

# How to *value* dental nurses!



Many experienced dental nurses feel undervalued and demoralised. Dental nurse **Cary Cray-Webb** suggests that dental practice owners could improve their staff recruitment – and retention – by providing more training opportunities.

**S**taff recruitment and retention is a serious issue for many dental businesses. There is a very high turnover of nursing staff, particularly among those qualified for less than five years. One reason for this is the lack of opportunity for career progression. This article sets out the very simple ways that employers can show they value their dental nurses.

Keeping nurses within the profession is not just about paying a competitive wage. The average hourly rate of a dental nurse (who has taken about 18-months to train, requires registration with the GDC and has to pay indemnity insurance, professional fees, etc.) is about £8.29 per hour. Lidl pays checkout staff £9.50 per hour. John Lewis pays the waiters in their coffee bars £10.50 per hour. If it were simply about the money no-one would ever become a dental nurse in the first place!

One of the main reasons people change job is to find better training opportunities. Yet very few practices have formal on-going staff training focused on nurses. With a shortfall of qualified staff developing, this is an obvious area that every practice should consider.

### Training options

The main qualification for a dental nurse is a Level 3 diploma or equivalent. These can be gained through a number of routes. In my case, I self-funded a night-school course and took a National Examining Board of Dental Nurses (NEBDN) diploma.

There is also a range of ‘apprenticeship’ schemes that share the training costs between the government, employer and student and result in an NVQ Level-3.

Training days can be delivered through on-site classes at college, or through distance learning. For the student to be successful, each of these requires differing levels of commitment from the student, tutor, assessor and employer.

In my experience, the NEBDN diploma places more emphasis on the medical and anatomical aspects. NVQ courses compensate with topics related to running the practice, such as how UDAs work. This is something both students and employers should think about.

### Which way works best?

I don’t enjoy distance learning courses. I find it’s harder to build a strong relationship because of a lack of regular contact with the assessor. Assessments therefore become more stressful and it feels harder to get additional support, so you’re more reliant on the goodwill of experienced colleagues.

Courses with regular attendance at college offer better access to tutors, assessors, as well as the experiences and opinions of other students.

However, some people find the NVQ works well and its approach based around independent learning feeds their curiosity. It’s really horses for courses.

One thing that most nurses agree on is that 'Levison's Textbook for Dental Nurses' is the Bible. If you're a student nurse, READ LEVISON'S. The answer is always in there somewhere.

### On the job training

Nurses often tell me they expected their 'in employment' training to be more formal and 'professional', given it is such a complex role.

It is very rare for employers to have designated trainers and training facilities, and surprisingly common for 2nd-year trainees to be left to train new recruits. Also, it's common for trainees to be left to 'get on with it' after an alarmingly short period of training and supervised work – two days in my case.

This contributes to a relatively high number of disillusioned apprentices and trainees failing to complete their courses and qualify, and I think this is something that employers need to pay more attention to.

When you take on a trainee you surely have a moral obligation to ensure they achieve their qualification in a timely manner? With an apprentice, this is a contractual obligation.

### Development helps retention

Supporting staff with their professional training and personal development not only increases the skills and ideas we bring to a business but also demonstrates respect for us as professionals. That respect will translate to engagement with the business and develop into loyalty.

Assisting nurses with follow-on qualifications, such as sedation or oral health education, should not be based on just current business needs. Quite apart from the personal and professional development of the nurse, gaining that qualification will probably spark ideas to develop and expand the practice.

For example, I know several nurses who have expressed a wish to gain an oral health education qualification and to provide oral health care to homeless people, or to provide education on the subject to school children. This could easily be linked to a marketing campaign to register school children (and their families) as patients. Likewise, a practice could gain valuable local press exposure from either activity.

As a further example, training nurses in sedation could increase the range of treatments offered by the practice, reducing revenues lost through referrals.

Yet I am aware of practices that refuse to support nurses on these courses, even though the nurses have offered to pay the course fees themselves!

The usual justification for this is that if you

train a nurse in a skill you don't currently use they will go elsewhere. But if you don't support training there's a good chance we will move anyway.

### Opportunities to build a career

Training is not the only issue making dental nurses feel undervalued. Career progression is also a problem. At most practices, there simply is no career progression – once you're a nurse, that's what everyone expects you to be forever.

So, if qualified nurses are leaving the profession because they have no prospect of promotion, how should the profession respond?

### New skills

There are plenty of ways for nurses to progress. The most obvious is to take additional specialised courses, as discussed above.

But once we have new skills, we would like to take on the extra responsibilities to use them. That might mean changing the way procedures are carried out within surgeries. This would, of course, demand a little flexibility from individual dentists, but this is surely a small price to pay for keeping nurses engaged.

I strongly believe this resistance to change needs to be reduced for the long-term future of dental nursing and dentistry as a whole.

### Practice management

For some nurses, the complex responsibilities of being 'the boss' would be a nightmare. For others, practice manager is the way they want to go.

There are courses to help, mostly distance learning or online based, though many of them require nurses to already be in a management position.

But even if the practice manager's job is filled for the foreseeable future, what about developing management skills to be used in other aspects of the business? Why not look at marketing skills? Or for those who are a bit more technically minded, what about training for CQC compliance? Or IT support?

The options are endless, and with the rise of corporate chains, businesses have an opportunity to train their staff for roles that will develop in the future, in the practice or at head office.

### Leaving the business but not the profession

Even though I've not been qualified that long myself, I've found myself mentoring younger nurses. I simply enjoy teaching, and that's why I'm currently looking for opportunities as an assessor or trainer.

Most assessor roles will take you 'out and

about'. Some people enjoy this aspect, but others need something with a fixed base to fit their personal life. Lecturing, teaching or assessing provides a great opportunity to give something back, and for the profession to keep hold of valuable skills.

It's easy to find courses leading to an assessor's qualification. However, finding a position to teach the NEBDN course or assess NVQ candidates is a little more 'opportunity driven'.

But there are other options that use your professional knowledge, such as becoming a recruitment consultant, or working for a supplies or equipment company.

### My advice to employers

So what can you practically do to make it easier to recruit, train and retain dental nurses?

First, get involved with local schools or professional bodies such as the NEBDN and British Association of Dental Nurses to promote dental nursing as a career. The time and effort can be surprisingly small.

Second, think carefully about your recruitment processes and what you are actually trying to achieve. Don't take on an apprentice or trainee just because it's cheaper than a qualified nurse. If you want an apprentice, plan how to support us. If you choose to take a trainee (usually a more mature candidate), make sure we are on the course of study that suits us rather than the one with the cheapest course fees. And if you want a qualified nurse, give us a reason to join you beyond a '25p per hour' pay-rise.

Third, treat nurses well once we're qualified. Make sure we're on a wage competitive with other local businesses (not just other practices), and give us a chance to progress in terms of scope and technical capability. We've gone through a lot to become qualified nurses, which suggests we have a bit of ambition. If you want to keep your nurse, feed that ambition.

After all, training is an investment – recruitment is a cost.

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