

WORKING TO FULL SCOPE OF PRACTICE IN GENERAL DENTAL PRACTICE: A REPORT PRESENTING THE RESULTS OF A BSDHT MEMBER SURVEY

The General Dental Council (GDC), defined Scope of Practice as: "Activities that you carry out as part of your professional role. These are activities that you have the knowledge, skills, and abilities to perform safely and effectively... Your scope of practice is personal to you. The activities you carry out will partly be defined by the setting in which you practice, the needs of your patients, and the knowledge and skills of yourself and your team. Your scope of practice is also likely to change over time as you develop and expand your knowledge, skills, and experience (within the defined boundaries of your registered title)." ¹

In its current format, a prescriptive list of duties is laid out for each registrant group in line with their pre-registration training, and the boundaries of their current practice. In the GDC Scope of Practice Review 2020 document,² it is widely accepted that working as part of a team is vital to providing the highest standards of care; to ensure that patients receive their dental care from the most suitable and appropriately trained member of the dental team. ³

Initial changes were introduced for NHS dentistry in England in July 2022. This allowed dental hygienists and dental therapists to provide NHS care within their scope directly to patients, and aimed to increase much needed access to care for patients.

The perceived benefits for dental hygienists and dental therapists having the opportunity to utilise their full range of skills includes: greater clinical autonomy; reduces the likelihood of de-skilling in duties that are not regularly utilised; and promotes greater professional fulfilment.

Anecdotally, it is currently accepted that many BSDHT members are not routinely undertaking all aspects of their Scope of Practice. To establish whether or not BSDHT members are working to full their scope of practice, as set out in the current GDC Scope of Practice 2013 document, a questionnaire was designed and circulated in March 2022 to members of the British Society of Dental Hygiene and Therapy (BSDHT).

In this context the full scope of practice is deemed as the duties listed in the GDC Scope of Practice (2013) document.⁴

Materials and methods

An online anonymous questionnaire was deemed the most applicable format to collect data. The aim was to capture quantitative data and the qualitative views at a point in time specific to the members taking part. A quantitative

and qualitative questionnaire was subsequently designed and piloted via Survey Monkey by two representative dental hygienist and dental therapist members of the BSDHT Executive team. Amendments were made following feedback.

An email was sent to all members of the BSDHT in March 2022. It included: a brief explanation of the rationale for the questionnaire; clear instructions to complete all the questions to ensure meaningful data is collected; and a link to the Survey Monkey anonymous questionnaire. Participation was taken as consent. There was a short window of opportunity of two days to complete the questionnaire.

The aim was to identify whether or not BSDHT dental hygienist and dental therapist members, in dental practice settings, were working to their full scope, how often this occurred and which skills were being utilised in addition to their 'usual' daily practice.

The questionnaire also captured: the members' demographic information; gender; date of qualification; region(s) in which they worked as defined by the twelve BSDHT UK regional group areas; in what capacity they were practising - as a dental hygienist or dental therapist; the clinical setting(s) in which they worked - NHS, private or mixed NHS and private settings.

All eight questions were quantitative, except for the final question, which was qualitative and required the member respondents to comment and give their reason for their response to the final question. This response was limited to fifty words.

The data collected from the Survey Monkey were transferred to an Excel spreadsheet: one page displayed the data collected from members registered as dental hygienists; a second page contained data from members registered as dental therapists. The master spreadsheet was subsequently duplicated multiple times to enable easy retrieval and analysis of the data. The master Excel spreadsheet containing the data was stored on a password protected BSDHT computer by the investigator. The investigator retains the master copy on a password protected personal laptop. The intention is to use the data collected in a larger follow up survey and publish the results.

Ethics

The primary intention of the questionnaire was to gather data to formulate a report for BSDHT and in preparation for a

meeting with another professional membership organisation therefore ethics approval was not considered.

