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Cost effective teamwork

The concept of teamwork in dentistry has been gradually raising its profile over the years, although previously of course many dental practices (in general practice, hospital dentistry and the community) have been operating a successful and effective dental team without appreciating that the 'teamwork' label was attached to it. Despite this, in the past the general feeling within some areas of the profession towards an increasing role for the whole dental team has tended to be one of resistance rather than encouragement.

Perhaps this resistance has been more towards the developing clinical role of members of the dental team, and terms such as 'dilution of the profession' were fairly standard just over a decade ago when the Nuffield Report into the increasing use of dental auxiliaries was published. Today even the term 'dental auxiliary' sounds hopelessly old-fashioned as we have adopted the term 'Professionals Complementary to Dentistry' (PCD) for virtually everyone in the dental team except the dentist.

Interestingly the term PCD is still not universally recognised, especially by the PCDs themselves, as the editor of *Vital* (the *BDJ* supplement for the dental team) wrote about in the first issue of that magazine. Be that as it may, until recently many dentists were still slightly uncomfortable about 'other people' actually treating their patients.

This journal, under the editorship of Dame Margaret Seward before me and then during my own time, has always supported the development of the dental team in both the opinion papers and the research papers, and the latest evidence of this can be seen in a research paper published in this issue of the *BDJ*. The paper, by Harris and Burnside, is a fascinating study of four PDS practices in the North West of England and the way that therapists in the four practices were used. The paper contains a wealth of interesting material that should be of immense value to other dental practices thinking of developing the PCD element of their service in the future, especially when local contracting with the PCTs becomes more prevalent.

The findings include the patterns of treatment for the dentists and therapists within the four practices,

including the fact that sometimes a therapist can be used for work normally carried out by a hygienist. This may well be frustrating for the therapist (a bit like making a dentist just carry out limited duties) but perhaps more importantly could be an inappropriate use of resource which may well have financial implications. In fact, as if to confirm this, the paper reports that the use of therapists in the PDS practices studied may not be cost-effective, a serious and important finding for the supporters of teamwork.

But before we condemn the whole concept, perhaps we need to ask whether the therapists in the practices were being integrated fully and used appropriately. A team is more than simply a group of people working under the same roof. The paper itself reveals the misconceptions that some dentists have held in the past about the clinical potential of therapists, so I suspect that a lack of knowledge and skills in leadership and teambuilding could well lead to a less effective use of the therapists overall, not just clinically. This might result in the conclusion that therapists may not be cost-effective.

I have no idea if this was the case in the practices described in the paper, and it would be irresponsible to suggest this was the reason without further information. But the findings of this paper are extremely helpful to identify whether using therapists would indeed have financial consequences for practice in the future, and whether more training in team building and leadership would have produced a different result. Whatever the reason for this finding we should be grateful to the practices for helping to identify this situation.

The future for PCDs in general practice is at a crossroads like never before. It is up to researchers like the authors of this paper to continue to investigate how we can best develop the expanded use of dental professionals to ensure that patient care is maximised (which I believe has been proved beyond doubt) but not at the financial expense of practice owners.

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 doi: 10.1038/sj.bdj.4811737