

**Dental Services
General Dental Services Memorandum****To all Dentists and
Dental Medical Practitioners
providing General Dental Services****GENERAL DENTAL SERVICES****AMENDMENTS TO THE STATEMENT OF DENTAL REMUNERATION (SDR)****GENERAL DENTAL SERVICES****AMENDMENTS TO THE STATEMENT OF DENTAL REMUNERATION (SDR)****Introduction of New Non-Amalgam Item Codes and Fees under Determination I**

Despite the ongoing BREXIT negotiations, the UK must continue to comply with the legal obligations of EU Regulation 2017/852¹ and the provisions set out in Article 10(2). Please find enclosed revised pages to the Statement of Dental Remuneration (SDR), which introduce new item codes and fees in Determination I relating to restrictions in the use of amalgam in the treatment of certain categories of patients. The item code format and associated fee levels have been agreed with the British Dental Association Northern Ireland. The effective date for the implementation of these new SDR item codes and fees will be 1 July 2018.

Changes to Determination I

Article 10(2) of EU Regulation 2017/852 stipulates that from 1 July 2018, dental amalgam shall not be used for dental treatment of deciduous teeth; of children under 15 years; and of pregnant or breastfeeding women; unless deemed strictly necessary by the dental practitioner based on the specific medical needs of the patient.





In order to fulfil its obligation under Article 10(2) the Department of Health has introduced five new item codes and associated fees into Section V (Conservative Treatment) of Determination I of the SDR, and five new parallel item codes with the same associated fees into Section XII (Occasional Treatment).

Item codes 1405 to 1408 are introduced to allow for the use of non-amalgam materials for fillings of varying complexity involving the occlusal surface of permanent or retained deciduous posterior teeth in patients aged under 15 years. Item code 1471 is introduced with an associated fee for the treatment of any surface of a permanent tooth using non-amalgam materials in women who are pregnant or breastfeeding.

Subsequent, similar item codes 5815 to 5818 will allow for the use of non-amalgam materials for fillings in permanent or retained deciduous posterior teeth in patients aged under 15 years on an occasional basis. Item code 5837 will similarly allow for the occasional treatment of any surface of a permanent tooth using non-amalgam materials for women who are pregnant or breastfeeding.

Additional provisos have been inserted into these sections of the SDR to note the new operational rules when submitting payments under these codes.

Copies of the replacement pages in the SDR should accompany this MDS, and the updated version of the full SDR will be available on the FPS Dental Services section of the BSO website via <http://www.hscbusiness.hscni.net/> .



Advice to Dental Practitioners about the use of amalgam and the claiming of the new non-amalgam fees for these patient groups

The Department is keen to emphasise that Article 10(2) of EU Regulation 2017/852 still permits the use of amalgam in these groups of patients and, “...*the specific medical needs of the patient.*” should be interpreted as including any specific clinical dental need. The Department does not feel it is necessary to be prescriptive about what might constitute such a dental need, but, for example, poor moisture control, difficult access, large cavities, inter-dental space / marginal ridge issues, and patient co-operation would be all be considered as justifiable reasons.

Ultimately the Department will respect the clinical judgement of practitioners and clinicians will be empowered to use their judgement when deciding if it is appropriate to use or not use amalgam in the treatment of these particular groups of patients. If using amalgam in these patient groups, the practitioner will need to explain why it is the most appropriate material to the patient / parent / guardian or carer. It will also be essential that the practitioner records in the clinical notes; the justification for the use of amalgam; the discussion with the patient / parent / guardian or carer; and the consent process.

The Department and the HSCB Dental Advisers will respect the professional clinical judgement of dental practitioners in such circumstances knowing that they are best placed to act in the best interests of the patient. The expectation will also continue to be that when dental practitioners make clinical decisions on restorative materials that they meet their ‘Terms of Service’ and ‘Standards of Care’ obligations relating to the provision of General Dental Services. These are set out in Regulation 3, and in particular Paragraph 20 of Schedule 2 to the General Dental Service Regulations (NI) 1993 (SR 1993 No. 326)², to “*use only materials which are suitable for the purpose for which they are used;*”.

Letters highlighting the implications that EU Regulation 2017/852 will have for the profession have already been sent from the Department’s Chief Dental Officer to all dentists on the Dental List, which incorporated headline guidance on the clinical implications and the proper application of the requirements. These will be available on the Department’s website via <https://www.health-ni.gov.uk/> . Public-facing information on the implications that Article 10(2) of Regulation





(EU) 2017/852 will have for patients will be available via: <https://www.nidirect.gov.uk/> . An initial supply of patient information leaflets will also be sent to practices to help patients familiarise themselves with the new arrangements.

Dental practitioners and clinicians can also avail of more detailed guidance developed for UK dental professionals by SDCEP including their recently published document entitled 'Restricting the Use of Dental Amalgam in Specific Patient Groups - Implementation Advice for Article 10(2) of Regulation (EU) 2017/852 on Mercury' by visiting the SDCEP website at: www.sdcep.org.uk . The May 2018 2nd edition of 'Prevention and Management of Dental Caries in Children' may also be useful for practical clinical advice on recommended techniques when treating patients under 15 years old.