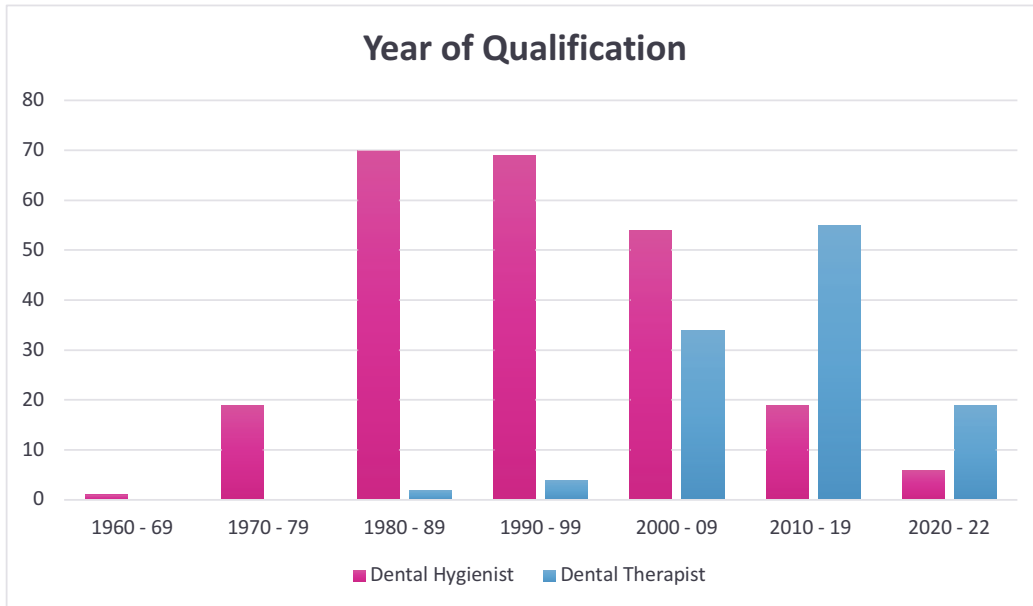
Results

The survey collected primarily quantitative data with the final question collecting qualitative data.

In April 2022, there were 2785 members of BSDHT. The survey returned 353 responses - a 12% response rate. Although, 65 respondents did not answer all the questions, this 10% response rate this was considered to be meaningful data.

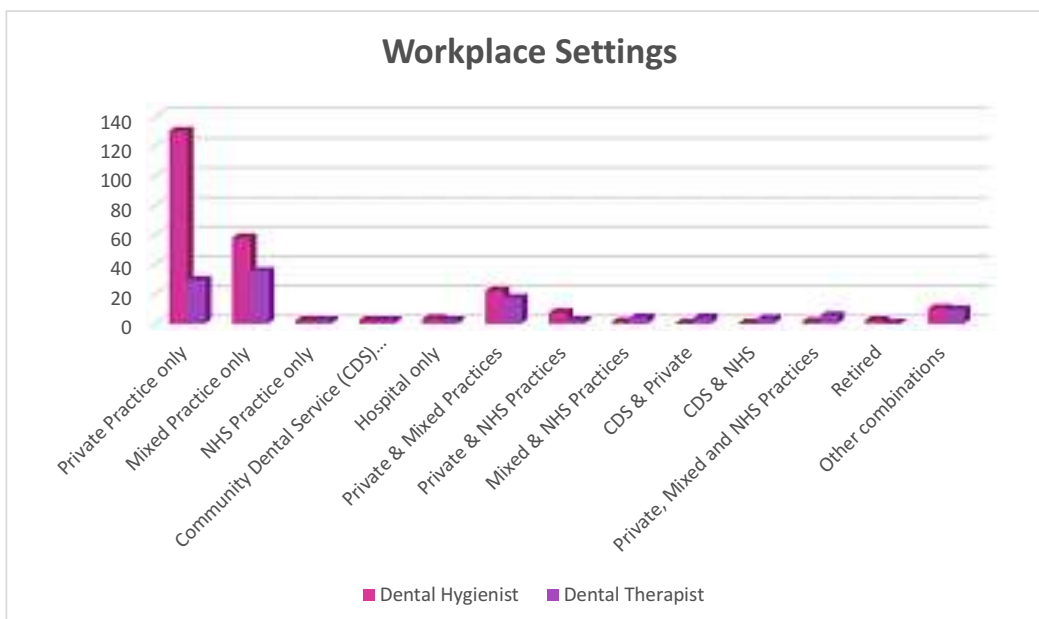
The majority of members completing the survey were female (97% ; n=343). The data revealed that 67% (n=238) of respondents were registered as dental hygienists and 33% (n=114) were registered as dental therapists.

