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To all dentists in Northern Ireland

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Dear Colleague

EU Regulation 2017/852 on Mercury and the UK Control of Mercury (Enforcement) Regulations (2017) – notice on restrictions on the use and disposal of dental amalgam.

I previously wrote to you on 6 April this year to highlight the implications for the dental profession of the above legislation. Despite the ongoing BREXIT negotiations, the UK must comply with this EU Regulation. There are slightly differing timelines in relation to four of the Article 10 requirements relevant to dental professionals and affecting the clinical use and disposal of amalgam, but some aspects have already come into effect as of 01 January 2018:

- **Article 10(4)** – Any new amalgam separators installed from 01 January 2018 onwards should retain at least 95% of amalgam particles.

UK dental practices have needed amalgam separators since 2005 to comply with hazardous waste regulations. My understanding is that commercially available separators and chair units would already meet this requirement, though they do need to be properly maintained in accordance with the manufacturer's instructions to ensure the highest practicable level of retention. ***If installing a new amalgam separator you should ensure that it is Article 10(4) compliant.***

- **Article 10(6)** – All amalgam waste is handled and collected by an authorised waste management establishment (not dated, but effective from the introduction of the Regulation, i.e. 01 January 2018). Again, such measures should already be in place here anyway with practices having the necessary contracts and appropriate records as per extant healthcare waste guidance and dental standards.

I now want to ensure that you and your teams are fully aware of the next Article to come into effect;

- **Article 10(2)** – ***From 01 July 2018, dental amalgam shall not be used for dental treatment of:***
 - ***Deciduous teeth,***
 - ***Children under 15 years,***
 - ***Pregnant or breastfeeding women,******except when deemed strictly necessary by the dental practitioner based on the specific medical needs of the patient.***

There is no doubt that the UK was already positively moving in the environmental direction of EU Regulation 2017/852 given that amalgam separators are in use, amalgam waste is appropriately managed, and that pre-dosed encapsulated amalgam is in widespread use. Also, new clinical techniques have been developed and alternative restorative products continue to be released onto the market as materials technology advances. The safeguards strengthened through this EU Regulation are really just hastening this evolving process and will continue to lessen the overall environmental impact of mercury.

The more recent techniques and materials are already being used to good effect by dental professionals here, and particularly for early decay and small cavities. However, there is no universal replacement for amalgam and these newer materials still have some technical limitations such that they are not suitable for all types of restoration. Also, there is still a significant burden of restored and existing dental decay to be managed here, particularly in comparison to some other parts of the UK, and, as you well know, sometimes patients can present with quite advanced decay.

Importantly, Article 10(2) does still allow for the use of amalgam, and, "...the specific medical needs of the patient.", should be interpreted as including any specific clinical dental need. The use of dental amalgam has not been banned, and it remains a useful and effective material for dental restorations. These restrictions should also not be interpreted as advice to remove and otherwise restore existing sound amalgam restorations.

I do not want to be prescriptive and respect your professional clinical judgement knowing that you are best placed to act in the best interests of your individual patients. I want clinicians to be empowered to use that judgement when deciding that it is sometimes appropriate, and the best treatment option, to still use amalgam. Previously accepted justifications lobbied for by the UK have been poor moisture control, difficult access, large cavities, and inter-dental space / marginal ridge issues; and patient co-operation is always relevant.

Please note that if using amalgam in these patient groups, you will need to explain why it is the most appropriate material to the patient / parent / guardian or carer, and you will already know that as with all such communications, you should use clear and straightforward language so that they can understand. It is also essential to record in the clinical notes the justification for the use of amalgam; the discussion with the patient / parent / guardian or carer; and the consent process.

Preventive treatments remain very important to reduce the need for restorations and I encourage you to continue to utilise these through the normal capitation process and additional claimable SDR fees.

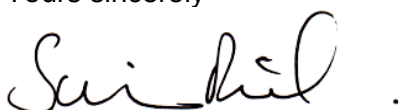
I mentioned last time that guidance development had been sought by all of the UK Chief Dental Officers, because the UK is the Member State, and can now confirm that this pan-UK process is now complete. SDCEP aims to publish its '**Restricting the Use of Dental Amalgam in Specific Patient Groups - Implementation Advice for Article 10(2) of Regulation (EU) 2017/852 on Mercury**' this week on its website, www.sdcep.org.uk . This resource cross-refers to the 2nd edition of its '**Prevention and Management of Dental Caries in Children**' guidance, published, and you may wish to refer to that too.

I am pleased to report that new SDR codes and fees have now been agreed with BDA NI and the necessary changes are underway at the BSO. An MDS explaining these changes will be issued shortly.

Whilst this letter is primarily aimed at dentists, and dental therapists working to them, it is important that your practice teams are made fully aware as patients / parents / guardians / carers may well ask questions.

Further information on EU Regulation 2017/852 Article 10 provisions will be issued in due course.

Yours sincerely



SIMON REID