# GENERAL DENTAL COUNCIL

Amendments to the booklet
PROFESSIONAL CONDUCT AND FITNESS TO PRACTISE

(May, 1993 edition)

*Since the booklet "Professional Conduct and Fitness to Practise" was issued in May, 1993, the Council has approved a number of amendments, namely in May 1994, May 1995 and November 1995 and most recently in May 1996. For ease of reference and clarity all the amendments are reproduced in this document and all previous pink sheets detailing amendments to the booklet may therefore be destroyed. The white sheet dated May, 1995, setting out the Council's "Statement of Policy on Postgraduate Education" should, however, be retained.*

**Approved by the Council in May, 1996**

Amendment of paragraphs 17-28

*The Council's guidance on General Anaesthesia, Sedation and Resuscitation has been completely revised in the light of a report prepared by the Council's GA/Sedation Review Group, which was submitted to Council in May, 1996.*

*The amended text should be read in its entirety. However, it should also be noted that the original paragraph 24, which deals with the dentist's responsibility for the wellbeing and safety of the patient, has been moved and now appears as paragraph 18; a new paragraph, 24(a), deals with the use of intravenous sedation in children.*

**General Anaesthesia, Sedation and Resuscitation**

**17.** General anaesthesia is a procedure which is never without risk. In assessing the needs of the individual patient due regard should be given to **all** aspects of behavioural management and anxiety control before deciding to proceed with general anaesthesia.

**18.** Prior to the administration of general anaesthesia or sedation, a full medical history of the patient must be taken and patients must be given in advance clear and comprehensive pre- and post-treatment instructions in writing. Careful contemporaneous records of treatment and the procedure undertaken must be kept.

**19.** Where a general anaesthetic is administered, the Council considers that it must be by a person other than the operating dentist treating the patient, and that person must remain responsible for the patient throughout the anaesthetic procedure until the patient's protective reflexes have returned and the patient has recovered control of his or her airway.

**20.** The second person aforementioned must be a dental or medical practitioner with appropriate postgraduate training and evidence of relevant continuing clinical education.

**21.** The anaesthetist should be supported by an assistant specifically trained and experienced in the necessary skills to assist in monitoring the patient's condition and in any emergency. Contemporary standards of monitoring should be adopted. Provision for Advanced Life Support must be immediately available within the operatory and in this connection the current Guidelines issued by the European Resuscitation Council* would be appropriate. The dentist should also have the assistance of an appropriately trained dental nurse.

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*** Guidelines for Basic and Advanced Life Support, 1992. European Resuscitation Council. Copies may be obtained from Resuscitation Council UK, Department of Anaesthesia, Hammersmith Hospital, Du Cane Road, London, W12 0HS.**

22. Where conscious sedation techniques are employed a suitably experienced practitioner may assume the responsibility of sedating the patient as well as operating, provided that the practitioner has undertaken relevant postgraduate training. As a minimum requirement a second appropriate person who is capable of monitoring the clinical condition of the patient, must be present throughout. Should the occasion arise, he or she must also be capable of assisting the dentist in the case of an emergency.

23. For these purposes, the following definition of conscious sedation should be understood to apply: A technique in which the use of a drug, or drugs, produces a state of depression of the central nervous system enabling treatment to be carried out, but during which communication can be maintained and the modification of the patient's state of mind is such that the patient will respond to command throughout the period of sedation. Techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely.

24. In all cases the technique chosen should be the most appropriate to enable successful treatment to be given and in the case of intravenous sedation this will normally be by the use of a single drug, Contemporary standards of monitoring should be adopted during conscious sedation and where more than one sedative drug is utilised the provision of Advanced Life Support must be immediately available. The current Guidelines issued by the European Resuscitation Council would also be appropriate in this connection.

24(a) Intravenous sedation is unpredictable in children. The therapeutic margin between sedation and anaesthesia may be very narrow, and there is always the possibility of a paradoxical reaction. In view of this, intravenous sedation in children should be administered only under very special circumstances.

25. Patients who are recovering from general anaesthesia or sedation should be appropriately protected and monitored in adequate recovery facilities. When in the opinion of the anaesthetist or sedationist sufficiently recovered to leave the premises, the patient should be accompanied by a responsible adult. The only situation in which a dentist may exercise discretion as to whether an adult patient may be discharged unaccompanied is that in which nitrous oxide/oxygen sedation alone is the technique used. All patients must be specifically assessed for fitness for discharge.

26. Neither general anaesthesia nor sedation should be employed unless proper equipment for their administration is used and adequate facilities, including appropriate drugs, for resuscitation of the patient are readily available with both dentist and staff trained in the anaesthetic or sedation procedure and resuscitation techniques.

27. A patient could collapse in a dental practice at any time and the collapse may not be associated with the administration of general anaesthesia or sedation. Dentists should, therefore, ensure that all members of their staff are properly trained and prepared to deal with an emergency should one arise. The requirement to practise resuscitation routines frequently in a simulated emergency against the clock is not restricted to those dentists who provide general anaesthesia or sedation in their practices. The Council considers it essential that suction apparatus to clear the oropharynx, oral airways to maintain the natural airway, equipment with appropriate attachments to provide intermittent positive pressure to the lungs, and a portable source of oxygen, must be available in all dental practices. In this connection the current Guidelines issued by the European Resuscitation Council should be adopted.

