

# Commentary on: Perceptions of first year foundation dentists on oral health education and its role in general dental practice

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## IN BRIEF

- Following the new contract, the Department of Health promoted 'new ways of working' for GDPs to improve oral health through oral health promotion.
- Undergraduate and FD1 training have not clarified the difference between oral health education and oral health promotion in terms of 'role' in general dental practice.
- Further training is required if oral health-promoting 'new ways of working' are to become a reality.

**Objective** To explore the perceptions of first year foundation dentists (FD1s) regarding oral health education (OHE) and its role in general dental practice. **Design** Focus group discussions. **Setting** Postgraduate training venues and general dental practices utilised for foundation training in South Wales, UK. **Subjects (materials) and methods** Nineteen FD1s accepted an invitation to take part in a series of focus groups. Focus groups were transcribed and data analysed using a constructive process of thematic content analysis to identify themes and theories relating to the FD1s' understanding of OHE and its role in the delivery of care as general dental practitioners. **Results** The data fell into three broad categories: the teaching of OHE delivery at undergraduate level; factors influencing the 'frequency and content' of OHE delivery; and barriers to 'effective and successful' OHE. The first category identified perceptions of the 'gold standard' of OHE following undergraduate experiences. The practicalities of the acquisition of technical skills had created a simplistic compartmentalised view of OHE which was not a priority in adult dental care. The second category covered triggers for delivering OHE; in general these were reactive rather than preventive. The last category dealt with successful OHE; unsuccessful OHE was attributed to the patient although communication barriers were recognised. **Conclusion** The subtle but important difference between OHE and oral health promotion (OHP) in terms of its role in general dental practice is recognised theoretically but not as a reality in practice. OHE is often compartmentalised and a simplistic approach to its delivery is taken. Against a backdrop of commissioning to improve health this has implications in developing organisational processes within general dental practice and training in order to achieve this.

## COMMENTARY

This paper on the delivery of adult oral health education by the dental team raises important questions about the effectiveness of current undergraduate training and post-qualification practice. It also suggests that careful consideration should be given by policy makers and providers of training to how the new dental contract with its 'focus on improving quality, achieving good dental health and increasing access to NHS dentistry'<sup>1</sup> can best be implemented in terms of its oral health education components.

Threlfall *et al.*<sup>2,3</sup> previously revealed troubling shortcomings in relation to both the content and delivery of advice provided for children by GDPs. The authors concluded that although the arrival of the new dental contract provided an opportunity for change by placing prevention at the heart of dental care, this would be squandered unless efforts were made to improve the quality of preventive advice. Training could be

provided to promote a better understanding of counselling skills and educative techniques. In addition, individual GDPs needed to reflect on their own delivery of preventive care to *identify* ways in which it might be improved.

Whilst the professional educational resources *Delivering Better Oral Health: An evidence-based toolkit for prevention*<sup>4</sup> and *The Scientific Basis of Oral Health Education*<sup>5</sup> may help to meet the need for more consistent evidence-based advice to be offered by the dental team to their patients in terms of content, significantly more support may be needed if DCPs are to fulfill the ambitious remit set out by Professor Steele: 'The prevention of dental disease can operate at a population, community and personal (professional) level; all have their place but the role of the dental team should be pivotal, interpreting and aligning health messages for the patient.'<sup>6</sup> What this paper strongly suggests is that guidance and training for the dental team in the best means of

delivery of chairside oral health education should be both made available, and as a top priority, be closely attuned to the everyday realities of general dental practice. There might otherwise be a very real danger of the NHS paying mere lip service to oral health education.

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*The Scientific Basis of Oral Health Education*

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