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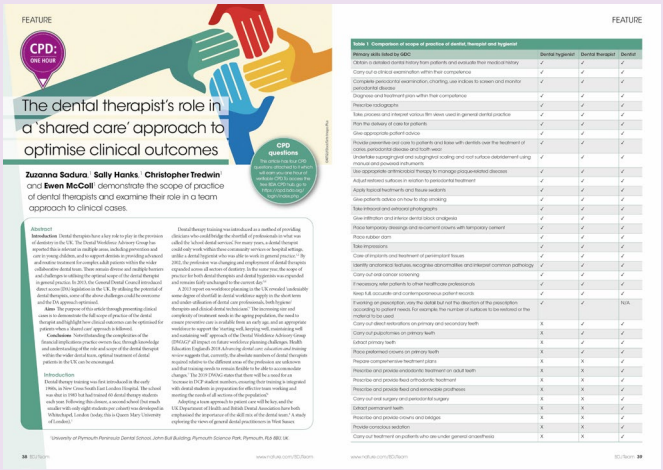
Article: *The dental therapist's role in a 'shared care' approach to optimise clinical outcomes*


FEATURE

CPD: ONE HOUR

The dental therapist's role in a 'shared care' approach to optimise clinical outcomes

Zuzanna Sadura,[1] Sally Hanks,[1] Christopher Tredwin[1] and Ewen McColl[1] demonstrate the scope of practice of dental therapists and examine their role in a team approach to clinical cases.

CPD questions

Abstract

Introduction Dental therapists have a key role to play in the provision of dentistry in the UK. The Dental Workforce Advisory Group has reported this is relevant in multiple areas, including prevention and care in young children, and to support dentists in providing advanced and restorative treatment for complex adult patients within the wider collaborative dental team. There remain diverse and multiple barriers and challenges to utilising the optimal scope of the dental therapist in general practice. In 2013, the General Dental Council introduced direct access (DA) legislation in the UK. By utilising the potential of dental therapists, some of the above challenges could be overcome and the DA approach optimised.

Aims The purpose of this article through presenting clinical cases is to demonstrate the full scope of practice of the dental therapist and highlight how clinical outcomes can be optimised for patients when the dental therapist is utilised fully.

Conclusions Notwithstanding the complexities of the financial implications practice owners face, through knowledge and understanding of the role and scope of the dental therapist within the wider dental team, optimal treatment of dental patients in the UK can be encouraged.

Introduction

Dental therapy training was first introduced in the early 1980s, in New Cross South East London Hospital. The school was short-lived but had trained 40 dental therapy students each year. Following this closure, a second school (but much smaller with only eight students per cohort) was developed at St Mary's Hospital, London (today, this is Queen Mary University of London).[1]

Dental therapy training was introduced as a method of providing clinicians who could bridge the shortfall of professionals in what was called the 'school dental services'. For many years, a dental therapist could only work within these community services or hospital settings, unlike a dental hygienist who was able to work in general practice.[1,2] By 2002, the profession was changing and employment of dental therapists expanded across all sectors of dentistry. In the same year, the scope of practice for both dental therapists and dental hygienists was expanded and remains fairly unchanged to the current date.[3]

A 2013 report on workforce planning in the UK revealed 'undeniably some degree of shortfall in dental workforce supply in the short term and under-utilisation of dental care professionals, both hygiene/therapists and clinical dental technicians'. The increasing size and complexity of treatment needs in the ageing population, the need for ensure preventive care is available from an early age, and an appropriate workforce to meet these needs, are all challenges to be overcome. The 'and sustaining well' approach of the Dental Workforce Advisory Group (DWAG)[4] all impact on future workforce planning challenges. Health Education England's 2018 *Advancing dental care: education and training review* suggests that, currently, the absolute numbers of dental therapists required relative to the different areas of the profession are unknown and that training needs to remain flexible to be able to accommodate changes.[5] The 2019 DWAG states that there will be a need for an 'increase in DCP student numbers, ensuring their training is integrated with dental students in preparation for effective team working and meeting the needs of all sections of the population'.[6]

