

Summary of: Attitudes of New Zealand dentists, dental specialists and dental students towards employing dual-trained Oral Health graduates

S. Moffat¹ and D. Coates²

FULL PAPER DETAILS

¹Head of Dental Therapy, ²Assistant Research Fellow, Department of Oral Sciences, Faculty of Dentistry, University of Otago, P.O. Box 647, Dunedin, New Zealand

*Correspondence to: Ms Susan Moffat
Email: susan.moffat@otago.ac.nz;
Tel: +64 3 479 7047

Online article number E16
Refereed Paper – accepted 21 July 2011
DOI: 10.1038/sj.bdj.2011.870
© British Dental Journal 2011; 211: E16

Aims To determine the attitudes of New Zealand dentists and dental specialists towards employing dual-trained Oral Health (dental therapy/dental hygiene) graduates, their knowledge of the scopes of practice and practising requirements for Oral Health (OH) graduates, and the barriers to employment of these graduates. **Materials and methods** A postal questionnaire was sent to 600 dentists randomly selected from the Dental Council of New Zealand register, as well as all dental specialists on the register. All fifth-year dental students in 2008 were also surveyed. **Results** The response rates for the questionnaires were 66.8% for dentists, 64.5% for dental specialists (specialists) and 72.9% for dental students. Knowledge of the scopes of practice and practising requirements for OH graduates was limited in some areas. Fifty-nine percent of private dental practitioners (PDP dentists) and 53% of specialists would consider employing an OH graduate. The main reason given for not employing an OH graduate was insufficient physical space in the practice. **Conclusion** New Zealand dentists and dental specialists were receptive to employing OH graduates. Knowledge of the OH scopes of practice and practising requirements is likely to improve as more OH students graduate and start work. The OH graduates have the potential to make a valuable contribution to the dental team.

EDITOR'S SUMMARY

New Zealand and the UK have a lot of common history and visitors from one country to the other will spot a plethora of similarities and familiarities reminding them of home. What is often not so well appreciated is that the creation of the 'New Zealand Dental Nurse' was a prelude to the development of our own UK hygienists and therapists in their various guises since the end of the Second World War.

The various twists and turns of the education, training and permitted duties of these dental healthcare professionals in both countries have had parallels as well as contradictions. It is therefore of interest to learn how the newly qualified Oral Health graduates from the degree programme in NZ might fare with the demands of dentists, and private and public practice. As in the UK, and as highlighted in these pages in recent times, much hinges on the understand-

ing of the role and scope of practice of these team members by, primarily, dentists but also to some extent policy makers and patients themselves. We have seen in the UK that much of this equivalent workforce has been under-utilised and to some extent is risking become deskilled and demotivated as a result.

As our Commentary author Robin Whyman wisely opines, in public health circles success or failure of such a venture will depend on improved cost-effectiveness and/or improved health outcomes. In these tough economic times such considerations are increasingly likely to be guiding principles of cash-strapped governments. The extent to which such dental professionals will either seek, or be encouraged through legislation to pursue, independent practice to offer wider patient choice and (questionably) cheaper services will also no doubt emerge as the cohort grows in numbers. Experience shows that in

those countries where this is permitted a relatively small number of individuals actually take up the option, the overwhelming majority preferring to deliver care within the team environment. However, team understanding of roles is crucial to this being effective and efficient.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 211 issue 8.

Stephen Hancocks
Editor-in-Chief

DOI: 10.1038/sj.bdj.2011.871

TO ACCESS THE BDJ WEBSITE TO READ THE FULL PAPER:

- BDA Members should go to www.bda.org.
- Click the 'login' button on the right-hand side and enter your BDA login details.
- Once you have logged in click the 'BDJ' tab to transfer to the BDJ website with full access.

IF YOUR LOGIN DETAILS DO NOT WORK:

- Get a password reminder: go to www.bda.org, click the login button on the right-hand side and then click the forgotten password link.
- Use a recommended browser: we recommend Microsoft Internet Explorer or Mozilla Firefox.
- Ensure that the security settings on your browser are set to recommended levels.

IF YOU HAVE NOT YET SIGNED UP TO USE THE BDA WEBSITE:

- Go to www.bda.org/getstarted for information on how to start using the BDA website.

IN BRIEF

- Provides an understanding of why New Zealand dentists/specialists may or may not wish to employ Oral Health (OH) (dental hygiene/dental therapy) graduates and how this compares to the UK.
- Increases awareness of the scopes of practice for New Zealand OH graduates and their legal requirements to practise.
- Informs dental workforce planning in New Zealand.

COMMENTARY

In New Zealand new regulatory legislation for health professionals in 2003 heralded registration for dental therapists and dental hygienists. It also enabled dental therapists to work beyond the public sector. In 2006 and 2007 separate education pathways were combined into three-year oral health degree programmes, yielding graduates with both dental therapy and dental hygiene skills. The public dental sector is also undergoing substantial change, replacing traditional school dental clinics with community oral health facilities.

Greater service diversity and new service models may be able to be achieved if the skill mix of oral health graduates can be successfully integrated and utilised in both the private and public dental sectors. Employment that utilises the full skill mix of oral health graduates will depend on dentists understanding of their scopes of practice and willingness from dentists to employ them. This paper by Moffat and Coates explores issues influencing private sector dentists in their attitudes to employing oral health graduates.

The first cohorts of students from the oral health programmes had not graduated at the time of this survey. It is therefore encouraging that around 60% of private practice dentists understood the scopes of practice and expressed a willingness to employ the graduates in private practice.

However, factors such as physical space in the practice, funding models and patient expectations will also be

important influences on how the skills of oral health graduates are deployed.

It is likely that their effect on business profitability will be one of the greatest influences on the models of care that evolve in private dental practices.

New public sector facilities also offer opportunities to integrate the skills of oral health graduates alongside dentists. These teams could provide care for a wider population group than the children traditionally cared for by dental therapists alone. However, successful introduction of new public models of care will depend on funding options and government priorities. In both the private and public dental sectors there remains an ongoing need to evaluate whether the delivery of dental services by oral health graduates is associated with improved cost-effectiveness and/or improved health outcomes.

R. A. Whyman
Dental Specialist (Dental Public Health),
Hutt Valley District Health Board, Lower
Hutt, New Zealand

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

We had previously read papers published in the *British Dental Journal* on UK dentists' knowledge of the scopes of practice of dual-trained dental hygienist/therapists and their attitudes towards employing these practitioners. As New Zealand was transitioning to a dual Oral Health qualification at the time, we believed that similar research undertaken in New Zealand would be of benefit. We hoped to determine whether dentists and specialists were interested in employing OH graduates, and to understand how much these potential employers knew about the scopes of practice and working conditions of the graduates.

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

The OH graduates have now been in the workforce for almost three years. It would be interesting to survey dentists and specialists again, to establish where the graduates are working and in what scopes of practice. Are the graduates being utilised for both their hygiene and therapy scopes of practice? Has knowledge of OH scopes of practice and working conditions improved now that dentists and specialists are working alongside OH graduates? Has the supply of dental therapists to the School Dental Service been affected? Are dentists/specialists more likely to employ a dual-trained OH graduate than a dental therapist or dental hygienist? This type of research may contribute further to dental workforce planning in New Zealand and also help with recruitment of students into OH programmes.