

**LegCo Panel on Health Services
Registration of Ancillary Dental Personnel**

Purpose

This paper reports on the outcome of the recent consultation exercise on the registration of ancillary dental personnel (ADP).

Background

2. ADP refers to dental therapists (DTs), dental hygienists (DHs), dental technicians (DTechs) and Dental Surgery Assistants (DSAs). At present there are mechanisms for regulating ADP. DHs are regulated under the Dentists Registration Ordinance. The scope of work of the DHs is clearly laid out in the Ancillary Dental Workers (Dental Hygienists) Regulations made under the Ordinance (Cap 156). The scope of work of DTs is defined in the internal regulations of the Government. DSAs are under the direct supervision of dentists. The appliances fabricated by DTechs are subject to the dentists' scrutiny.

3. A Working Group formed under the Dental Subcommittee of Health and Medical Development Advisory Committee was tasked to study the proposal of introducing a statutory registration system for ADP. The Working Group recommends :-

- (a) the establishment of a statutory body comprising one Council for all categories of ADP;
- (b) mandatory registration for DHs and DTs;
- (c) mandatory registration for DTechs with three classes –
 - (i) “registered” for those practitioners with acceptable academic qualifications or ten years' experience;

- (ii) “enrolled” for those existing practitioners with less than ten years’ experience; and
 - (iii) “trainee” for new entrants to the occupation through apprenticeship;
- (d) voluntary registration for DSAs.

Consultation Exercise

4. We issued the consultation paper at **Annex** on 1 June 1999 and invited ADP, dental practitioners and other interested parties to express their views on the proposed registration of ADP. We have received a total of 13 submissions from concerned organizations and individuals.

5. Views from the ADP and the dental practitioners are entirely different. While the ADP unanimously supported the introduction of a statutory registration system for all four types of ADP, the dental profession maintained their objection to compulsory registration of ADP.

6. Despite the consensus among the ADP that statutory registration should be imposed on the four types of ADP, their views were divided regarding the detailed mechanisms. Specifically, there were different views on the registration system of DSA and DTech :-

- (a) whether registration of DSA should be voluntary or mandatory; and
- (b) whether registration based on apprenticeship should be allowed for DTechs.

7. We presented in the consultation paper three possible structures of the proposed regulatory body. Again feedback from the ADP respondents were diverse, with respondents of the same type of ADP indicating different preferences. However, no respondents have suggested other alternatives apart from commenting on the three options proposed.

8. Other concerns raised by some ADP respondents include :-
- (a) more training opportunities; and
 - (b) the potentially high operating costs of the regulatory system;

Way Forward

9. Given the opposing stance of the ADP and the dental practitioners, we are still considering how best to take the matter forward. We shall continue to discuss and explore with the ADP as well as dental practitioners with a view to identifying mutually acceptable regulatory arrangements to improve the standard of service of ADP for the protection of public health.

Health and Welfare Bureau
September 1999

Consultation Document
on Registration of Ancillary Dental Personnel

Introduction

A dental team consists of dentists and four types of ancillary dental personnel (ADP), namely, dental therapists (DTs), dental hygienists (DHs), dental technicians (DTechs) and Dental Surgery Assistants (DSAs). A table summarizing their scope of work, estimated workforce, training opportunities and major employers is at **Annex A**.

2. At present, there are some mechanisms for regulating ADP. DHs are regulated under the Dentists Registration Ordinance (Cap. 156). The scope of work of the DHs is clearly laid out in the Ancillary Dental Workers (Dental Hygienists) Regulations made under the Ordinance. The scope of work of DTs is defined in the internal regulations of the Government Dental Service. Both DHs and DTs are directly engaged in clinical work in patient's oral cavity. hence, they are operating type ancillaries. DSAs assist and work under the direct supervision of dentists. The appliances fabricated by DTechs are subject to the dentists' scrutiny before they are installed in the patient's oral cavity by dentists. Both DSAs and DTechs do not engage in any clinical work directly in patient's oral cavity. hence, they are non-operating type ancillaries.

