



Training Opportunities to Support Skill-Mix Development in General Dental Practice

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“Skill-mix is a somewhat amorphous term that has come to mean different things to different stakeholders”¹

- The particular mixture of occupations or grades or posts (depending on the system) in an organization.
- Mix of different types of staff within a multidisciplinary team
- People with the right skills doing the right jobs
- When staff *'only do what only they can do'* the skill-mix of that team is optimised. PRUDENT HEALTH-CARE



¹ Bourgeault et al 2008. How can optimal skill mix be effectively implemented and why? WHO



Categorisation of Skill-mix initiatives



Enhancement

Substitution

Delegation

Innovation

- **Extended duties for dental care professionals introduced in 2002.¹**
- **About a third of visits include duties that could be undertaken by hygienist-therapists.²**
- **Staff recruitment issues - 2017-18**
 - *A majority of all practice owners (53%) sought to recruit dental nurses during the last financial year*
 - *53% of these, experienced difficulties in doing so.³*
- **“Direct Access” - 2015 - dental therapists (DTs) could undertake their full scope of practice without patients seeing a dentist first.⁴**

¹ GDC Scope of Practice 2013

² Evans, Chestnutt & Chadwick (2007) The potential for delegation of clinical care in general dental practice. *British Dental Journal*, 203 (12)695-09

³ BDA (2016) Evidence to the Review Body on Doctors' and Dentists' Remuneration for 2017/18

⁴ <https://www.gdc-uk.org/professionals/standards/direct-access>

Despite recent policy changes regarding the role of Dental Therapists - including extension of duties and direct access - and increasing acceptance of their role, skill-mix development in general dental practice (GDP) has progressed slowly.

Aim:

This study explored real-world use of skill-mix to better understand what helps or hinders teamwork in practices both with and without a DT.

3 with-DT (DT) and 3 without-DT (No-DT)

Semi-structured interviews with members of the dental teams, either individually or in small groups.

7 principal dentists,
5 associate dentists,
1 foundation dentist,
4 dental therapists,
1 dental hygienist,
13 dental nurses,
5 practice managers,
2 receptionists.



The three practices without a DT all supplemented their salaried dentists with new graduates.

Data were transcribed and analysed thematically.



No-DT: Case Study Dental Practices



“Traditional” practices

Two practices provided “traditional” dental care – dentists carrying out all care, supported by dental nurses.

Strong team work approach amongst dental nurses: used task rotation or an informal system of helping each other to complete tasks.

- acknowledged the potential value of a DT
- reported lack of knowledge of how it would work
- concern over initial disruption in routine.

“It’s just you tend to get stuck in your ways. It’s the worry that if we did have a therapist how would it fit in? How would it work?” Dentist

One practice was also part of a corporate chain - they had limited influence over staffing.



No-DT: Case Study Dental Practices



Role enhancement

This dental practice operated a “traditional” practice but also enhanced their skill-mix by supporting dental nurses training in extended duties (oral health education, etc).

- Also showed strong team approach amongst dental nurses
- previously employed a DT
 - despite favourable experiences, discontinued employment when the funding contract changed.

“If the contract was going to go down the route of the new contract pilot, 100% , every practice would benefit from having a therapist.” Practice Manager



DT: Case Study

Dental Practices



Delegation – ad hoc

DT worked half the week alongside several associate dentists (mix of full and part-time) and completed less-complex work to ease dentist caseload.

Referral was ad hoc and based on dentist judgement.

- DT may not be using full scope of practice.

DT was employed to help manage workload.

- Sometimes it was quicker to get another appointment with the dentist rather than the DT, owing to amount of referrals and limited working hours.
- Less predictable pattern of care for patients

“We tend to favour sending the chronic perio treatment to them, which will help ease up our appointment books.” Dentist



DT: Case Study

Dental Practices



Delegation - systematic

DT worked part-time alongside several dentists.

Certain tasks automatically referred to the DT.

- Predictable pattern of care for patients
- Easier to manage appointments
- DT may not be using full scope of practice

“My restorative work goes to the therapist” Dentist





DT: Case Study Dental Practices



Substitution

Two DTs working 50% providing overall full-time cover alongside the dentist and one part-time associate.

DTs considered the first-line of patient-care to deliver a preventive approach, freeing the dentists to complete the more complex work only they could perform.

- Predictable pattern of care for patients
- DTs complete varied work close to full scope of practice

“All the remit that DTs are allowed to do they do in this practice, and that leaves me then to do some of the more advanced stuff in the practice, and the patients understand that” Dentist

General barriers to skill-mix

Current NHS contract requirements and remuneration models quoted as a barrier to DTs' workload in the GDS.



"We can't diagnose caries on our own, but we can take a drill and drill it out. It's absolutely ridiculous."

DT

"We've got to have check-up now with the scale and polish which has doubled the dentist's workload"

DT

"When you have large treatment plans how do you split three UDAs (units of dental activity)?"

Dentist



"Dentists say 'we can't make money from having a therapist'"

DT

- **Ensure dentists/managers understand the full capabilities and ‘*scope of practice*’ for all dental care professionals.**
- **Improve the opportunities for ALL team members to work to their full ‘*scope of practice*’ – improves job satisfaction.**
- **Review referral system - clarify and embed practice-wide standards.**
- **Use team meetings to discuss teamwork.**
- **Help patients to better understand the different roles in the team.**
- **Staff vacancy - discuss the skills needed in the dental team rather than assume replacement of like-with-like.**

- **Different models of team work existed across all six practices.**
- **Restrictions around remuneration and scope of practice regulations mean that flexibility, innovation and commitment to a prevention-focussed model of care are essential to make teamwork, and specifically employment of DTs work in practice.**
- **Through training and support - dental teams can enhance their understanding of DTs' role and develop practical processes to facilitate their contribution to patient care in general dental practice.**
- **Educational input on making a business case and setting up referral systems is particularly valuable**

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