28. A dentist who carried out treatment under general anaesthesia or sedation without ensuring that the conditions set out above were fulfilled would risk being considered to have acted in a manner which constituted serious professional misconduct.

**Approved by the Council in May, 1996**

Amendment of paragraph 30

*The latest amendment, which supercedes that approved by the Council in May, 1994, removes specific references to particular viruses. The footnote remains as amended in May, 1994.*

**30.** It is the ethical responsibility of dentists who believe that they themselves may have been infected with HIV, hepatitis viruses or other blood borne viruses to obtain medical advice, including any necessary testing, and, if found to be infected, to submit to regular medical supervision. Their medical supervision will include counselling, in particular, in respect of any changes in their practice which might be considered appropriate in the best interests of protecting their patients. It is the duty of such dentists to act upon the medical advice they have been given, which may include the necessity to cease the practice of dentistry altogether, to exclude exposure prone procedures* or to modify their practice in some other way. By failing to obtain appropriate medical advice or to act upon the advice that has been given to them, dentists who know that they are, or believe that they may be infected with HIV, hepatitis viruses or other blood borne viruses and might jeopardise the wellbeing of their patients are behaving unethically and contrary to their obligations to patients. Behaviour of this kind may raise a question of serious professional misconduct.

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*** Exposure prone procedures are defined in the March 1994 guidance issued by the Health Departments for AIDS/HIV Infected Health Care Workers under the auspices of the Expert Advisory Group on AIDS (EAGA) as "those where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times."**

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**Approved by the Council in May, 1996**

Amendment of paragraph 34(iii)

*This paragraph has been expanded in the light of the report prepared by the Council's GA/Sedation Review Group to emphasise the need for patients to be given the opportunity to ask questions about the proposed treatment.*

**34.**(iii)**consent:** dentists must obtain valid consent prior to carrying out treatment. For consent to be valid the dentist must himself or herself have explained to the patient and, if appropriate, his/her parent or guardian the treatment proposed, the risks involved in the treatment and alternative treatments. If an anaesthetic or sedation is to be given, all the procedures to be undertaken must be explained to and discussed with the patient and, if appropriate, his/her parent or guardian. The onus is on the dentist to ensure that all necessary information and explanations have been given to the patient or parent/guardian either by the dentist or by the anaesthetist. If a general anaesthetic or sedation is to be administered, consent must be obtained in writing.

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**Approved by the Council in May, 1996**

Additional sub-paragraph, 34(viii)

*The Council approved the inclusion in the guidance of a new sub-paragraph concerning complaints made to dental practices.*

**34.**(viii)**complaints:** if a patient should have cause to complain about the service provided at a dental practice it is in the interests of both patient and dentist for the matter to be resolved at practice level. The complaint may relate to the treatment provided or some other matter such as the payment of fees or the attitude of staff. Dentists are advised to establish a practice based procedure for resolving patient complaints. The Council would endorse the detailed guidance on handling complaints which has been issued by the NHS Executive in their Guidance Pack for General Dental

Practitioners "Complaints - Listening . . . Acting . . . Improving . . . ". Information on handling complaints is also available from the British Dental Association. The Council would regard a failure to establish a practice based complaints procedure as likely to raise a question of serious professional misconduct.

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**Approved by the Council in May, 1994 and May, 1995**

Amendments of paragraph 36

*In the final sentence "calculated" amended to "liable" (May, 1994).*

*Sentence beginning "Where treatment is being offered privately....." deleted (May, 1995).*

**36.** The Council considers that it is the responsibility of the dentist to explain the nature of the contract clearly to the patient, that is, whether the patient is being accepted for treatment under the National Health Service Regulations or under private contract. The charge for an initial consultation and the subsequent probable cost of the treatment should be made clear to the patient at the outset. Misunderstandings can be avoided if the dentist gives the patient a written treatment plan and estimate and obtains the patient's agreement to these terms in writing. A dentist who has done so is better placed to refute an allegation that a patient has been misled with regard to the nature of the contract or the type or cost of treatment provided. Written treatment plans and estimates should always be provided for extensive or expensive courses of treatment. Patients are entitled to an itemised bill and should be provided with one on request. In general, the Council considers that any act or omission by dentists in connection with their practices which is liable to mislead the public may be held to constitute serious professional misconduct.

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**Approved by the Council in May, 1995**

Amendment of paragraph 53

*In the final sentence "carry on a practice" amended to "practise dentistry".*

**53.** The name of every dentist regularly attending patients should be shown at the premises where the dentist practises by means of a professional plate. The display of a sign indicating that a dentist is in regular attendance at a practice when this is not the case may be considered to be misleading. Dentists should not practise dentistry in a name other than that in which they are registered in the Dentists Register.

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**Approved by the Council in November, 1995**

Amendment of paragraph 54

*The sentence beginning "It also follows from this....."relating to the use, by dentists, of the title "Dr" in connection with their practices, was deleted.*

**54.** In accordance with section 26 of the Dentists Act, 1984, dentists may use in connection with their practices only those qualifications which are entered against their names in the Dentists Register and the title "dentist", "dental practitioner" or "dental surgeon". The letters "Hons" with reference to an honours degree are not registrable and may not, therefore, be used in connection with a dentist's practice. However, all qualifications which dentists possess, whether registered or not, may appear in connection with their names in books on scientific or professional subjects or articles or correspondence in professional journals.

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