GUIDANCE: Dental Screening (Inspection) in Schools and Consent for Undertaking Screening and Epidemiological Surveys

1. This guidance:
   • notifies PCTs of the advice of the UK National Screening Committee on dental screening of 6-9 year old children
   • invites PCTs to consider whether or not to continue local screening programmes and, if not, how best to address inequalities in oral health in other ways
   • provides advice on working with schools and local authorities to introduce revised arrangements for parents/carers to give consent to children receiving dental inspections in connection with epidemiological surveys.

Background

2. The salaried dental services have been undertaking statutory dental inspections of school children (screening) since 1918 for two purposes
   • identifying those in need of a further examination and treatment; and
   • advising parents/carers of the action they should take to secure it.

3. Since 1985, the British Association for the Study of Community Dentistry (BASCD) has co-ordinated a separate programme of Oral Health Epidemiological Surveys. These regular surveys of child oral health have provided the UK with one of the best oral health datasets in the world and a firm basis for PCT commissioning of dental services.

Dental screening: UK National Screening Committee recommendation

4. Research in the 1980s started to question the aims and effectiveness of the screening examinations. The recently published results of a large Randomised Control Trial have demonstrated that school dental screening (as currently undertaken) is ineffective at a population level in reducing levels of untreated disease and increasing attendance of those who need treatment.

5. On 7 November 2006, the UK National Screening Committee recommended to the UK Chief Dental Officers that there is no evidence to support the continued population screening for dental disease among children aged 6 to 9 years. The Committee’s recommendation was based in part on the view that the resources currently used for screening...
could be used more effectively in other ways to tackle oral health inequalities.

**Dental screening: implications for commissioners**

6. The decision as to whether to continue with school dental screening in England is a matter for individual PCTs. In some areas of the country where oral health is poor and screening can be shown to be effective in reducing levels of untreated dental disease, there might be a case for continuing to commission a screening programme, subject to receiving positive consent from parents/carers (see paragraphs 10-16 below).

7. Where PCTs decide to discontinue with a dental screening programme, it is likely that this will free up on average some 4-5% of the workforce hours (for dentists and dental nurses) of salaried primary dental care services. The exact percentage will depend on the volume of screening currently being carried out. Many salaried dental services have already discontinued school screening in light of the guidance on the need for positive consent.

8. In making its recommendations, the UK National Screening Committee noted that there is a marked social inequality in the incidence and prevalence of dental disease and the use of services, even after access to services is improved. On this basis, the Committee assumed that any resources freed up by discontinuing screening would most likely be used in other ways to reduce oral health inequalities.

9. The use of these resources is a matter for local decision-making, but might include:
   - boosting the capacity of salaried dental services to reduce waiting times for special needs groups or for those children and adults who are unable to receive treatment through general dental services; and/or
   - epidemiological surveys as set out below.

**Epidemiological surveys of oral health**

10. The Department of Health values local oral health surveys very highly for their role in informing national trends in the progress being made to reduce dental disease and oral health inequalities. These surveys also contribute to the oral health needs assessments which PCTs need to undertake to support local commissioning of primary dental care services.

**Consent to dental examinations**

11. In May 2006, the Department published new guidance following a review of procedures used for obtaining consent for all dental examinations in schools (whether conducted for screening or surveys). The guidance indicated that it was necessary to obtain positive consent from either the child (if he/she was judged to be competent to give consent) or from the parents (or relevant person with parental responsibility) in accordance
with the Departmental Circular *Good Practice in Consent* (HSC 2001/023).

12. The May 2006 guidance also advised that the Department would consider further whether it would be practicable to obtain positive consent for dental inspections from parents/carers when their children started school.

13. It is now clear that, where a PCT decides to continue dental screening of children, there is no alternative but to obtaining positive consent prior to the inspection itself.

14. For epidemiological surveys, where personal information is anonymised and grouped into a PCT population sample, and it is of critical importance to obtain unbiased results representative of the local population, procedures based on school entry consent would be acceptable. This consent would need, however, to be reinforced by notifying the parents/carers of the time of a planned inspection, with the opportunity for them to review their decision.

15. The Department for Education and Skills continue to support health promotion activities in schools. Information about the work of health professionals, including salaried dentists, in schools will be included in the Department’s ‘extended school programme’, which is aimed at increasing parental involvement in schools. However, there is no standard, centrally prescribed paperwork for conducting procedures for the admission of children to schools. It is for each school to devise its own arrangements.

16. PCTs therefore need to work with individual schools and Local Authorities to introduce consent arrangements. The Appendix to this guidance contains a model letter, produced in consultation with solicitors responsible for advice on patient consent, that could be used by the school on behalf of the dental service when schools are making arrangements for the admission of pupils.

**Conclusion**

17. PCTs are advised to:

- review their programmes for screening the dental health of school children in the light of the advice from the National Screening Committee
- consider, where PCTs decide to discontinue with screening, how resources can be used most effectively to address inequalities in oral health in other ways
- work with schools and local authorities to introduce arrangements for parents/carers to give consent to their children receiving dental inspections in connection with epidemiological surveys.
APPENDIX 1

MODEL LETTER FOR SEEKING CONSENT TO DENTAL INSPECTIONS

Dear Parent/Carer

Consent to Dental Inspections in School

For many years dentists have inspected the teeth of children in schools as part of local surveys of dental health. The results of the surveys tell us whether children's dental health is getting better and provide the NHS with important information for planning dental services. No personal information is kept about your child as all the data is combined to give an average for your local area.

We cannot include your child/ren in these important surveys unless we know that we have consent to do so. Where your child is not able to give consent themselves, your consent is needed. Where they are able to give their own consent we would rely on their consent.

We would be grateful if you could sign the form at the foot of this letter to indicate whether or not you consent to your child/ren being included in dental surveys at school.

When we are planning to visit the school, we will write to you again to let you know when your child will be inspected. This will give you an opportunity to change your mind should you so wish. If we do not receive a response to this later letter we will assume that you have not changed your mind.

............................................................................................................................
I/we* consent/ do not consent* to dentists employed by
.................................................................  Primary Care Trust -
inspecting the teeth of my/our* child/ren
.................................................................  (names)
for the purpose of surveying children's dental health.

Signed: .......................................................Date also.............

Name(s): .................................................................Address

* please delete as appropriate