

## Chapter 1 Introduction

*'The farther backward you can look, the farther forward you can see.'*

Winston Churchill (Smith 2021/Winston Churchill)

What a great sentiment from Winston Churchill. We hope we can do justice to the quote as we look back on the growth of dental nursing and shine a spotlight on both the past and the present, whilst importantly pointing to the future.

Both of us have been fortunate to enjoy long careers in dentistry, Fiona as a dental nurse and Janine as a dentist. Even after 40 years, we continue to enjoy our work. Our paths first collided when we were both involved in National Vocational Qualifications (NVQ) and since then we have often found ourselves working on similar aspects of dentistry. It has been a pleasure working together to write this book and we both feel it is important to bring together the history of dental nursing, both ancient and modern. Building on the history, we discuss the modern landscape of dental nursing and bring in a flavour of the profession across the globe. We hope we can speak to an interest within the reader for this important and sometimes less well-covered member of the dental family.

We aim to explore the history, current position and possible futures for individual dental nurses and the profession of dental nursing within dentistry in the UK and worldwide. Social and gender considerations will be included as well as the position of dental nursing within dentistry as a whole. An important aspect will be the role of dental nursing and how this has changed over time. We hope to present a retrospective account of dental nursing over time, consolidate

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that into the current perspective and to open minds and thoughts in taking the profession forward into the future.

The book has been structured into seven chapters. This introductory chapter introduces the topics and issues which will be more deeply discussed in each subsequent chapter. In Chapter 2, the history of dental nursing and the dental nurse from early history to the present day will be explored. This sets the scene for the profession as we see it in the twenty-first century. Next, the current situation worldwide will be outlined and discussed. This is followed by chapters on training and qualifications; career development opportunities; followed by horizon scanning for the future. The final chapter will cover discussion and conclusions.

We are keen that the book celebrates dental nursing and recognises the considerable achievements that have been made over the past 125 years. It is true that there have been obstacles along the way and the current situation is far from perfect, but we do not want to forget that progress builds on the past. Dental nurses of the twenty-first century stand on the shoulders of those who went before.

Dental nurses, currently and historically, generally assist clinicians and have very little true clinical autonomy, but there are signs that this is changing. Since mandatory registration with the General Dental Council (GDC) in 2008, dental nurses take full responsibility for their own professionalism. They must conform to the same ethical principles as all categories of dental professional (GDC 2013). Within this book, the role of the dental nurse as we know it now and the earlier perspectives will be unveiled and the changes over the years examined. Key milestones will be highlighted with a view to the future in mind.

It is clear to see that the role and position of dental nursing has changed over time and particularly since mandatory registration was introduced in the UK. However, this is not the same for dental nurses in North America and Canada nor indeed other countries who recognise the role of the dental nurse. Change has occurred across the globe but not always in the same manner. We will highlight some of these differences in Chapter 3.

Dental nurses hold a crucial role within the dental profession and society of the UK. They are often seen by patients as the bridge between themselves and the dental surgeon. It is usually the dental nurse that greets the patient in reception and guides them into the

surgery and it is the dental nurse who often walks the patient back to reception once treatment is complete. The dental nurse can find themselves the member of the team that the patient asks for clarification about treatment. Perhaps the patient is less in awe of the dental nurse and finds it easier to relate to their friendly face. That said, let there be no mistake, the 21<sup>st</sup> century dental nurse is every bit the professional. The GDC (2013) describes dental nurses as 'Registered dental professionals who provide clinical and other support to registrants and patients'.

Dental nursing has undergone seismic changes and developments over the last 125 years. Professional status is relatively new – it has only been since 30 July 2008 that all qualified UK dental nurses must be registered with the GDC. This meant that dental nurses, once qualified, needed to register with their professional body to be able to practise. They were now bound by the same professional requirements as dentists, dental hygienists and dental therapists. This was the final formal recognition of professional status. The Scope of Practice (GDC 2013) was introduced following the Dentists Act (Amendment) Order 2005 (HM Government 2005). This allowed dental nurses to use a wider range of skills as part of their extended duties.

The role of dental nursing has expanded over time and career opportunities have opened up. Whilst the majority of dental nurses work chairside in primary care providing patient and clinical support, dental nurses are found in a vast array of roles and environments. The role models available are no longer restricted to dental hygienist, dental therapist or indeed the dental surgeon; today, there are some truly inspirational dental nurse role models. Development can be found in clinical specialty, managerial, political, educational and national strategic positions. Career opportunities will be covered in greater detail in Chapter 5.

Over the years, the role and responsibilities of the dental nurse have evolved. When thinking about the evolution of the role, it is important to consider the various terms and compilations that have been applied as a title over the years. Of equal interest is the commonalities of these titles across nations and countries, as well as their disparateness. It is fascinating to consider the factors that underpin the development of dental nursing across the globe. These will include geography, levels of oral disease, the development of dentists and

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other categories of dental profession and the economic situation of individual countries. The term most commonly and synonymously applied, both historically and currently, is dental assistant.

Although there is general mention of dental assistants in England in 1909, the UK census returns show that dental nurses and dental assistants were formally recognised as being within the dental workforce as early as 1881. However, there is little written information relating to dental assistants in the UK until 1940. Early dental assistants/dental nurses in England appeared to undertake mainly administrative and chaperone roles.