■ **Figure 1: In which year did you qualify?**



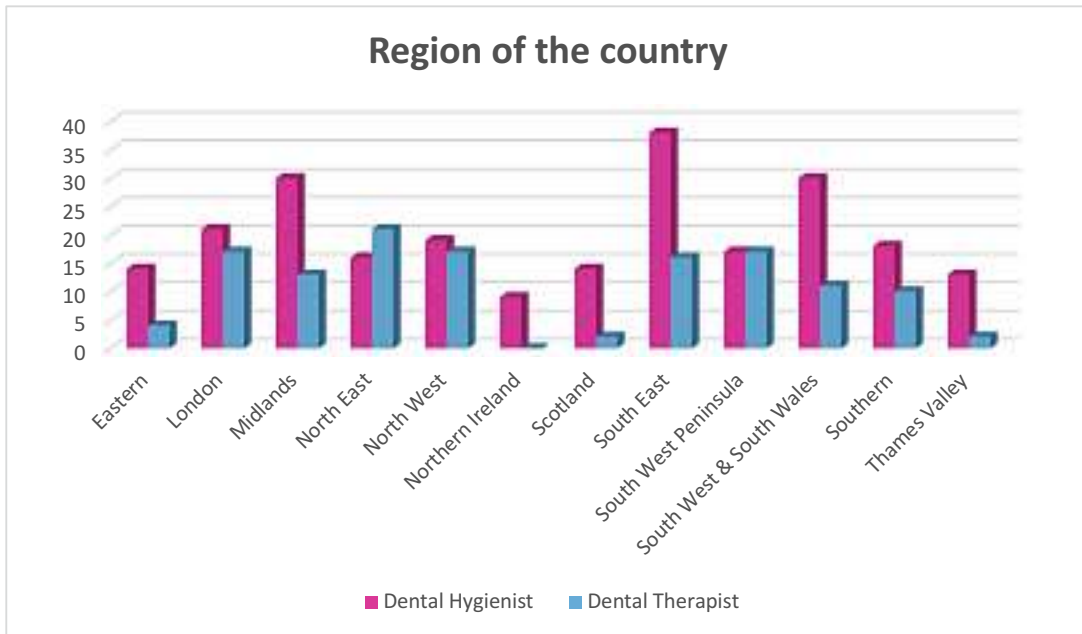
The data revealed: 29% (n= 70) of dental hygienists respondents qualified between 1980-1989 and 28% (n= 69) between 1990-1999; 48% (n=55) of dental therapist respondents qualified between 2010-2019.

■ **Figure 2: Which of the following best describes your place of work?**



Private practice was by far the most common workplace setting for 54% (n=130) of dental hygienists - 24% (n=58) worked in mixed practices and 0.8% (n=2) worked in NHS practices. However, 31% (n=35), of dental therapists worked in mixed practices (a combination of NHS and private), 25% (n=29) worked in private practices and 2% (n=2) worked in NHS practices. It is worth noting that since respondents could indicate all their workplace settings, multiple answers and variations of workplace setting were revealed on analysis of the data.

■ **Figure 3: In which of the following regions of the country do you work?**



The BSDHT regional groups were used to define the areas of the country where members worked, rather than where they lived: 15% (n=38) of dental hygienists worked in South East England; 16% (n=21) of dental therapists worked in North East England; 13% (n=17) worked in London; 13% (n=17) worked in North West England.

