

Supporting the health and well-being of oral health practitioners

Date last reviewed	September 2004
Scheduled review	
Approved by	Council

Statement

The Dental Council supports the health and well-being of oral health practitioners, and the early identification of impairment (by physical or mental illness), and the implementation of preventive strategies.

1. An oral health practitioner, like anyone else, can suffer from physical or mental illness, either temporarily or as part of a gradual deterioration with a chronic illness.
2. If a practitioner is ill, this may affect his or her ability to care for patients.
3. An impaired practitioner is one who, depending on the nature of the illness or injury may be unable to make safe judgement or demonstrate normal levels of skill and performance. They may behave inappropriately or risk infecting patients with whom he or she comes in contact.
4. Impairment may be due to a physical or mental condition, alcohol or drug dependence, a temporary stress reaction, an infection with a transmissible disease or declining competence due to age-related loss of mental or physical abilities
5. Impaired practitioners might be aware of the problem and not seek, or actively resist, any offer of support or help.
6. If a practitioner continues to practise without seeking professional assistance it is often only a matter of time before patients are placed at risk.
7. Where a reversible condition is the cause of the impairment early intervention may enable the practitioner to continue to practise while receiving treatment.
8. Where impairment is irreversible, on the other hand, it is vital, in the interest of public safety, that the impaired practitioner works in a monitored environment if that is appropriate and safe, or discontinue work in other cases.

The Dental Council recommends the following steps to individual practitioners and students, dental organisations and decision-makers in government and education, to promote health and well-being:

1. Education and support processes should be developed to Identify stress factors at risk behaviours and management techniques for the development and practice of coping strategies. These should operate throughout the personal and practising lives of dental students and practitioners.
2. Dental students and practitioners should have education in time management skills and an understanding of manageable working schedules to ensure they have reasonable personal and non-clinical time.

3. Education, training and practice environments should ensure opportunities for adequate exercise, work-breaks and time for personal, family or social life.
4. Mechanisms should be developed to facilitate potential flexibility and change in career choice for dental students and practitioners.
5. Every dental student and practitioner should be encouraged to have a personal medical adviser for comprehensive care. Practitioners should not treat their own illnesses or self-prescribe.
6. Every dental student and practitioner should be familiar with the Dental Council's Policy statement on major viral transmissible diseases and be provided with a copy of the 'Self Care' publication.
7. Decision makers in government, educational and health care funding and delivery, should consider the potential impact of policy and administrative changes on the health of dental students and practitioners and involve representative bodies fully in changes to their regimes.
8. Dental students and practitioners should be encouraged to seek help and support from appropriately qualified professionals in dealing with professional and personal problems. This assistance should be confidential and supportive in a climate free of stigma and the threat of negative consequences. It should provide a range of services from stress help lines, counselling, rehab programmes and follow up protocols.
9. Monitoring of the stress factors affecting dental students and practitioners should be conducted and used in the evaluation of support and assistance strategies.
10. Impaired practitioners should be restored to limited or full practice without delay as soon as rehabilitative measures have been judged to be successful. There should be ongoing support and monitoring to ensure their continued recovery and safeguard against relapse.

The Dental Council makes the following recommendations to education providers, and suggests that clear policies to implement these recommendations are established and be a component in any statutory accreditation regime:

1. There should be early and compulsory contact with stress management and prevention and awareness of high risk behaviour and symptoms of impairment
2. Role modelling and mentorship programmes should be encouraged
3. There should be personal counselling services and psychiatric treatment that is accessible, affordable, confidential and geographically separate from the dental school.
4. Initiatives should be implemented to allow increasingly informed career choice
5. Admission procedures should include a clear overview picture of the future career pathways available
6. Mechanisms should be established to provide flexibility for career change and opportunity
7. Mechanisms should be established for early identification, assistance and follow up of dental students at high risk from substance use and dependence or psychiatric illness
8. Dental students must be protected from discrimination on the basis of age, national or ethnic origin, race, religion or sexual orientation.

The Dental Council suggests the following actions for specific issues:

	Issue/action
Dental Organisations	Should encourage or facilitate stress management programmes and seminars as a component of continuing education activities.
Complaints and Disciplinary Stress	Specific support should be available to practitioners facing complaints and disciplinary procedures e.g. ACC, HDC.
Rural practitioners	<ul style="list-style-type: none"> (i) The availability of locums or coverage for practitioners in sole practice rural areas is important and should be promoted; (ii) Access to support and assistance services adapted to the needs of rural practitioners.
Protection from discrimination	Practitioners must be protected from discrimination on the basis of age, national or ethnic origin, race, religion or sexual orientation.
Equal Employment Opportunities	<ul style="list-style-type: none"> (i) Policies on harassment and intimidation should be clearly established; (ii) Awareness should be promoted of the individual requirements for flexible hours, part time and parental leave which parenting may dictate.