

## RESEARCH SUMMARY

# GDP perceptions of teledentistry

Teledentistry for screening new patient orthodontic referrals. Part 2: GDP perception of the referral system.

N. A. Mandall, U. Quereshi and L. Harvey *Br Dent J* 2005; 199: 727–729

## Objective

To evaluate GDP opinion about a teledentistry system to screen new patient orthodontic referrals.

## Study design

Cross-sectional questionnaire.

## Sample

Two hundred general dental practitioners (GDPs) were approached from Stockport, Rochdale, Oldham, Bury and Bolton in Greater Manchester, and High Peak in Derbyshire.

## Method

A questionnaire about a teledentistry system for new orthodontic patients was developed, following interviews with eight GDPs participating in a teledentistry trial. The questionnaire was posted to another 200 GDPs who were asked questions on issues such as the efficiency of a teledentistry system; the usefulness of a teledentistry system from the patients' point of view; their view of a teledentistry system; and any concerns they had relating to security, confidentiality and consent.

## Results

Seventy one per cent of GDPs thought teledentistry for orthodontic referrals would be a good idea. At least 90% of responders agreed or neither agreed nor disagreed that patients would benefit from such a system. Over half of GDPs agreed or strongly agreed that there would be implications on their surgery time, expense and equipment security.

## Conclusions

GDPs generally supported a teledentistry system for new patient orthodontic referrals. Although perceived patient advantages were agreed, GDPs tended to be less sure about the impact on them in terms of set-up expenses, time in the surgery and appropriate remuneration.

## IN BRIEF

- Increase awareness of how GDPs perceive the benefits of teledentistry for orthodontic referrals.
- Before teledentistry becomes more widespread, we have information regarding GDP opinion on such a referral system.
- It will be important to address GDP concerns about setting up expenses and appropriate remuneration for teledentistry referrals.

## COMMENT

This study describes the attitudes of a group of GDPs in the north west of England to the use of teledentistry for orthodontic referrals. It is a follow up to a randomised controlled trial examining the outcome of observing referrals from a group of GDPs randomly allocated to using teledentistry for their orthodontic referrals compared with a non-teledentistry referral group.

In this study GDPs' views were obtained by postal questionnaire, which was designed using qualitative techniques on a group of eight GDPs taking part in the teledentistry trial, to identify areas that may be of concern. The response rate of 66% was satisfactory.

The survey found that most GDPs could see the advantages of teledentistry for their patients, particularly in rural areas that had reduced access to specialist services. The previous study found that one in four referrals in the control group was considered inappropriate, usually because the malocclusion was too mild or the child was too early. So GDPs agreed there were obvious potential benefits to patients for preventing unnecessary travel and hospital visits.

The GDPs were less convinced about the benefits of the technology for themselves. They had legitimate concerns about the time it took to obtain the necessary records and make the referral (15–20 minutes), compared with writing a letter (although 29% thought it would save time compared with writing a letter). It should be pointed out that most of the responders to the survey would not have had experience of teledentistry, so their attitudes were based on what they might have read or heard. It is slightly concerning that there was more anxiety over the security of owning the equipment, than of patient confidentiality.

It was interesting to see that 20% of the GDPs thought that there would not be enough diagnostic information from teledentistry records. Research has found that in more than half of cases, study models alone have provided enough information for treatment planning and the addition of radiographs and photographs has made only a slight difference.<sup>1</sup>

There can be little doubt that in areas where specialist orthodontists are in short supply the use of teledentistry will help GDPs provide a better service for their patients and use of specialist knowledge in a more efficient manner. Setting up the system might take time and money, but running costs should reduce with the widespread use of digital records. However there needs to be recognition of the costs to the dentist of preparing and transmitting clinical records, as well as the cost of connecting GDPs to the NHSnet, perhaps with a similar scheme to the Project Connect programme for general medical practitioners.

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1. Han U K, Vig K W, Weintraub J A, Vig P S, Kowalski C J. Consistency of orthodontic treatment decisions relative to diagnostic records. *Am J Orthod Dentofacial Orthop* 1991; 100: 212–219.

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