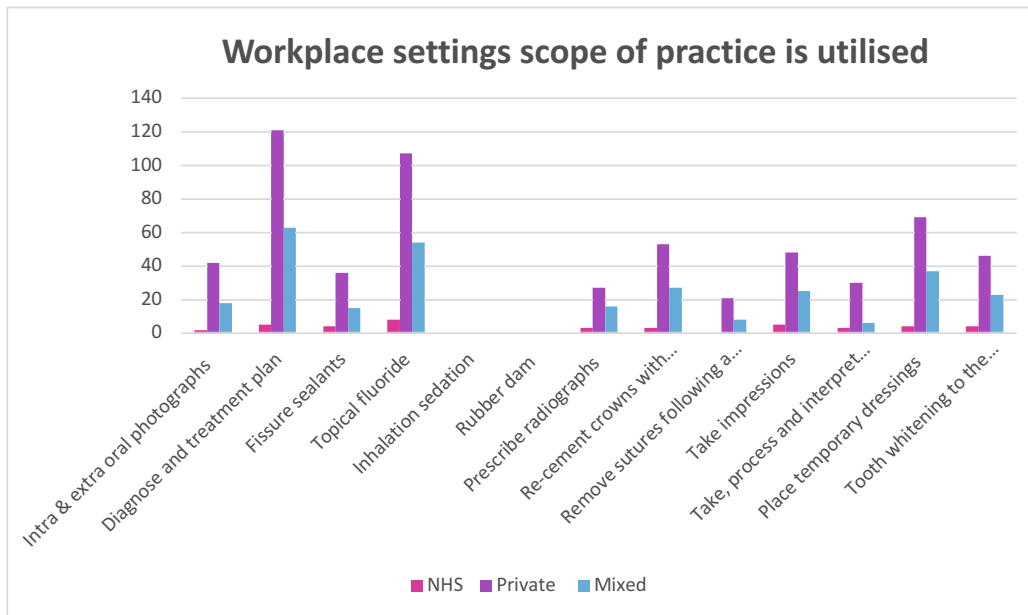
Dental Hygienists

■ **Figure 4: How often on average do you work to your full scope of practice?**



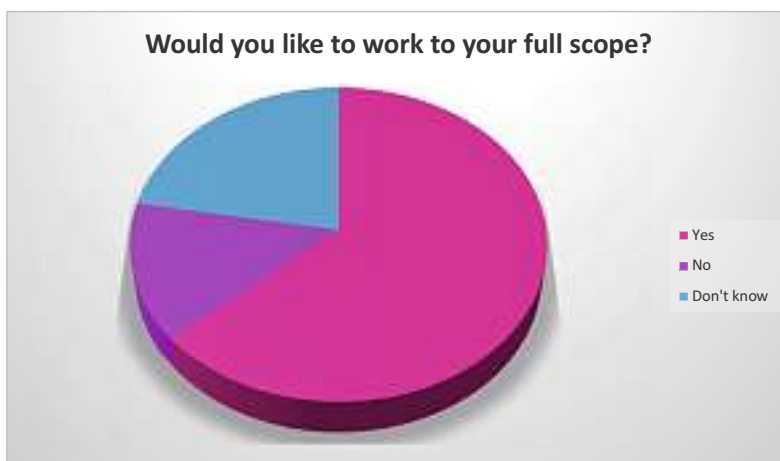
In private practices, 35% (n=64) of dental hygienists never worked to their full scope of practice. Of those members that did work consistently to their full scope, 29% (n=54) did so on a daily basis and 20% (n=36) did at some points on a weekly basis. Of those members who worked in NHS practices, and those who worked in mixed practices, 47% (n=44) and 57% (n=43) respectively, never worked to their full scope.

Figure 5: Which skills within the scope of practice of a dental hygienist do you have the opportunity to utilise and how often?



The results indicated that dental hygienists working in private practices had greater opportunity to carry out procedures within their scope of practice that are not seen as routine, daily procedures. NHS practices appeared to offer less opportunity at the time of the survey.

