

innovation



The dental therapy debate

Should dental therapists' training be expanded to include diagnosis and treatment planning? According to a new pilot scheme at Cardiff University, the answer is yes, says **Julie Ferry**.

How far the dental therapy curriculum should go is often a contentious issue within the wider dental profession. There are some who feel that training should go further, equipping these students with vital skills that will be beneficial to both patients and the whole dental team. Then there are those who feel that the curriculum goes far enough, arguing that any further teaching will step into dentists' territory and that there needs to be clearly defined lines between the roles. Whichever school of thought you buy into, it seems to be a hot topic among the dental community once more.

A new pilot scheme at Cardiff University has recently been completed and has provided some useful results to stir the debate up again. Three students who had successfully completed Cardiff's conversion course for hygienists to therapists were asked to take part in the three-month diagnosis and treatment planning course, which was designed to assess teaching methods at the school as well as the effect these new skills had on students. Gill Jones, the director of the DCP Training and Development Centre, says that the pilot provided a chance for the whole school to learn something, not just the students involved, and was pleased with the overall success of the programme.

'The response has been overwhelmingly positive from all quarters of the school,' she says.

The students undertaking the pilot course were expected:

- to become competent in the examination, assessment and diagnosis of oral disease
- to recognise when to refer appropriately and be competent to refer successfully
- to be competent to diagnose early enamel caries, treatment plan and provide preventive treatment
- to be competent to diagnose, treatment plan and provide appropriate treatment for adult and child patients with caries or periodontal disease.

The course was divided into four periods of training and education:

- Part One – Basic radiography course
- Part Two – An introduction to the observation, recognition, investigation, assessment, diagnosis and referral of patients of all ages
- Part Three – Completion of a log book of patient assessments under the supervision

of qualified dental practitioners

- Part Four – Revision and examination, consisting of the presentation of two case studies (one adult and one child patient), handing in of the completed log book and the assessment of two unseen patients (one adult recall patient and one emergency patient).

Gill is well aware that the course will meet some resistance but says that there is no need for other professionals to feel threatened by this kind of learning.

'There is this idea that if therapists get involved in treatment planning and diagnosis that they are dentists,' she says. 'I don't see it like that but instead I think it is about learning to recognise normality and abnormality and being confident enough to appropriately refer patients. With guidelines saying that patients can go two or three years without seeing a dentist, it is vital that hygienists or therapists who see them during that time can recognise if something is wrong.'

Teaching methods on the course included seminars, tutorials and problem-based learning, as well as a considerable clinical component. Students' clinical skills were worked on through patient contact and observation, the completion of a log book and attendance in the exam and emergency, restorative, periodontology, oral medicine and paediatric clinics. Additional outreach

clinics were also arranged to further enhance referral skills.

It was clear from the start that the students would respond well to the course, says Gill. She describes them as 'very enthusiastic and hardworking' and notes how each of the consultants who were charged with supervising them came back with glowing reports. Gill puts this down to the opportunity to learn extra skills and the general commitment to patient safety among the group.

'This kind of training adds value. If you are trained and competent in a range of areas you are more likely to be confident. As hygienists and therapists we are so often left working on our own that we need to be able to complete differential diagnosis and appropriate referral. Normality is quite easy to spot but if you miss something then that can be quite serious – we are aiming to prevent that.'

Gill would like to see the pilot course adopted into the existing curriculum and intends to produce the results of the trial to the GDC, who have said they are looking into this issue.

'My attitude is that we are here for the patients and correct referral is more important than correct treatment. These students are now so good at recognising the history of pain that it just seems good sense to give others the same opportunity. Surely that will benefit the whole team?'

