

Summary of: A survey of dental hygienists in the United Kingdom in 2011. Part 1 – demographics and working patterns as dental hygienists

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FULL PAPER DETAILS

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Aims The aims of this survey were to establish the demographic profile of dental hygienists (DHs) and dental hygienist/therapists (DH/Ts) in the United Kingdom in 2011 and their patterns of practice as DHs. **Methods** A 10% sample of all those registered with the General Dental Council as DHs or DH/Ts in April 2011 were sent a pre-piloted questionnaire, explanatory letter and stamped addressed envelope. The questionnaire contained a total of 100 questions, 24 of which related to demographics and working patterns. All 100 questions were solely on tasks/work performed by DH, none related to other types of work performed by DH/Ts. Three mailings were distributed between May and July 2011. The resulting data were entered into an Excel spreadsheet. Where appropriate, differences between the responses from DHs and DH/Ts were statistically tested with the chi-squared test. **Results** Five hundred and sixty-one DHs and DH/Ts were sent the questionnaire, by the third mailing 371 (66.1%) had responded and returned completed questionnaires. The respondents were 288 DHs, 79 DH/Ts and 4 who did not specify which category they were. The mean year of qualification of the DHs was 1990 and for the DH/Ts 2005. One hundred and twenty-four (33%) reported that they worked full-time, 235 (63%) part-time and the remainder that they were not working as DHs or DH/Ts or had retired. The average number of clinical hours worked per week was reported as 24.6 hours for DHs and 25 hours for DH/Ts, but there were regional variations. For DHs the mean percentage of patients treated under NHS contract was 15.5% and for DH/Ts it was 40.2%. Again there were regional variations and in Scotland these figures were 45.5% for DHs and 70% for DH/Ts. Two hundred and forty-eight (69%) of all respondents were either fully or partly self-employed and 221 (62.7%) worked in two or more locations. **Conclusions** The results of this study provide a snapshot of the demographics and practice patterns of DHs and DH/Ts in the UK in the summer of 2011. They confirm the results of a survey that was conducted in England in early 2011 and of a survey that took place in Scotland in 2009.

EDITOR'S SUMMARY

Hot on the heels of the editorial in the previous issue on the subject of workforce planning in relation to future employment of dentists comes the publication of this study into the working patterns of hygienists and hygienist-therapists in the UK.

As has been observed previously, hygienists have carved out a distinct role for themselves in relation to oral health which may or may not be regarded as dental 'treatment', certainly in the public perception. The role of the therapist, on the other hand, is far more clearly delineated in terms of education, training, skills and practice as being in the realms of treatment of disease processes. It is this dichotomy that, I believe, is at the heart of the tussles over the extent to which of

the roles is able to predominate or even find currency when invested in the same individual.

On the one hand it is reasonable to conjecture that having both sets of skills would allow the maximum flexibility in the clinical workplace. The reality is different in that once trained to a higher level an individual is invariably going to feel short-changed if they are able only to find employment at lower levels of skill usage. This survey serves to continue to highlight the issues thrown up by this situation in which trained professionals find themselves. Being between a rock and hard place they are often part-time, often split between practices and sometimes torn between different systems of remuneration and employment contracts.

For hygienists and those prepared to

work using their hygienist skills only the future is probably quite bright as our focus on oral health and wellbeing increases. For those hoping to practice their 'therapy' skills I am not so sure. As pointed out on these pages previously, a lot of dentist education needs to take place into the appropriate utilisation of these professionals and with the advancing squeeze on available 'treatment' work, the conditions of any new NHS contract notwithstanding, I see more tension ahead not less.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 213 issue 10.

Stephen Hancocks

Editor-in-Chief

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IN BRIEF

- Presents the results from a 2011 national survey of dental hygienists' skills usage.
- Suggests that the average UK dental hygienist treats fewer than 16% of patients seen under NHS contract and works under 25 clinical hours per week.
- Suggests that only 4% of registered dental hygienists are not working as such.
- Finds that 69% of dental hygienists are either fully or partially self-employed.

COMMENTARY

A knowledge and understanding of the demographics of the dental workforce in the UK is essential if we are to plan effectively for the future of dental healthcare.

In the past ten years, several surveys have been conducted, which provided information about the status of dental hygienists within the profession. The change in regulations, which has allowed the development of the discipline, and the provision of a joint degree-level qualification in dental hygiene and therapy means that there is an opportunity to develop the skills of the dental team, particularly in primary dental care.

The authors of the current study have conducted a survey of the working practices in dental hygiene of a sample of dental hygienists and hygienist/therapists. While changes have occurred in the position of hygienists and hygienists/therapists, they remain overall in the position of working part-time and in more than one practice.

The distribution of practice between NHS and private provision was shown to vary considerably across the country, with the highest percentage of private dental hygiene care being carried out by singly-qualified hygienists in London, the South East and East Anglia, and the highest percentage of NHS care in Scotland.

This interesting and informative paper is part of a larger study, which should go on to report other aspects of the working practice of dental

hygienists and hygienist/therapists. The information gained from this study will inform our planning for oral health care in coming years.

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

With the growth in the number of both dental hygienists and dental therapists, it has been apparent that some may not be using all the skills for which they were trained. This project sought to find out which skills were being used and which were not. The paper published in the *British Dental Journal* was a part of this larger study and, as a background to the other parts of the project, sought to establish the practicing profile of dental hygienists in the UK in the summer of 2011.

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

After the papers on skills usage have been published, we would like to investigate why dental hygienists are not using some of the skills that they were trained to perform and the extent to which dental therapists with a dental hygiene qualification are working as therapists and as dental hygienists and why.