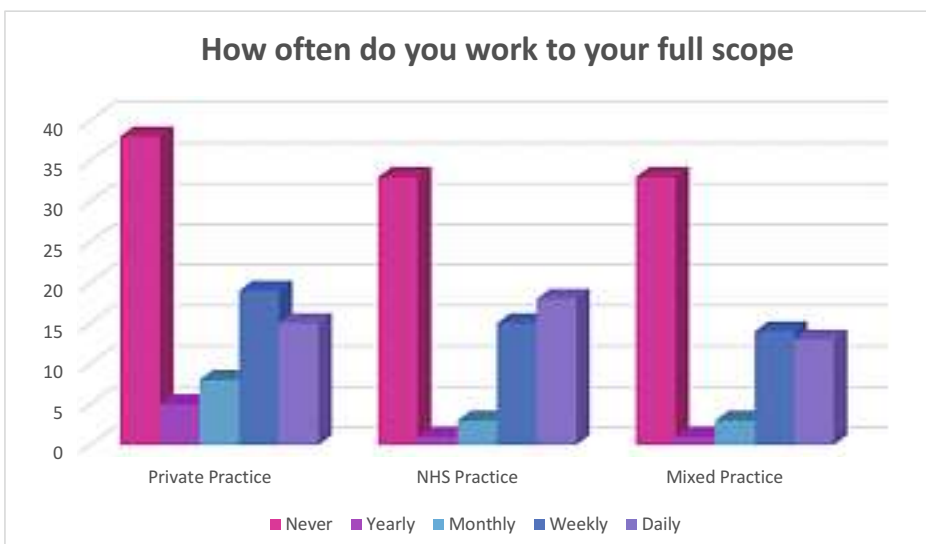
Figure 6: Would you like the opportunity to be able to work consistently to your full scope?



Of those members who were at the time of the survey not working to their full scope of practice, 64% (n=126) would have liked the opportunity to do so whilst 14% (n=28) answered 'no' and 22% (n=44) answered that they 'don't know'.

Dental Therapists

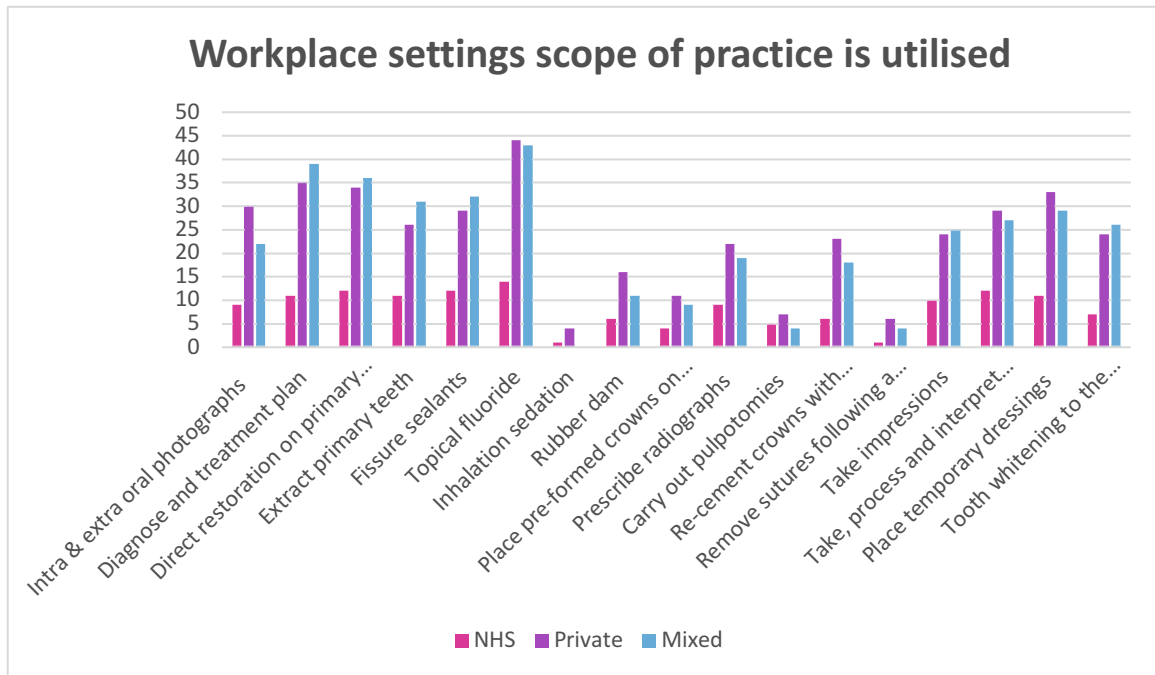
Figure 7: How often on average do you work to your full scope of practice?



