

Scope of Practice?

Ethical Decisions for Managing Your Dental Team

In its July 2011 newsletter, the Pennsylvania Board of Dentistry noted that it was moving to promulgate new regulations that include professional ethics as an authorized subject area for required continuing education. Although these regulations may have more to do with fees than ethics, they do bring to mind numerous topics regarding professional ethics in the dental practice.

As an instructor, my dental assisting and expanded functions classes often discuss scopes of practice, specific dental procedures, fees, appointments, and so forth. Unfortunately, I confess that I am no longer surprised at some of the stories students share about their office experiences. Just when I think I can finally say "I've heard it all," a new group of students share yet another scenario that has me shaking my head. However, these scenarios now inspire me to attempt to put our collective responsibility to patients in perspective.

First and foremost, regardless of the differences across the nation, dentists need to read, and then reread, the scopes of practices for all members of their dental team. Our patients trust that staff members providing services, such as radiographs, bases/liners, bands and/or restorations, scaling, polishing, or preliminary impressions possess the required credentials, education, competence, and confidence to do so. Therefore, an effort should be made to exercise ethics and morals while performing these daily duties.

Dental assisting and hygiene programs accredited by the ADA Commission on Dental Accreditation (CODA) provide instruction to students, outlining permitted and not permitted duties. In some states, however, many dental team members are unfamiliar with the scope of practice for their positions. Some programs may not provide this instruction and/or some states do not require any education to be employed as a dental assistant. Additionally, some state boards do not recognize dental assistants officially and leave permissible duties completely undefined. Consequently, dental assistants in many states do not have a specific list of permissible functions and must rely on the direction of their employer to delegate daily duties.

Depending on specific state lists, some examples of delegable duties

demonstrating poor ethical decisions include:

- Expecting a dental assistant to expose radiographs when he or she does not hold the state required certification.
- Delegating a dental assistant to perform complete prophylaxis. (Keep in mind coronal polishing, if permitted in your state, is only a portion of this visit.)
- Asking a dental hygienist to place a composite restoration.
- Asking an assistant to cement any form of a fixed prosthesis.
- Delegating restorative procedures to assistants or hygienists not educated to perform them.

It should be mentioned that in some states, many of these duties are illegal, not just unethical.

While I understand that productivity is critical for any dental practice to succeed in this economy, it is important for dentists to become familiar with the scopes of practice for their dental team members. This will ensure dental practices are able to provide the highest quality care for their patients. However, the onus is on the dentist to know the dental law in his or her state; ignorance is no excuse for being unfamiliar with the dental law and corresponding regulations. If an office isn't sure whether a particular skill is permissible, there are numerous resources available, including state dental boards, the Dental Assisting National Board (DANB), the American Dental Assisting Association (ADAA), the American Dental Hygienists Association (ADHA), the American Dental Association (ADA), and, of course, the Academy of General Dentistry (AGD).

The bottom line is to remember that our patients trust that dental professionals are just that—professional. ♦



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