IN BRIEF

- There is a distinct lack of knowledge of the clinical remit of this group of dental care professionals.
- Dentists should be informed about the substantial contribution hygienist-therapists could make to patient care.
- Dentists working in larger practices who already employed a hygienist or vocational trainee were more positive in their view of hygienist-therapists.

VERIFIABLE CPD PAPER ONLINE

Acceptability of dental hygienist-therapists

The acceptability of dually-qualified dental hygienist-therapists to general dental practitioners in South-East Scotland **M. K. Ross,[1] R. J. Ibbetson[2] and S. Turner[3]**

ABSTRACT

Aims
Recent UK legislation allows dental therapists or jointly-qualified dental hygienist-therapists to work in the general dental service. This study aimed to investigate the extent of dentists' knowledge of the clinical remit of jointly qualified hygienist-therapists, their willingness to consider employing such a professional, and factors associated with these two measures.

Materials and methods
A postal questionnaire was sent to 616 NHS-registered dentists in South-East Scotland. Analysis and classification of responses to open-ended questions used standard non-parametric statistical tests and quantitative techniques.

Results
Following two mailings, a 50% (n = 310) response rate was obtained. A total of 65% of dentists worked in a practice employing a dental hygienist, while only 2% employed a dental therapist. Hygienists tended to work in larger practices. Dentists' knowledge of the clinical remit of the dually-qualified hygienist-therapist was found to be limited, reflecting a restricted and inaccurate view of the professional remit of a hygienist-therapist. The majority (64%) said they would consider employing a hygienist-therapist in their practice, rising to 72% amongst dentists already working with a hygienist. Reasons given by dentists who were negative about this prospect were sought. Those who worked with a hygienist tended to refer to lack of physical space, whilst those who did not tended to cite reservations on clinical skills, competence and responsibilities, or on the costs involved.

Conclusions
This study identified considerable ignorance and negativity among dentists about the nature and clinical remit of this group of professionals. Dually-qualified hygienist-therapists will be in a position to treat much of the routine disease that exists within the population, and dentists may benefit from education in relation to the substantial contribution these individuals could potentially make to patient care.

EDITOR'S SUMMARY

Dually-qualified dental hygienist-therapists are a relatively new addition to the dental team, so GDPs' apparent uncertainty about their clinical remit, as shown in this paper by Ross *et al.*, is perhaps unsurprising. In fact, dental hygienist-therapists' training enables them to carry out a wide variety of procedures including multi-surface restorations in adults, and they potentially have an important contribution to make to dental treatment, particularly in areas where NHS dentists are difficult to access. At present, all work carried out by a hygienist-therapist may only be done following a written prescription from a registered dentist. It is therefore important that they have the support of the dental profession if they are to be widely accepted in dental practice.

While nearly two-thirds of respondents said that they would consider employing a hygienist-therapist, the paper also identified considerable barriers to taking on such a member of staff among some dentists. The most important of these were 1) insufficient space in the practice, 2) concerns about clinical skills and knowledge and patient preference, and 3) cost considerations. The fact that dentists who already worked with a hygienist tended to have a more positive attitude towards hygienist-therapists suggests that the second of these barriers may become less important with time and experience. Unfortunately, the current and continuing uncertainty surrounding the new dental contract makes the space and cost issues more difficult to predict.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 202 issue 3.

Rowena Milan,
Journal Editor

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FULL PAPER DETAILS

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AUTHOR QUESTIONS AND ANSWERS

1. Why did you undertake this research?
The role of dually qualified dental hygienist-therapists in patient care has increased significantly in recent years, particularly since therapy skills can now be undertaken in the general practice setting. The clinical training of these individuals places them in a position to carry out the majority of routine dentistry in the population. With this in mind, and recognising there is a reported shortage of dentists in the UK, the authors felt it was timely to determine their acceptability in general practice and also to explore dentists' knowledge of their clinical remit. The majority of training establishments in the UK have moved from offering a single qualification in dental hygiene, to joint training in hygiene and therapy. However, if these professionals are not accepted, then not only will their substantial restorative skills be wasted, but the contribution they could potentially make to patient care will be seriously affected, resulting in a further unnecessary increase in unmet treatment needs.

2. What would you like to do next in this area to follow on from this work?
It would seem prudent to examine the nature of employment and scope of clinical work that dually qualified hygienist-therapists currently undertake in primary care. Results of our initial study indicated that many dentists assumed that the restorative component of the hygienist-therapists clinical remit was restricted to children only. This is undoubtedly linked to the singly qualified therapist who, historically, confined their clinical skills mainly to children. We would also aim to establish the extent of periodontal and preventive therapies undertaken by dually-qualified personnel, as there is a potential risk that these skills may be underused in favour of restorative work. It is vital that the significance of preventive care, which was at the forefront of dental hygienist education, should not be undermined and that periodontal health does not suffer as a consequence.

COMMENT

Newly qualified dental therapists are now dually qualified in dental hygiene and dental therapy, and the number of training posts in the UK has increased significantly over the last couple of years. Support for the concept of multi-professionalism and the wider use of the dental team is further strengthened by the GDC now registering all clinically active dental care professionals, and the NHS Knowledge and Skills Framework strongly encouraging career pathways. Despite this, the dental therapist is still not really breaking into established primary dental care practice.

This paper asks why this group of highly trained, competent and dedicated professionals have still not been fully accepted into the body of the Kirk by GDPs. It is in general dental practices that most primary care dentistry takes place, and it is here that they should be making an impact. *The Nuffield report into the Education and Training of Personnel Auxiliary to Dentistry* recommended in 1991 that their range of practice be extended. This has happened over the intervening years, and they can now perform comprehensive dentistry on both children and adults, although not involving the pulp in adults. It was, however, only in July 2002 that the GDC allowed them to work in general dental practice.

The paper lists many reasons given by dentists to explain their reservations, and demonstrates that whilst they are becoming more accepted, considerable knowledge and attitude change is necessary to overcome what is basically a fear that dental therapists are 'taking over' the role of the dentist. This is a common misconception, and is alien to real team working, but is also found in the professions of medicine and law. Nurse Practitioners now perform a considerable number of clinical tasks in medicine, and much of a traditional solicitor's work is performed by paralegals. In neither of these areas has the 'status' or the income of the senior professional been devalued, and both retain the overall responsibility.

The encouraging signs are that those who work with therapists or hygienists, who have trained with them (and are therefore younger), and who work in larger practices are very much in favour of their wider acceptance.

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