

Personal Profile: Claudia Luciak-Donsberger

Dave O'Malley, Assistant Publications Officer



Dr Claudia Luciak-Donsberger is a practising dental hygienist, psychologist, and founder of the Association for Dental Hygienists Working in Austria (VDHÖ) – a most unusual position to occupy, since dental hygienists are not professionally recognised in Austria. Having gained much of her training in the USA, she is one of the leading supporters of preventive oral healthcare in Austria. Here she speaks to *Team in Practice* about dental hygiene, prevention, and dental teamworking overseas.

When Claudia moved to the USA, it was originally to study languages, though she switched to science and gained a scholarship to study biochemistry. She chose to study dental hygiene, as this profession allowed her to raise her family and continue her studies while remaining in work. She now feels that her decision to begin her training with an Associate in Arts degree (which is similar to a foundation degree in the UK) was inefficient: "it isn't enough these days, because there is so much more knowledge about periodontology, and students need fuller training in treatment planning... a professional dental hygienist really needs to be taught at Bachelor level".

Immediately after finishing her degree, Claudia began studying psychology, partly to develop skills which would improve patient care in dental practice. As she puts it, "a clinician who is good at motivating

patients is going to be more successful than one who isn't, particularly in the field of prevention". Having gained her masters degree, Claudia returned to Austria to complete her PhD in psychology, but wrote her thesis in social medicine, a discipline which investigates the ways in which social conditions and public health are related. It became clear to Claudia that improvements needed to be made to oral healthcare policy in Austria, and she has made this her goal ever since.

Born in the USA

Dental hygienists have been widespread in the USA since 1913, and since then most European countries have introduced hygienists into the dental team. According to Claudia, "most dentists in the USA can't even conceive of working without a hygienist anymore. You cannot provide state-of-the-art dentistry without state-of-the-art prevention." Currently, this role is largely carried out in Austria by dental assistants who undergo very little formal training – often only for two weeks – and accordingly, the standard of care is patchy. Claudia's research shows that while even advanced periodontal disease is left untreated, 'professional' cleanings are frequently more cosmetic than therapeutic. "Patients are generally happy if their nicotine or red wine stains are removed," she notes. "People trust dentists, and generally they have no experience of international dentistry, so they are usually

unaware that they have not received any real treatment".

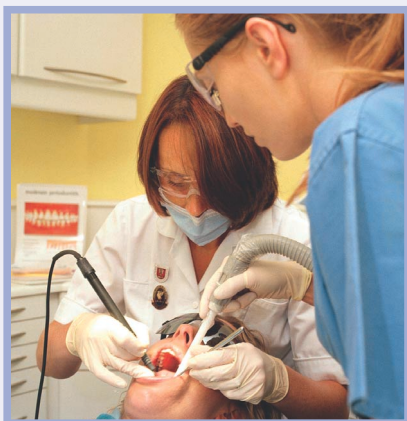
Changing patients' expectations is a particularly difficult aspect of Claudia's work because, as she notes, periodontal disease is viewed to this day in Austria as an inevitable consequence of aging. She cites a study which found that although patients in the USA expected to keep their teeth throughout their life, patients in Austria generally did not. "In Austria, most people's grandparents have dentures", she explains. "People's expectations are often based more on personal experience than on science".

Stuck in the system

There has also been resistance from within the dental profession to the introduction of dental hygienists, as most Austrian dentists see little sense in employing a hygienist, when an unqualified and lower-paid assistant can earn similar fees for the practice. It is not illegal for dental hygienists to practise in Austria, as dentists may delegate tasks to anyone they choose, but the term "hygienist" does not imply any particular qualifications. There is even a training programme which describes itself as a course in dental hygiene, but only lasts for a few weeks.