Adopting a team approach to patient care will be here, and the UK Department of Health and British Dental Association have both emphasised the importance of the skill mix of the dental team.[7] A study exploring the views of general dental practitioners in West Sussex

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Table 1 Comparison of scope of practice of dental, therapist and hygienist

Primary skills listed by GDC	Dental hygienist	Dental therapist	Dentist
Obtain a detailed dental history from patients and evaluate their medical history	✓	✓	✓
Carry out a clinical examination within their competence	✓	✓	✓
Complete periodontal examination (charting, use indices to screen and monitor periodontal disease	✓	✓	✓
Diagnose and treatment pain within their competence	✓	✓	✓
Prescribe radiographs	✓	✓	✓
Take, process and interpret various film views used in general dental practice	✓	✓	✓
Plan the delivery of care for patients	✓	✓	✓
Give appropriate patient advice	✓	✓	✓
Provide preventive oral care to patients and liaise with dentists over the treatment of caries, periodontal disease and tooth wear	✓	✓	✓
Undertake supragingival and subgingival scaling and root surface debridement using manual and powered instruments	✓	✓	✓
Use appropriate antimicrobial therapy to manage plaque-related diseases	✓	✓	✓
Adjust restorations surfaces in addition to periodontal treatment	✓	✓	✓
Apply topical treatments and fissure sealants	✓	✓	✓
Give patients advice on how to stop smoking	✓	✓	✓
Take intraoral and extraoral photographs	✓	✓	✓
Give infiltration and inferior dental block analgesia	✓	✓	✓
Place temporary dressings and re-cement crowns with temporary cement	✓	✓	✓
Place rubber dam	✓	✓	✓
Take impressions	✓	✓	✓
Care of implants and treatment of peri-implant tissues	✓	✓	✓
Identify anodontia features, recognise abnormalities and interpret common pathology	✓	✓	✓
Carry out oral cancer screening	✓	✓	✓
If necessary refer patients to other healthcare professionals	✓	✓	✓
Keep full, accurate and contemporaneous patient records	✓	✓	✓
If working on prescription, vary the dental but not the direction of the prescription according to patient needs. For example, the number of surfaces to be restored or the material to be used	✓	✓	N/A
Carry out direct restorations on primary and secondary teeth	X	✓	✓
Carry out pulpotomies on primary teeth	X	✓	✓
Extract primary teeth	X	✓	✓
Place preformed crowns on primary teeth	X	✓	✓
Prepare comprehensive treatment plans	X	X	✓
Prescribe and provide endodontic treatment on adult teeth	X	X	✓
Prescribe and provide fixed orthodontic treatment	X	X	✓
Prescribe and provide fixed and removable prostheses	X	X	✓
Carry out oral surgery and periodontal surgery	X	X	✓
Extract permanent teeth	X	X	✓
Prescribe and provide crowns and bridges	X	X	✓
Provide conscious sedation	X	X	✓
Carry out treatment on patients who are under general anaesthesia	X	X	✓

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Fig. 2 (a) Case 1 before front veneers (b) Case 1 between left-hand veneers (c) Case 1 before right-hand veneers

Fig. 3 (a) Case 2 before front left dentures (b) Case 2 after front (c) Case 2 after left-hand veneer (d) Case 2 after right-hand veneer

Fig. 4 (a) Case 3 before front (b) Case 3 before left-hand veneers (c) Case 3 before right-hand veneers

Fig. 4 (d) Therapist treatment: tooth 26 (before (b) Principal treatment: tooth 21 prepared for direct restoration (c) Therapist treatment: tooth 21 restored with composite (d) Principal treatment: tooth 21 and 22 crowned (e) Therapist treatment: teeth 21 and 22 crowns removed and direct restoration.

