

### IN BRIEF

- Provides evidence to inform workforce planning.
- Identifies potential barriers to the future employment of dental hygienist-therapists in general dental practice.
- Highlights a need to ensure that all members of the dental team understand the roles and responsibilities of colleagues.

# Attitudes in Wales towards hygienist-therapists

Attitudes of general dental practitioners in Wales towards employing dental hygienist-therapists

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## ABSTRACT

### Aim

To examine the attitudes of general dental practitioners in Wales with regard to the employment of dually-qualified hygienist-therapists.

### Design

Questionnaire.

### Results

Responses were received from the principals of 332 of the 550 practices surveyed, a response rate of 60.4%. Fifty-four percent of responding principals currently employed a hygienist and 9% a dually-qualified hygienist-therapist; 43% considered that they were likely to employ hygienist-therapists in the future. Lack of surgery space to accommodate a hygienist-therapist was a problem facing many principals. Disappointingly, respondents demonstrated a clear lack of knowledge in relation to the cost effectiveness of hygienist-therapists, with 39% of principals admitting that this individual would be expected to spend more than half their working time on hygiene treatment. Sixty percent of principals placed an associate among their first three preferences to fill spare capacity, while only 28% selected a hygienist-therapist.

### Conclusion

This study has provided local evidence to inform workforce planning and identified a need to ensure that all members of the dental team understand the roles and responsibilities of colleagues.

## EDITOR'S SUMMARY

If the emergence in relatively recent times of the newly combined roles of hygienists and therapists in one individual has for the most part passed by the consciousness of much of the dental profession, then the range of duties for which they are now trained certainly has. These newly developed members of the dental team are more substantially skilled and competent than ever and their expectations are similarly high.

It is therefore not surprising that the major message to come from this paper is that more education is required as to the role, capabilities, skills, economic effect and long term place of these team members within the provision of oral care. Quite where this education is to come from is a hard question to answer. It makes complete sense to incorporate it in the undergraduate curriculum and to provide parallel training where possible. However, the timescale does come with concerns. It will take many years before the cohorts of suitably enlightened new graduates will be in a position as practice owners and principals to be able to choose to employ hygienist-therapists. Therefore, the potential for wastage of personnel due to lack of creative opportunities and/or a process of 'de-skilling', especially in relation to the restorative treatment aspect of their role could easily lead to demoralisation and worse. Indeed one can almost sense a repeat of the awful situation in which therapists found themselves in the 1970s and 1980s when an adverse collision of workforce demands and skills set caused such disaffection.

Clearly then, as a result of this research, there is an urgent need to address what is essentially post-graduate education of dentists, practice managers and others into the role and value of hygienist-therapists. It would be sad indeed if their potential was stunted by a lack of appreciation of their worth.

The full paper can be accessed from the *BDJ* website ([www.bdj.co.uk](http://www.bdj.co.uk)), under 'Research' in the table of contents for Volume 203 issue 9.

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Editor-in-Chief

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**FULL PAPER DETAILS**

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**AUTHOR QUESTIONS AND ANSWERS****1. Why did you undertake this research?**

The recent proposals for changes to the roles and responsibilities of dental therapists and hygienists and a general lack of understanding within the dental profession and primary care trusts (PCTs) and local health boards (LHBs) has made it very difficult to plan appropriate training and education numbers across the UK. Schools of dental hygiene and therapy, workforce planners and PCT and LHB commissioners need to understand general dental practitioners' views on the structure of their dental teams as it is essential that schools of hygiene and therapy are commissioned to train appropriate groups of DCPs to care for the dental needs of the UK population.

**2. What would you like to do next in this area to follow on from this work?**

We are currently examining the existing case-mix of therapists throughout the United Kingdom and also looking at the continued use of 'extended duties'.

**COMMENT**

As 188 dually-qualified dental hygienist-therapists are expected to graduate from UK schools in 2007, research on the attitudes of general dental practitioners (GDPs) is an important factor in securing of their employment. This paper focused on GDPs in Wales but follows the research of Ross *et al.*<sup>1</sup> based in South East Scotland. Data for England is not published but Gallagher and Wright<sup>2</sup> did investigate attitude as one aspect of similar research in West Sussex.

The authors highlight the barriers to employment, adding reinforcement to previous research. Clearly there is uncertainty on the part of the practitioners surrounding the economic viability of employing a dental therapist, particularly with regards to the delivery of units of dental activity under the new contract. The skills of a *hygienist* appear to be well understood as the employment rate in general practice in Wales is 54.2%. It is the restorative aspect which appears to cause potential employers uncertainty. Clarity is required in both the skills and competency of the dental therapist and the cost effectiveness of employment. It is important that the cost of a dental nurse be factored in, to permit safe, efficient patient care. It is a concern that hygienist-therapists may become deskilled in restorative techniques if 39% of the principals expect them to spend more than half their time on hygiene work. These dually skilled clinicians form a relatively young sector of the workforce and it is therefore essential that there are opportunities to develop their full range of skills on qualification.

Further research is required centred on pilot sites to evaluate the benefits of employment of therapists in general practice. Education of undergraduate dentists via integrated teaching with hygiene-therapy students, and of post graduate dentists via the GDC and the Deaneries should help to shape the teams of tomorrow.

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