The primary role of the dental assistant has been identified historically by many as assisting the dentist. What is clear is that not every dentist worked with a dental assistant and their education and training appear to have been poles apart. This is still the case in some countries. In addition, not all countries recognise being a dental assistant as a professional role. In many countries, there is minimal regulation around dental activity, and few countries articulate that dental assistants must undertake formal training, with fewer still insisting on dental assistants being formally registered with a dental regulator.

For many years in the UK, dental nurses, unlike their clinical team members, were not legally required to undertake a formal qualification or be registered in order to work in dentistry. A national qualification was available via the National Examination Board for Dental Nurses (NEBDN). In addition, there was a voluntary register for qualified dental nurses. This register was maintained by the British Nurses Standards and Training Advisory Board. The move towards qualification and registration began in 1998 when the GDC set up the Dental Auxiliaries Review Board (DARG) (GDC 1998). This review group recommended that all dental auxiliaries should be qualified and registered with the GDC. Three years later in 2001, the GDC made it known that they would seek legislation to allow statutory or compulsory registration of all professionals complementary to dentistry (PCD); this included dental nurses and dental technicians (GDC 2001). A new NVQ would be introduced in Oral Health Care Dental Nursing in 2000.

From the early days of assisting in dentistry, those who assisted received instruction and 'training' on the job from the dental surgeon with whom they worked. There was no formal education and the training would have been very practically focused and tailored to the needs of

specific practices and individual dentists. It was thought that assistants did not need to understand the process of tooth decay, gum disease or the composition of the materials they mixed. They were there to assist at the chair side and to be complementary to the dental surgeon.

This began to change in the 1930s in the UK. There were two reports in the 1940s that appreciated the value a trained assistant contributed to patient care and the smooth operation of providing dentistry (Teviot Report 1946, BDA 1948). Nothing more was heard until 1993, almost 50 years later, when the Nuffield Foundation (Hancock 1993) suggested that the work of dental nurses should be 'formally reappraised, defined and nationally recognised both inside and outside dentistry'. This made three reports recommending the formal education and training of dental nurses. The tide was turning away from informal schooling by dental surgeons to formal, standard qualifications.

A survey undertaken in June 2001 found that 60% of dental nurses in Oxfordshire had no formal qualifications and only half of these nurses were currently on a training course or planning to apply for one (John et al. 2002). At that time, there were concerns that bringing in mandatory training and qualifications would undermine recruitment of dental nurses. It may be that a recognition of a thirst for knowledge by many dental nurses went unappreciated.

The British Dental Nurses and Assistants Society was formed in 1940 in Leyland, Lancashire, by dental nurse Madeleine (Bunty) Winter and dentist P.E. Grundy. Bunty, as she was known, was the Association's first General Secretary in the early 1940s. In 1943, the Association held the first dental nurse examination and Bunty Winter was one of the first dental nurses to become qualified. Only dentists were allowed to be examiners until 1978 when senior nurses were also accepted onto the Board. The resulting Examination Board for Dental Nurses and Assistants remained part of the Association until 1988, when it became a separate organisation. The Association set up a voluntary register in the 1960s and became a trade union in the 1970s. From their first inception, with the exception of dental technology, non-dentist dental professional roles have been the majority preserve of women. This is another tide that began to turn from the 1980s onwards.

The numbers of PCDs steadily increased after the 1921 Dentists' Act but it was during the Second World War that PCDs became properly organised.

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The future is a mixture of progression of what we know today mixed with developments, some predictable and others completely novel. If you think back over your own career since you first entered dentistry, you get a flavour of the predictable and the totally unknown. In Chapter 6, we have included an image of our own careers to illustrate this point. In many ways, preparation for the future is a combination of taking opportunities as they present and broadening experience, but even more important is keeping an open, flexible attitude and not closing off too many avenues. A growth mindset, as we will discuss, is perhaps the most valuable asset you can develop.

As we will demonstrate, dental nurses in the UK have risen from being the chaperone and the person who mixed materials and cleaned the surgery to a vital member of the dental team. They are essential to the smooth and safe provision of patient care in the dental environments of the twenty-first century.

Since the end of the twentieth century, professional ethics and society have moved away from a paternalistic approach, where the professional knew best and the patient acquiesced to their superior knowledge and expertise, toward a patient-centred approach. Partnership working with patients, where they are more fully engaged in their care, has taken centre stage. This has been accompanied by the need to ensure that dentistry employs an evidence-based approach to treatments and interventions. Both patient-centred care and evidence base require an emphasis on communication with patients. This is often an area where dental nurses excel.

As we have researched for the book and consulted with many people, we realise there will be aspects that we have only briefly covered and topics left untouched. Our apologies for those deficiencies – we have tried to give as wide a coverage as possible, knowing we may have fallen short of our target. However, if we have opened the door to others wanting to know more and encouraged you to dig a little deeper, then we have succeeded.

### Note

Census data have been taken from the 'Find my past' website: [www.findmypast.co.uk](http://www.findmypast.co.uk). This is a subscription genealogical database. Records of UK census returns from 1841 to 1921 can be searched on line.

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