3. To further protect the interest of public health against unqualified personnel, a Working Group formed under the Dental Sub-committee of Health and Medical Development Advisory Committee has recommended in a report that a statutory registration system for ADP should be introduced.

4. The Working Group has recommended the following self- regulatory framework:

- (a) a statutory body comprising one Council for all categories of ADP;
- (b) mandatory registration for DHs and DTs;
- (c) mandatory registration for DTechs with three classes -
 - (i) "registered" for those practitioners with acceptable academic qualifications or ten years' experience;

- (ii) “enrolled” for those practitioners with less than ten years’ experience; and
 - (iii) “trainee” for new entrants to the occupation through apprenticeship;
- (d) voluntary registration for DSAs.

Benefits

5. It is expected that the above recommendations, when implemented, will achieve the following benefits:

- (a) the public will be better protected from potential health hazards arising from services rendered by unqualified personnel;
- (b) the standards of practice within the disciplines will be maintained and improved;
- (c) proper recognition and status will given to qualified members of the disciplines; and
- (d) a framework for the regulation of professional practice and conduct will be established.

Potential Drawbacks

6. However, the proposed regulatory system may potentially have the following drawbacks which would have to be seriously considered:

- (a) it may drive a large number of practising personnel who have not been formally trained out of the occupation and may therefore lead to a shortage of manpower supply;
- (b) it will impose additional expenses on the ADP as a result of operating and maintaining the registration and discipline systems; and
- (c) it may be mistaken by the public that certain ADP are allowed independent practice.

Other considerations

Cost of running the statutory registration system

7. It is the Government policy that in principle, professions should be responsible for the full cost of running their own statutory registration systems. All new registration systems for professions such as social workers and estate agents are financed by contributions from the members of the respective professions without recurrent Government subsidy. If the proposed statutory registration system for the ADP is to be implemented, they will have to share among themselves the costs of running this system. **Annex B** provides an estimate of the fees and charges each member of the professions may have to contribute.

Structure of the regulatory body

8. Consideration should be given to whether and how the regulatory body would have the capacity to handle issues specific to individual ADP as well as those common to all of them. The operational costs and the interface between the regulatory body and other health care professions should also be carefully considered. **Annex C** presents some possible alternatives and the characteristics of each of them.

Employment Opportunities

9. It should be noted that while implementation of a statutory registration system for the ADP may raise their professional status, it does not necessarily improve the career prospects and employment opportunities of these personnel. In fact, given the market driven economy of dental services in Hong Kong, the demand for services of certain categories of ADP may drop if the cost for their services increases.

Consultation

10. In view of the important service of ADP to the community, views and comments from interested parties are sought regarding the proposed regulatory framework as outlined in Para. 4 above, and the related issues.

11. ADP, dental practitioners and other interested parties are welcome to give their views, comments and proposals before 30 June 1999. Submission should be sent, by post, fax or e-mail, to the Health and Welfare Bureau, Hong Kong Special Administrative Region, at the following address:

Address: Health and Welfare Bureau
19th & 20th Floor
Murray Building
Garden Road
Hong Kong

