Summary of: A survey of the workload of dental therapists/ hygienist-therapists employed in primary care settings

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VERIFIABLE CPD PAPER

FULL PAPER DETAILS

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Online article number E5

Refereed Paper – accepted 25 July 2007

DOI: 10.1038/bdj.2007.1205

[©]British Dental Journal 2008; 204: E5

Aim To determine whether dental therapists/hygienist-therapists employed in UK primary care settings are currently fulfilling a mainly preventive or therapeutic role, and whether the pattern of work they undertake depends upon the specific setting in which they are employed. **Design** Self-administered postal questionnaire including a day-book proforma. **Results** Useable day-book proformas were received from 209 dental therapists/hygienist-therapists. Their analysis indicated that those working in the GDS (when compared with those working in the CDS) are predominantly treating adults and being delegated a preventive role which could equally be fulfilled by singly-qualified dental hygienists. **Conclusion** This study suggests that primary care dentists working with dental therapists/hygienist-therapists are currently utilising only a small range of these professionals' skills. Consideration should be given as to whether to (a) meet the wishes of dentists by training singly-qualified hygienists, or (b) develop a system which encourages dentists to use dental therapists/hygienist-therapists differently.

EDITOR'S SUMMARY

Ever since the maid who opened the door of the dental practice transformed into a chair side assistant, the roles of the variously, historically termed auxiliary workers have been heavily scrutinised, defined and restricted for fear that they will take away the work of the dentist.

How realistic a threat this really is, has been and continues to be a matter of considerable debate. It balances on the line of whether any form of delegation deprives those delegating of their livelihood, releases them from the drudgery of particular tasks or just makes plain economic sense. Acceptable delegation in terms of healthcare also requires a reassurance of competence to carry out the task.

The emergence of dually qualified hygienist-therapists and the decision by the training schools to discontinue courses for hygienists only will gradually skew the skills mix available in the dental workforce. This has been

highlighted by various letters and papers in the *BDJ* in recent months and far from being a passing observation it is clearly set to become a major factor in team planning and division of labour.

This study has confirmed other rumblings that the 'therapy' part of the qualification quickly becomes a lesser utilised aspect of the work of hygienist-therapists. It notes that the low percentage of workload allocated to restorative procedures, despite appropriate training and competency, may well lead to a loss of confidence and de-skilling if they are not sufficiently practised. Once again the questions are raised as to whether this is due to a lack of understanding on the part of dentists as to the tasks these dental care professionals can undertake or lack of a full appreciation of the skills possessed.

The former anxiety that we were creating a type of 'mini-dentist' is perhaps less manifest nowadays but in place of that concern lurks another, namely that

while we have no territorial objection to their existence as fellow professionals, their degree of economic value may be passed by. If market forces fail to dictate their uptake, then the only route left is central control or demotivated drift.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 204 issue 3.

Stephen Hancocks,
Editor-in-Chief

DOI: 10.1038/bdj.2008.78

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IN BRIEF

- Provides information relating to the workload of dental therapists/hygienist-therapists employed in primary care settings.
- Shows how the employment setting influences the spectrum of work undertaken.
- Highlights the need to consider new models of care which make best use of DCPs.

COMMENT

This survey of the workload of dental therapists, including those with a dual qualification, is the first published data on what treatment is actually being delivered by them in the primary care setting. The majority of the UK schools now only offer courses for the dual qualification, having discarded dental hygiene only courses. In practice this meant extending curricula from a minimum of 90 weeks (dental hygiene only) to a minimum of 102 weeks for the dual qualification.¹ Several institutions, however, run the three-year degree programme, this additional teaching time being dedicated to the skills of restorative dentistry in adults and children – indeed, the skills which the authors have included under their heading 'therapeutic role'. It is somewhat disappointing therefore that only 9.21% of their workload in the GDS consisted of this work.

Of concern is the underutilisation of restorative skills (7.73% of the workload in GDS) and also radiography skills (1.69% in GDS). All dental hygienists and therapists are trained to IMER (2000) standards. The authors quite rightly highlight that the workforce will become deskilled if opportunities to practice are not offered. These DCPs rely on prescription from a dentist to carry out procedures for which they have been trained and in which they are deemed competent. If they do not receive appropriate prescriptions in the workplace, with time, confidence and competence will decrease.

The question that needs to be addressed is why are the dentists working in the GDS predominately using their dually-qualified hygienists as therapists? It costs the NHS approximately £55,500 to train each dually-qualified hygienist/therapist and 188 are expected to graduate in 2007, adding to the 729 currently on the GDC register.² The answer is buried in a complex amalgamation of demographics, availability of NHS care, the new contract and awareness by potential employers of the range of skills dental therapists are able to offer.

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1. General Dental Council. *Developing the dental team – curricula frameworks for registerable qualifications for professionals complementary to dentistry (PCDs)*. London: General Dental Council, 2004
2. General Dental Council. DCP register. Available at www.gdc-uk.org

AUTHOR QUESTIONS AND ANSWERS

1. Why did you undertake this research?

In a previous study, we found that general dental practitioners in Wales demonstrated a clear lack of knowledge in relation to the cost effectiveness of adopting hygienist-therapists in general practice. An examination of the workload currently undertaken by these dental therapists/hygienist-therapists in primary care settings was a logical follow-up study.

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

There is a risk that, if dental therapists/hygienist-therapists employed in primary care settings are not encouraged to practise the full range of procedures taught pre-qualification, this workforce will rapidly become de-skilled in particular areas (notably restorative dentistry). Our concern in this area extends to the use of the 'extended duties' which came into effect in July 2002. We are, therefore, currently examining the continued use of these techniques by those individuals who undertook 'extended duties' training under the auspices of the Wales College of Medicine School of Dentistry DCP Training and Education Centre.