

# CLINICAL

## The introduction to practice (ItP) scheme for therapists in Wales: an evaluation of the first three years

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### Abstract

#### Objectives

Introduction to Practice (ItP) is a foundation (vocational) training scheme for newly-qualified dental therapists. The purpose of this study was to evaluate the scheme with 'current' trainees and follow-up previous trainees to gather their retrospective views and career history.

#### Methods

Following a group discussion, all current trainees (n=7) completed questionnaires. Portfolio extracts were gathered. Trainees (n=8; 67%) from the 2009/2010 intakes completed a postal/online questionnaire. Current and past trainers completed a postal questionnaire (n=12; 92%).

### Introduction

Following the extension of dental therapists' scope of practice in 2002<sup>1</sup> and revisions to the NHS contract in 2006 which allowed therapists to work in general dental practices, their training needs have increased and evolved.<sup>2</sup>

The Introduction to Practice (ItP) scheme was created by the Dental Postgraduate Section of the Wales Deanery (run within the School of Postgraduate Medical and Dental Education, Cardiff University) in 2003 to provide post-qualification training and mentoring for dental therapists. The scheme was initially developed to cater for the graduates of Cardiff Dental Hospital (now University Dental Hospital) Dental Therapy Course which has been in place since 1996.<sup>2</sup> The original ItP scheme included dental hygienists, however as a result of changes to the NHS contract it has been dedicated to therapists only since 2009. Since the programme began in 2003, 47 hygienists and therapists completed it in total; since 2009 nineteen therapists have completed the course (three in 2009; nine in 2010; and seven in 2011).

The scheme is analogous to the dental foundation (DF) year where newly qualified practitioners develop their skills in a structured and educational

### Results

Trainees valued the in-practice support and reported that the scheme aided transition from student to unsupervised dental professional and helped them gain confidence in their skills. All past-trainees had remained as practising therapists and felt that the scheme had been useful in developing their career. All would recommend the scheme to others. The majority of trainers were supportive of the scheme, would recommend it to others and would advocate it becoming mandatory.

### Conclusions

This scheme provides therapists with an avenue to further develop as practising clinicians in a supportive environment. At the same time, it provides a platform to promote their clinical skills in primary dental care and raises awareness of the contribution therapists can make to the oral health of patients.

in-practice environment.<sup>3</sup> The current programme runs for twelve months, beginning in January and comprises a series of ten study days and three days a week working in practice with a trainer. Figure 1 provides an outline of study day topics.

- Developing teamwork: tips and tricks to succeed
- Practical radiography/clinical photography
- Child protection; clinical audit in practice; Continuing Professional Development (CPD) in practice
- Medical Education Technologies, Inc. (METI) - Human Patient Simulation (METI) training
- Dental Care Professionals symposium
- Use of elevators in extractions; General Anaesthetic extraction list
- Tooth surface loss
- Restoration of the carious deciduous dentition
- Conflict resolution training
- Financial seminar

Figure 1: Outline of study day topics

The study aimed to evaluate the ItP 2011 scheme, identifying strengths and areas for development and to follow-up previous participants, reporting on current work and retrospective reflections on the value of the scheme.

**Methods**

The procedure and materials used for data collection were adapted from an evaluation carried out in the Oxford and Wessex Deaneries by Bullock *et al.*<sup>4</sup>

Seven current trainees took part in a group discussion held on the final study day of the 2011 academic year. Following the discussion they completed a questionnaire. The questionnaire explored views on perceived strengths of the programme along with areas for development. Extracts from the portfolios, which included self-ratings given at the start of ItP (i.e. at graduation) and again in month nine were also collected.

Twelve past-trainees and thirteen trainers (2009-2011) were contacted by letter and invited to complete a short questionnaire – a paper version

was included along with details of how to complete it online if they preferred. The questionnaire for past-trainees asked questions regarding their current role, work experience, aspirations and their retrospective reflections on the scheme. Trainers were asked about the nature of the support they provided to the trainees, what it was like working with a trainee in their practice and their views on different aspects of the scheme.

**Results**

All seven 2011 trainees, eight past-trainees (2 out of 3 from 2009; 6 out of 9 from 2010) and 12 (out of 13) trainers completed the questionnaire.

