records can be recorded on FP25 forms provided by the NHS, or on any other suitable card.

They should record the patient's personal details, and practice reference details for accurate filing purposes.

They should be able to hold all medical history forms, radiographs, referral letters and replies, and all signed consent forms for dental treatment.

The oral status at first attendance should be charted in the usual manner, together with an easy-to-follow charting of all dental treatment received at the surgery since first recorded.

The clinical notes can then be recorded in date order on the record card.

The record card constitutes a legal document; this can be used in litigation claims as proof of treatment provided.

All discussions between the dentist and the patient should be recorded, especially items of treatment provided against the dentist's advice.

All the patient's comments should also be recorded in relation to dental treatment.

Accurate charting records are often used in forensic medicine to identify bodies, especially those involved in fires where all other means of identification are lost.

A full accounting record of costs and payments for dental treatment should be included throughout the clinical records, including refunds made.

Many legal disputes between patients and their dentist are settled against the dentist because inaccurate or incomplete records have meant that the case has been indefensible.

Staff should also remember that the patient has a right of access to their clinical notes, so derogatory comments should always be avoided.

(c) *Storage of dental stock*

Stock cupboards should be maintained in a clean and orderly manner at all times.

The dentist will quite often leave it to staff to arrange the stock as they see fit, but there should be ground rules.

Read the manufacturer's instructions for the correct storage temperature of each stock item. Most require storage at no higher than room temperature, but some items should be kept cooler, preferably in a fridge.

Solutions in dark-glass bottles should be kept out of sunlight.

Several materials commonly used in the dental surgery are hazardous: for example, mercury. All staff should therefore be aware of and follow the COSHH recommendations for these items.

Other commonly used materials are flammable and should thus be stored in metal cabinets, away from all sources of heat.

If space allows, the easiest storage method for stock is to have one shelf for similar items: for example, filling materials, anaesthetic materials and accessories, etc.

These items can then be stored alphabetically, with the oldest items placed to be used first so that shelf-lives are not exceeded.

It helps all staff to mark where each item should be stored, so that it can be seen at a glance whether reordering is necessary.

2. The candidate is advised to make brief notes before attempting this question, as a lot of information is required and points can easily be forgotten under examination conditions.

Details to be recorded on a patient's record card

- The patient's full personal details:
 - name and address
 - home and work telephone number
 - occupation
 - name and address of medical practitioner
- Practice reference details, for filing purposes
- The existence of any serious medical problem, and highlighted
- Accurate charting of the patient on their initial attendance
- All subsequent dental treatment received at the surgery, correctly charted
- A full history of all clinical attendances, with all details of treatment received at each, with the correct date recorded
- All discussions between the dentist and the patient about all aspects of treatment received, recommendations for treatment and non-recommendations for treatment
- All laboratory work should have the name of the laboratory and any shades recorded,

as well as any difficulties experienced in the fitting of the work

- Any requests for private/cosmetic treatment, and the outcome
- A full record of charges and payments received, including the method of payment
- A full record of any account letters sent to the patient, and their outcome
- All failed or cancelled appointments should be noted
- A record of any treatment advised by the dentist but refused by the patient for whatever reason
- For child patients, all details of hospital referrals should be recorded, whether for orthodontic or surgical treatment
- A note that post-operative instructions have been given after surgical treatment. Full details of all prescriptions given

Additional material

- All radiographs, correctly marked and mounted
- All consent forms for NHS or private treatment
- All sedation consent forms, duly signed and dated
- All medical history forms, with signatures and dates as they are updated
- All periodontal charting records, dated
- Copies of all referral letters sent
- All referral letter replies
- All correspondence received from the patient; however, if it is a letter of complaint, this should be kept in the patient's complaint log
- Copies of extensive and detailed treatment plans, whether provided or not
- Details of any private health insurance to which the patient subscribes
- Copies of any account letters sent

3. The efficiency of a dental surgery in correctly organising referral appointments and

informing the patient of practice policies is the responsibility of the dental nurse. This person should know the protocol to follow, and should do so with maximum effectiveness. The non-surgical role of the dental nurse is equally as important as the clinical role in the smooth and legal running of the practice.

(a) *For extractions under general anaesthesia*

- Directions to the department, if not known by the parent or guardian
- Patient to be starved of food and drink for six hours before the appointment time
- To attend with a responsible adult
- To have suitable transport arranged both before and after the appointment
- To miss taking any medication that will fall into the six-hour zone pre-operatively, unless specifically instructed otherwise
- To follow correctly the post-operative instructions that will be given
- To contact the department directly if the appointment cannot be kept
- To ensure that the medical history form and any radiographs are taken to the appointment and given to the staff as necessary

(b) *For emergency cover*

The responsibility for emergency out-of-hours advice and treatment for NHS patients is in the process of being transferred to Primary Care Trusts.

An out-of-hours telephone number will be provided where dental advice can be given to the patient by staff with some dental

knowledge, but whether this will be dental nurses or others may vary amongst the Trusts.

A dentist will be available to provide emergency treatment as necessary, but this will be at their own discretion, and it is likely that only certain events will be deemed to require a call-out.

Out of normal practice hours, the emergency telephone number is given on the surgery answering machine; that number is also displayed in the window of the surgery.

Patients in one of the private capitation schemes, such as Practice Plan and Denplan, should either be given their own emergency number to use, or the Trust may allow the service to include private patients as well as NHS patients.

(c) *For orthodontic referral*

The appointment arranged should be attended promptly.

The patient must take any radiographs and study models taken by the dentist to the referral appointment.

Failure to do this may result in the appointment having to be rearranged.

The patient should attend with a clean mouth, as no orthodontic consultant will be willing to recommend treatment to a patient with a dirty mouth.

At the appointment, the patient or parent/guardian should be encouraged to voice any concerns they have about orthodontic treatment.