Fax No.: (852) 2840 0467

E-Mail: hwbenq@hwb.gcn.gov.hk

Annex A

Ancillary Dental Personnel in Hong Kong

	Dental Hygienists	Dental Therapists	Dental Technicians	Dental Surgery Assistants
Scope of work	<p>Can undertake the following procedures under the supervision of registered dentists :</p> <ul style="list-style-type: none"> • cleaning & polishing of teeth • scaling of teeth • application of fluoride solutions or other prophylactic solutions to the teeth • oral health education 	<p>Carry out the following to patients up to the age of 18 under supervision of dental officers :</p> <ul style="list-style-type: none"> • Simple operative dental work, simple extraction and preventive measures • oral health education 	<ul style="list-style-type: none"> • Do not provide direct service to patients • They work in dental laboratories and are responsible for the fabrication of dental prostheses to the specifications of dentists 	<p>Assist dentists at the chairside in the treatment and care of patients. They are responsible for :</p> <ul style="list-style-type: none"> • preparing patients for dental treatment • care of equipment, instruments and materials • simple laboratory procedures (pouring dental impressions) • oral hygiene instructions
Total workforce (as at Jan 1999)	Total enrolled = 152 Active = 50 [@]	338	600-700* [@]	2000-3000* [@]
Training opportunity	1-year certificate course at PPDH ¹	3-year certificate course at TSK DTTS ²	<ul style="list-style-type: none"> • 2-year diploma course at PPDH • apprenticeship in private dental laboratories 	<ul style="list-style-type: none"> • 1-year certificate course at PPDH • Government in-service training programme • In-service training by private dental practitioners
Employer	<ul style="list-style-type: none"> • Government • PPDH • Private sector 	<ul style="list-style-type: none"> • Government only 	<ul style="list-style-type: none"> • Government • PPDH • Private sector 	<ul style="list-style-type: none"> • Government • PPDH • Private sector

¹ Prince Philip Dental Hospital

² Tang Shiu Kin Dental Therapist Training School

* some of the workforce are working part-time only

@ estimated number

Information Pertaining to Estimated fees and Charges

In order to work out the estimated fees and charges for the ADP, reference could be made from other Boards and Councils of other health care professionals, in particular, the Supplementary Medical Professions Council (SMPC) in which 5 professions are included.

Based on estimated active workforce of the 4 ADP groups, there will be about 4,190 (refer to Annex A) who could be considered for registration (152 DH, 338 DT, 700 DTech and 3,000 DSA).

We suppose they would share the cost equally. Based on the cost matrix of SMP Council, it is roughly estimated that the registration and annual practising certificate fees for 1998/99 would be in the order of \$2,100 and \$800 respectively.

Other considerations which could alter the estimated fees and charges are the following:

- the number and complexity of disciplinary complaints
- the recommendation that of the four categories of ADP, the expected biggest group of ADP, i.e. DSA, are only required to register voluntarily;
- the recommendation that the DTech would be registered under 3 classes.

It is difficult to estimate the examination cost without first knowing the examination format, i.e. whether it will be a practical test or a written test. Furthermore, the examination fee for each ADP group may not be the same. The existing examination fee for SMPC is \$1,060. The fee for each part of the examination for dentist is \$3,820.

Information Pertaining to Possible Regulatory Alternatives

Three possible structures of the regulatory body could be considered:

ADP Council

This is similar to Medical Council with members of the Council being DH, DT, DSA, DTech and lay members. Under the Council, there will be committees responsible for registration, examination and discipline. The operation costs will be relatively lower. This set up is good in dealing with issues common to all 4 ADP groups but could be less effective in handling issues specific to individual ADP.

ADP Council and 4 Boards

This is similar to SMPC with members of the Councils being ADPs as well as other health care professions e.g. dentists and nurses. Under the Council, there will be 4 independent Boards, each of which will establish committees to deal with registration, examination and discipline. This set up will cater for interface between the Council and other health care professions, a mechanism to handle issues common to all 4 ADP groups (the Council) as well as a mechanism to handle issues specific to individual ADP (the Boards). However, this will be relatively more costly.

Dental Professions Council (DPC)

This is to merge the proposed ADP Council with the Dental Council (DC) to form the DPC with members being dentists, DH, DT, DSA and DTech. Under the DPC, there will be individual Boards looking after the issues specific to individual ADP groups. The DPC will consider issues related to the dental profession as a whole. Since the ADPs generally work under the supervision of the dentists, putting them all under one Council will provide a close integration between the ADPs and the dentists. Administration costs will all be shared and hence reduced for each group. The General Dental Council of United Kingdom operates along this set up.