*Trainees*

From a given list, all therapists were invited to identify their three main reasons for choosing to take part in the ItP scheme (Table 1). The most frequently selected overall reason was ‘To enhance my confidence’, selected by 13 of the 15 trainees. Results from the two cohorts differed from here onwards; the 2011 trainees identified ‘The in-practice support’ as their second most popular reason (6) whereas the 2009/2010 responses identified ‘To broaden my clinical experience’ (5) above this. Four current trainees selected ‘The structured programme’ as a reason for embarking on the scheme however none of the past-trainees identified this as one of their top three reasons.

In an attempt to assess change in level of confidence, from graduation to the end of ItP, for general aspects of their work, the therapists were asked to rate their level of confidence on a 6-point scale (1 = not confident, 6 = very confident) at these two points in time – at the beginning and in the final month of the scheme. Table 2 shows the change in rating and total change score for the 16 aspects of work listed.

For the 2011 participants, restorative dentistry (total score calculated as

3x1 point plus 3x2 points plus 1x3 points) showed the highest increase in reported confidence with twelve points, closely followed by clinical judgement (total score calculated as 3x1 point plus 4x2 points) with eleven.

Clinical judgement received increases of 1-2 points. Although paediatric dentistry showed a -2 decrease in confidence by one person the remaining six reported an increase of one or two points. For topics such as in cross infection control, confidence in communication skills, preventative dentistry and history taking the majority showed no change or a modest increase of one or two points.

The majority reported no change, or a decrease in

Reason	Total 2011 (n/7)	Total 2009/10 (n/8)
To enhance my confidence	7	6
The in-practice support	6	4
To broaden my clinical experience	4	5
The structured programme	4	0
To improve my career prospects	3	4
No suitable work available	1	1

Table 1: Trainees reasons for undertaking the ItP scheme

Reason	Change 2011 (7 participants)							Change 2009/2010 (8 participants)				
	-2	-1	0	1	2	3	Total	0	1	2	3	Total
<b>Aspects of Work</b>												
Restorative dentistry				3	3	1	12		4	4		12
Clinical judgement				3	4		11		6	2		10
Investigation and referral				5	2		9	1	5	2		9
Medical emergencies			2	2	2	1	9	2	4	1	1	9
Paediatric dentistry	1			2	4		8		4	4		6
Clinical assessment and examination skills				6	1		8	1	5	2		9
Communication skills			3	2	2		6	3	5			5
Preventative dentistry			2	4	1		6	2	6			6
Dental pathology			3	3	1		5	2	2	4		10
Medical record keeping			3	3	1		5	4	3	1		5
History taking*			2	4			4	4	3	1		5
Cross infection control			4	2	1		4	5	3			3
Legislation			4	2	1		4	4	4			4
Professionalism			5	1	1		3		8			8
Pharmacology*		1	4	1			0	4	4			4
Treating patients under conscious sedation		4	3				-4	6	1			1*

Table 2: Self-rated changes in confidence from graduation to end of ItP for 16 aspects of work

\*One response missing

Statement	Strongly disagree		2011 trainees (7 participants)					Strongly agree		Strongly disagree		2009/2010 trainees (8 participants)					Strongly agree	
	1	2	3	4	5	6	Total	1	2	3	4	5	6	Total				
The study day programme was well matched to my learning needs					2	5	40					4	4	44				
I feel well integrated into the practice				1	2	4	38					2	6	46				
I am keen to use the full range of my therapy skills in my next job			1		1	5	38					2	6	46				
I would recommend this ItP programme to others			1		1	5	38				1		7	46				
The learning portfolios helped me reflect on my progress		1			5	1	33			1	2	3	2	38				
I am concerned that I won't be able to maintain the full range of my therapy skills	1			1	2	3	33	2	2		3	1		23				
An ItP scheme should be mandatory for all newly graduated therapists		1	1	1	1	3	32				2	3	3	41				
My trainer provided good support in the practice		2	1		1	3	30		1			3	4	41				
I feel the undergraduate course prepared me well for starting work as a therapist		1	1	3	1	1	28		1	1	3	1	2	34				
The workplace-based assessments provided good feedback on my performance*			3	2	1		22			1	1	3	3	40				

Table 3: Trainees views on the ItP scheme  
\*One response missing

confidence in two topics. Pharmacology received an overall score of zero as the majority reported no change but one respondent reported an increase of one point and another a decrease of one point. Treating patients under conscious sedation was the lowest scoring topic with just over half indicating a one point decrease and no reports of an increase in confidence.

The past-trainee results showed a similar pattern of increases in confidence, however none of this cohort reported a decrease in confidence in any of the reported skills. Two additional differences were evident in the total scores. Dental pathology and professionalism both showed higher total scores than current trainees while paediatric dentistry exhibited lower increases in confidence.