Fig. 5 (a) Case 2 after therapist treatment plus dental completed root canal treatment tooth 46 front (b) Case 2 after left-hand side (c) Case 2 after right-hand side

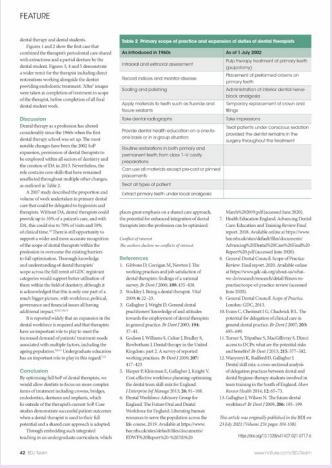
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Table 2 Primary scope of practice and expansion of duties of dental therapists

As introduced in 1960s	As of 1 July 2002
Intraoral and extraoral assessment	Pulp therapy treatment of primary teeth (pulpotomy)
Record indices and monitor disease	Placement of preformed crowns on primary teeth
Scaling and polishing	Administration of inferior dentist nerve block analgesia
Apply materials to teeth such as fluoride and fissure sealants	Temporary replacement of crown and fillings
Take dental radiographs	Take impressions
Provide dental health education on a one-to one basis or in a group situation	Treat patients under conscious sedation provided they are dental remains in the surgery throughout the treatment
Routine restorations in both primary and permanent teeth, from class 1–V cavity preparations	
Can use all materials except pre-cast or pinned placements	
Treat all types of patient	
Extract primary teeth under local analgesia	

dental therapy and dental students.

Figures 1 and 2 show the first case that combined the therapist-prosthodontist case shared with extractions and a partial denture for the dental student. Figures 3, 4 and 5 demonstrate a wider remit for the therapist including direct restorations working alongside the dentist, providing endodontic treatment. After' images were taken at completion of treatment in scope of the therapist, before completion of all final dental student work.

Discussion

Dental therapy as a profession has altered considerably since the 1960s when the first dental therapy school was set up. The most notable changes have been the 2002 IoP expansion, permission of dental therapists to be employed within all sectors of dentistry and the creation of DA, in 2013. Nevertheless, the scope of practice of the dental therapist remains unrefined throughout multiple other changes, as outlined in Table 2.

A 2007 study described the proportion and volume of work undertaken in primary dental care that could be delegated to hygienists and therapists. Without DA, dental therapists could provide up to 10% of a patient's care, and with DA, this could rise to 70% of visits and 58% of clinical time.[8] There is still opportunity to support a wider and more accurate recognition of the scope of dental therapists within the profession to overcome the existing barriers to full optimisation. Thorough knowledge and understanding of dental therapists' scope across the full remit of GDC registrant categories would support better utilisation of them across the field of dentistry, although it is acknowledged that there are multiple other barriers, such as those with workforce, political, governance and financial issues all having additional impact.[9,10,11,12]

It is reported widely that an expansion in the dental workforce is required and that therapists have an important role to play to meet the increased demand of patients' treatment needs associated with multiple factors, including the ageing population.[5,6,13] Undergraduate education has an important role to play in this regard.[14]

Conclusion

By optimising full IoP of dental therapists, we would allow dentists to focus on more complex items of treatment including crowns, bridges, endodontics, dentures and implants, which lie outside of the therapist's current IoP. Case studies have demonstrated how optimisation of the scope of dental therapists is used to their full potential and a shared care approach is adopted.

Through embedding such integrated teaching in an undergraduate curriculum, which places great emphasis on a shared care approach, the potential for enhanced integration of dental therapists into the profession can be optimised.

Conflict of interest

The authors declare no conflicts of interest.

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1. One of the following is not considered to be a reason for the under-utilisation of dental therapists in dental practice. Which is it?

A. educational challenges

B. patient objections

C. referral barriers

D. practical challenges in the sharing of care

2. The recent GDC review into scope of practice reported which group is least familiar with it?

A. dentists

B. dental therapists

C. dental nurses

D. practice managers

3. Which of the following is within the scope of practice of a dentist and dental therapist but not a dental hygienist?

A. taking an impression

B. placing a rubber dam

C. placing preformed crowns on primary teeth

D. carrying out oral cancer screening

4. With the introduction of direct access, what percentage of a patient's care is now within the scope of practice of a dental therapist?

A. 100%

B. 58%

C. 70%

D. 0

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