Part of the problem is the lack of any solid standards documents to detail the skills and outcomes required from dental professionals. Claudia describes the FGDP(UK)'s *Standards in Dentistry* as "highly impressive", and is disappointed that Austria does not have anything similar. In the meantime, she hopes to effect changes to a proposed law which would enable assistants to take 150 hours of further training and become certified to carry out "uncomplicated" periodontal work. The proposed law is particularly objectionable since it contains a clause which will enable some more experienced assistants to carry out this work with no further training, on production of a letter from their employing dentist.

Continued on page 8



is not available. However, extra cover for this situation may be purchased from the medico-legal insurance company on payment of an additional premium. This is known as 'run-off' cover. It is important to note that only items covered within the policy will be included, and there is no discretionary ability to include additional items which may arguably be of a non-clinical nature, as mentioned above under indemnity cover.

Employer liability

An employer is vicariously liable for negligent acts or omissions by his/her employee in the course of employment, whether or not such an act or omission was specifically authorised by the employer. This means that the dentist (who is commonly the employer) will be liable for deeds which a dental nurse may have done, or failed to do. This will include practice managers and receptionists, who are at present not eligible for registration with the GDC. In order to avoid vicarious liability, an employer must demonstrate either that the employee was not negligent, in that they showed reasonable care, or that the employee was acting

in their own right, rather than on the employer's business. This may be difficult in the context of carrying out dental treatment in a dental practice, but there may still be situations when this could occur.

An example would be if, while the dentist was unavailable, a dental nurse were to be persuaded by a patient to recement a crown which had come out. Clearly, the dentist could not have authorised the

arate cover, they will be required to make the payment to the patient themselves. Failure to have such cover would render the dental nurse liable to a charge of serious professional misconduct from the GDC, and they consequently may find themselves in front of the regulatory body, facing the possibility of removal from the register. This would mean being unable to work as a dental nurse as they would no longer be registered.

Failure to have such cover would render the dental nurse liable to a charge of serious professional misconduct from the GDC

treatment, and the nurse is not empowered to recement crowns in any event. If something went wrong, the patient could quite reasonably raise a claim for compensation against the nurse. In this situation the nurse would probably be liable, and the patient would, not unreasonably, expect to receive a sum of money. But from whom? The dentist would not be vicariously liable and therefore no claim would lie against the indemnity or insurance organisation of which the dentist was a member. Unless the nurse has sep-

At the time of writing this article, we are aware that the GDC is shortly to review the matter of indemnity for DCPs. It is felt that the development of a robust yet workable policy on indemnity is likely to be the biggest challenge facing the Standards Committee in 2007. We await with interest their final recommendations, but it would certainly be surprising if each registered DCP were not required to take out their own individual indemnity/insurance cover.

Personal Profile: **Claudia Luciak-Donsberger**

Continued from page 5

Changing the landscape

Despite the setbacks, Claudia's lobbying work has had significant results. She approached the Director of Higher Education at the Ministry of Science and Education, who commissioned her to carry out a study of American periodontal curricula. Her relentless advocacy eventually led to the establishment of a Department of Periodontology at the Vienna Dental School, one of the three major dental schools in Austria, and students are learning a systematic approach to periodontic treatment for the first time. Claudia feels that the department has done much to

raise awareness of periodontal issues in Austrian dentistry: "There is better awareness of the importance of prevention," she notes, "and an understanding that professionals are needed to do this".

More recently, Claudia has also been commissioned to design a screening programme to help general medical practitioners to detect periodontal disease as part of their patients' routine periodic health examination. This is possibly the first formal periodontal care scheme in the country.

Though it is proving difficult to get the message across, the reception to Claudia's work has been very positive, especially

among patients: she self-effacingly describes herself as "a pioneer, not by choice, but by circumstance". Though awareness of dental hygienists is low in Austria, Claudia has never had to apply for a job, as forward-thinking dentists, continue to approach her. Patients are also pleased to learn that tooth loss is not inevitable, and each time she makes an appearance in the media, the VDHÖ is flooded with calls. "We can't really keep up with the demand," she says, "because the public reaction to dental hygienists has been very affirmative. But that's one of the greatest pleasures of the job."