Trainees were asked to rate their level of agreement with a series of statements regarding the ItP scheme against a 6-point scale (1= strongly disagree and 6 = strongly agree). Table 3 outlines the results from the 2011 and past-trainees.

The responses indicate that overall participants felt that the study day programme was well matched to their learning needs and five of the 2011 and seven of the past-trainees strongly agreed that they would recommend the scheme to others. However, a more favourable response was evident from the past-trainees for the statement “An ItP scheme should be mandatory for all newly graduated therapists” as all agreed whereas two 2011 trainees showed some disagreement.

The results showed that participants were also very keen to use the full range of their therapy skills and that the learning portfolios aided their progress.

Agreement that they felt well integrated into the practice was high, however the statement “My trainer provided good support in the practice” ranked third lowest in agreement with only “The workplace based assessments provided good feedback on my performance” and “I feel the undergraduate course prepared me well for starting work as a therapist” scoring lower for 2011 trainees. Two of these statements received more favourable responses from past-trainees. More of the current trainees were ‘concerned that I won't be able to maintain the full range of my therapy skills’.

When asked whether they had any concerns about maintaining their

therapy skills only one current trainee had no concerns. However, the past-participants’ results were split; half agreed and half disagreed.

*The study days*

The responses to open questions in the questionnaire asking the therapists to identify the most valuable part of the study day programme broadly showed that the trainees valued hands-on practical sessions (such as METI training). Peer support and the opportunity for knowledge exchange and reflection with other trainees, particularly on difficult procedures was valued. Clinical aspects and the experience gained by working with a range of patients on topics not covered in university were also mentioned.

Suggestions for improvement included holding more study days, potentially over the summer break, and covering more topics.

*The in-practice work*

A variety of responses were given to a question asking about the most valuable part of the work in the training practice: trainees valued the support they received, working with the trainer, shadowing them and learning new techniques. They also spoke of gaining confidence. For example, treating a large number of patients with varying treatment needs was also identified by one respondent as a way of gaining confidence. Extended appointment times at the start of the scheme were valued.

Guidelines were recommended for the trainee and practice regarding the amount and variety of experience they should be completing each week/month during the in-practice sessions. The possibility of more flexibility in appointment times in practice and working full-time were also raised.

Improving trainer and other dentists’ awareness of the role of the therapist was also suggested. If dentists were able to explain the therapist’s role, this could help address reluctance from patients to see a therapist.

*Most-valued aspects*

When asked to identify what they had enjoyed most about the ItP scheme as a whole, respondents talked about the support from other newly qualified therapists and the opportunity to discuss their experiences with them on study days. Others talked of broadening their skills and gaining confidence. One praised their training practice for being supportive. One respondent identified several areas of their experience:

*“Well structured, reasonable money, study days, great tutor.”*

#### *Past-trainees*

All respondents were still working in dentistry in a variety of hours and employment/salary conditions. Most carried out a mix of hygiene and therapy, one carried out mainly therapy and two did mostly hygiene work. Since completing the scheme three respondents have continued working at their training practice, either on a full or part-time basis.

All respondents felt that the course had helped them in their work. They told us how the scheme had increased their confidence in their ability to carry out treatments, in working with patients and to feel ready to apply for therapy posts. Others explained that as well as updating their knowledge it provided an opportunity to stay in touch with graduating colleagues and had aided them in getting started with their CPD requirements.

All eight respondents would recommend the scheme to others, telling us that they valued the scheme as an enjoyable and supportive yet structured place in which to develop confidence in their skills:

*“Starting out alone is very daunting and knowing you have further support is a must.”*

The scheme also aided their transition from the student to professional role:

*“It makes the transition from University to working in practice much easier.”*

#### *The trainers*

All but one respondent thought the study day programme was well matched to their trainee's needs (one was unsure) and all thought that the workplace-based assessments were good mechanisms for providing feedback on the therapist's performance. One trainer stated that:

*“Assessments in a working environment are essential for a vocational profession such as dentistry including hygienists and therapists”*

When asked what they thought the trainees had gained from being part of the scheme respondents mentioned confidence in their abilities during the transition from student to practitioner. The benefits of in-practice work included experience of working in a team, the on-going support provided by the team, gaining a broad range of experience and working with a diverse range of patients. One commented on the interaction with other trainees at the study days; financial stability was also identified by one trainer.

The majority of trainers said that the trainee's initial clinical skills were better than they had expected and all would recommend employing a therapist to others. Most reported that their experience as an ItP trainer had increased their likelihood of employing a therapist

and almost all trainers would have liked to employ their trainee in their practice.

