

Personal Profile: Claudia Luciak-Donsberger

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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".

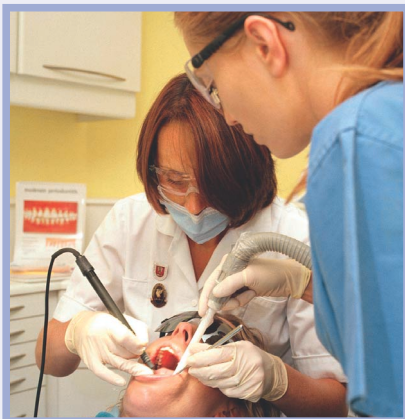
Changing patients' expectations is a particularly difficult aspect of Claudia's work because, as she notes, periodontal disease is viewed to this day in Austria as an inevitable consequence of aging. She cites a study which found that although patients in the USA expected to keep their teeth throughout 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.

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is not available. However, extra cover for in their own right, rather than on the separate cover, they will be required to make this situation may be purchased from employer's business. This may be difficult for the payment to the patient themselves. the medico-legal insurance company on in the context of carrying out dental Failure to have such cover would render payment of an additional premium. This is treatment in a dental practice, but there the dental nurse liable to a charge of known as 'run-off' cover. It is important that may still be situations when this could serious professional misconduct from to note that only items covered within occur. the GDC, and they consequently may the policy will be included, and there is An example would be if, while the den- find themselves in front of the regulatory no discretionary ability to include addi- tist was unavailable, a dental nurse were body, facing the possibility of removal tional items which may arguably be of ato be persuaded by a patient to recement from the register. This would mean being non-clinical nature, as mentioned above a crown which had come out. Clearly, the unable to work as a dental nurse as they under indemnity cover. dentist could not have authorised the would no longer be registered.

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 treatment, and the nurse is not empow- At the time of writing this article, we was specifically authorised by the em-ered to recement crowns in any event. If are aware that the GDC is shortly to ployer. This means that the dentist (who something went wrong, the patient could review the matter of indemnity for DCPs. is commonly the employer) will be liable quite reasonably raise a claim for com-It is felt that the development of a robust for deeds which a dental nurse may have pensation against the nurse. In this situa-yet workable policy on indemnity is like- done, or failed to do. This will include tion the nurse would probably be liable, ly to be the biggest challenge facing the practice managers and receptionists, who and the patient would, not unreasonably, Standards Committee in 2007. We await are at present not eligible for registration expect to receive a sum of money. But with interest their final recommenda- with the GDC. In order to avoid vic- from whom? The dentist would not be tions, but it would certainly be surprising arious liability, an employer must demon- vicariously liable and therefore no claim if each registered DCP were not required strate either that the employee was not would lie against the indemnity or insur- to take out their own individual indem- negligent, in that they showed reasonable organisation of which the dentist nity/insurance cover. care, or that the employee was acting was a member. Unless the nurse has sep-

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

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Changing the landscape

raise awareness of periodontal issues in among patients: she self-effacingly des- Despite the setbacks, Claudia's lobbying Austrian dentistry: 'There is better aware- cribes herself as 'a pioneer, not by choice, work has had significant results. She ap-ness of the importance of prevention,' she but by circumstance'. Though aware-ss proached the Director of Higher Education notes, 'and an understanding that profes- of dental hygienists is low in Austria at the Ministry of Science and Education, sionals are needed to do this'. Claudia has never had to apply for a job, who commissioned her to carry out a More recently, Claudia has also been com-as forward-thinking dentists, continue to study of American periodontal curricula. missioned to design a screening programme approach her. Patients are also pleased to Her relentless advocacy eventually led to help general medical practitioners to learn that tooth loss is not inevitable, and to the establishment of a Department of detect periodontal disease as part of their each time she makes an appearance in Periodontology at the Vienna Dental patients' routine periodic health examina- the media, the VDH... is flooded with School, one of the three major dental tion. This is possibly the first formal perio- calls. 'We can't really keep up with the schools in Austria, and students are learn- dental care scheme in the country. demand,' she says, 'because the public ing a systematic approach to periodontic Though it is proving difficult to get the reaction to dental hygienists has been very treatment for the first time. Claudia feels message across, the reception to Claudia's affirmative. But that's one of the greatest that the department has done much to work has been very positive, especially pleasures of the job.'