RESEARCH SUMMARY

Cost-effectiveness study of therapists in general practice

The role of dental therapists working in four personal dental service pilots: type of patients seen, work undertaken and cost-effectiveness within the context of the dental practice

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Objectives

To describe the type of patients seen and work undertaken by dental therapists employed in four personal dental service practices and to report on their cost-effectiveness within the context of the dental practice.

Method

All members of the dental team used a standard day sheet to record all patient contacts and procedures undertaken in that session. Dental therapists recorded data for 30 consecutive sessions and dentists recorded information for 20 sessions. Items were recorded in sufficient detail to allow later matching with the GDS statement of remuneration and a calculation of the average gross fees and patient charges per session.

Results

The role of the dental therapist varied between the practices studied. In two practices the therapist saw a high proportion of child patients, and in one of these this was combined with providing care for a high number of adult patients who were exempt from patient charges. In the two practices where the dental team did not include a dental hygienist, the dental therapist had a relatively high workload providing dental hygiene care for adult patients. It appears that the gross fees and patient charges generated by the dental therapist in all four PDS practices fail to cover the cost of the salary of the dental therapist, dental nurse and associated overheads borne by the practice.

IN BRIEF

- The study shows how the role of dental therapists employed in dental practices may vary with the composition of the dental team.
- A high failed appointment rate of about 20% is shown for appointments with a dental therapist in all four practices studied. This may influence how the appointment system is managed in teams including dental therapists.
- Calculation of the earnings of the dental therapists based on the GDS statement of remuneration is compared with salary and overhead costs to inform the discussion concerning whether general dental practitioners should judge financial barriers as a reason for not employing dental therapists in their practices.

COMMENT

In the past the contribution dental therapists were able to make to oral health was limited by their only being able to work in community and hospital dental services. Using data over a 30 session working period from therapists employed in four personal dental service pilot schemes this study provides information about how they might be used in general dental practices now that the restriction has been removed.

Therapists were introduced primarily to provide treatment for child patients to the prescription of dentists. This study illustrates how this may be diluted as they come be used to provide treatment for other groups. It is notable that they are particularly employed to provide preventive items of care.

The results highlight issues about delegation and about practice dynamics. The therapists worked in areas of high caries levels amongst children and, in one scheme, of high social deprivation. A high proportion of the patients attending the therapists were children with caries in primary teeth or adults exempt from dental charges. In some schemes a higher proportion of those attending the therapist than the dentists failed to attend. These findings illustrate the characteristics of patients who were selected for delegation of treatment.

Analysis of cost factors shows that the work provided by the therapists did not generate sufficient income from the fee scale to cover their costs of employment. This looks like something of a 'thumbs down'. Much can be made of the pragmatism of this approach in the real world of practice but the picture may be much more complex. As the authors point out, it would have been more expensive for the dentist to provide that same care. Perhaps a further question to ask is if the practices could have afforded to provide that care at all? Of the same quality? Could that care have been provided for that group of patients any more cheaply in any other way? From the patients' point of view is the value of the care provided meaningfully reflected in the GDS fee scale? Perhaps what the study results reveal is that, used in this way, the fee scale currently does not reflect the real costs or values of providing care for some groups of patients, including children. This is unlikely to be news to many paediatric dentists and may be a better inference than to conclude that dental therapists are not cost-effective.

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