The trainers were asked what they thought the best thing was about having a dental therapist in the team and what was the biggest challenge. The therapist's enthusiasm and 'fresh outlook' was seen as a benefit to the team by one trainer. Having a therapist providing 'another pair of hands' within the practice was thought to increase flexibility and benefit patient management. This freed up the trainer's time to work with anxious patients, aided the completion of time-consuming NHS cases and increased the practices gross income. One trainer told us:

*“In a well-run practice it is the only way to maintain standards and make a profit for routine NHS treatments.”*

Only one trainer told us that there were no challenges to having a therapist in the dental team. Payment and working within the NHS contract in a way which is financially viable was a problem for some. The therapists' remit and scope of permitted work, particularly as they are unable to diagnose and plan their own treatment and the therapist being unable to provide emergency care in a single-handed practice were also highlighted. Referring patients was a concern for two trainers; in both providing a suitable amount and a varied work balance.

Overall, the trainers' opinion on the scheme was positive – eleven trainers reported that they would recommend being an ItP trainer to others and ten thought it should be mandatory for all newly graduated therapists.

#### **Discussion**

Respondents told us how the ItP scheme provided the opportunity to gain the confidence in their clinical skills that they felt had been missing on graduation and assisted in their transition from the role of student to competent health professional. A combination of study days and supported in-practice experience was credited for the increase in confidence whereas a lack of practical experience lay behind the lower confidence scores, despite having a good theoretical knowledge. However, maintaining their skills in the workplace was a concern for both current and past-trainees.

The majority of 'current' trainees wanted to carry out a mix of therapy and hygiene tasks in future employment; only one past-trainee wanted to carry out more therapy work. Turner, Ross and Ibbetson's finding that carrying out a variety of clinical activities was the most influential direct predictor of job satisfaction amongst dual-qualified hygienist/therapists H/Ts<sup>5</sup> was supported by our findings.

Overall, trainers' opinions on the scheme were positive. Such responses (trainee's skills being better than expected,

*The therapist's enthusiasm and fresh outlook' was seen as a benefit to the team by one trainer*

being more likely to employ a therapist as a result, etc.) indicates the programme is spreading awareness of therapists' work and skill mix as well as training the dental therapy workforce. Lack of awareness about the benefits of employing a therapist has previously been found to be a barrier for both dentist and public acceptance.<sup>6-9</sup>

Many therapists who graduate will either not be fully employed or will need to work in a number of different practices to ensure full-time employment.<sup>10</sup> It is worth noting that under the current NHS contract it is difficult for trainers to benefit financially from employing a therapist. However a new Welsh Dental Contract is being piloted. The pilot has enabled greater flexibility within the practice; for example it has provided an opportunity for "more collaborative and less dull" ways of working, involving therapists and oral health educators. The changing profile of the workforce and identified improvements in the fiscal systems suggest a growth in this area that may continue.<sup>11</sup>

In their guidance on Direct Access the GDC 'strongly recommends that newly qualified hygienists and therapists should take the opportunity to practise in a sheltered environment, working on prescription in a supportive team. It has been suggested by the GDC and the British Society of Dental Hygiene and Therapy (BSDHT) that this period could be 12 months.'<sup>12</sup> There are now three schemes similar to ITP running from Deaneries in England: North West Deanery, West Midlands and Oxford/Wessex. This scheme shares key similarities with each of these; all combine part-time placement in a training practice with a study day programme (covering similar content) and completing learning portfolios. However, the content, assessments and curriculum of each scheme are currently determined within each Deanery. If it were a compulsory course akin to Foundation Training then a nationally agreed curriculum and more formalised assessments would need to be employed.

### Conclusion

It is worth noting that the numbers included in this study were small and caution must be taken in interpreting the results as representing the experiences of all therapists. However, the results show that this scheme is an effective training programme that contributes to the skill mix agenda in dentistry. It provides therapists with an avenue to further develop as practising clinicians in a supportive environment. At the same time, it provides a platform to promote their clinical skills in primary dental care and raises awareness of their contribution to the oral health of patients.

While there is no current requirement for a mandatory foundation year, as there is for dental graduates wishing

to work in the NHS, it would appear that there is a place for schemes of this nature particularly in view of Direct Access and the additional skills and responsibilities within. The foundations of this course could provide the framework for a national programme, as it was found to be a both an acceptable and appropriate platform for addressing graduate therapists' learning needs.

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