The results revealed that the following 'never' worked to their full scope of practice: 45% (n=38) in private practices; 47% (n=33) in NHS practices; and 51% (n=33) in mixed practices. When these dental therapists could utilise their full scope on a weekly or daily basis they did so: 17% (n=15) daily and 22% (n=19) weekly in private practices; 26% (n=18) daily and 21% (n=15) weekly in NHS practices; 20% (n=13) daily and 21% (n=14) weekly in mixed practices.

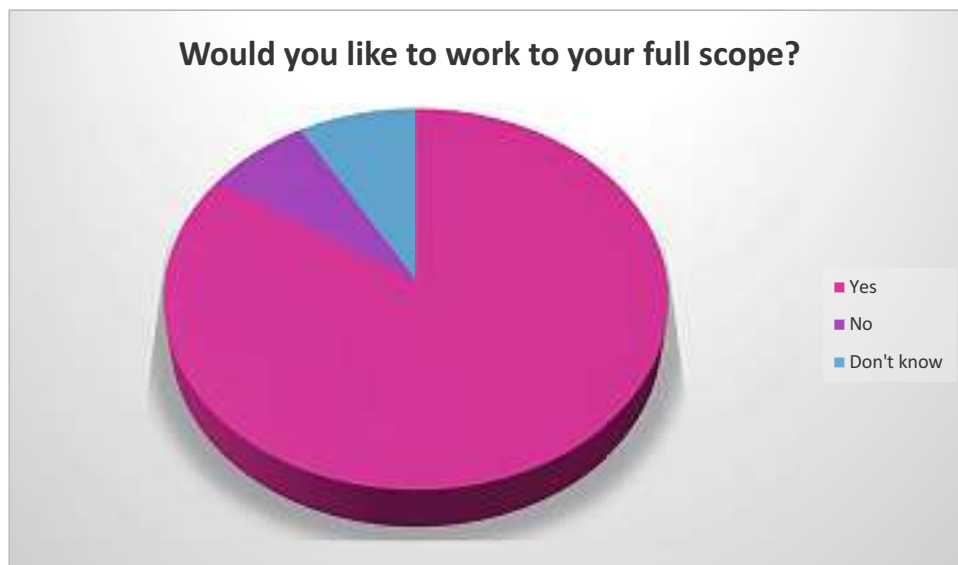
Figure 7

Figure 8: Which skills within the scope of practice of a dental therapist do you have the opportunity to utilise and how often?



The dental therapists working in private practices or mixed practices had more opportunity than their colleagues who worked in NHS practices, to undertake procedures that are not considered routine, daily procedures and are specific to the scope of practice of a dental therapist.

Figure 9: Would you like the opportunity to be able to work consistently to your full scope?



Of those members who were currently not working to their full scope of practice, 71% (n=81) answered that they would like the opportunity to do so, whilst 6% (n=7) said 'no', and 7% (n=48) answered that they 'don't know'.

Figure 10: Developing Themes

Professional Development	Patient Care	Perceived Challenges	Recommendations for Implementation
Skill development	Improved access to care for patients	Loss of confidence	Skill set needs updating
Professional fulfilment	Treatment provided by the most appropriately trained dental professional	De-skilled	Support and appropriate referrals from dentist colleagues
Improved confidence	Patient diary full with existing scope	Chairside dental nurse support required	Longer appointments required to allow time for added scope
Clinical autonomy		Appropriate remuneration	Chairside dental nurse support
Utilising taught skills		Lack of awareness by other members of the dental team relating to a dental hygienist's scope of practice	
Variety throughout the day		Legislative changes required (exemptions)	
Remuneration		Patient diary full with existing scope	
		Referred all the problematic cases	

The final question also asked members to comment on the reason for their choice. Their responses were limited to 50 words.

Not all members provided comments. From those that did, four themes were identified: professional development; patient care; perceived challenges or barriers; and recommendations for implementation. The table above presents both dental hygienists' and dental therapists' responses, as they were very similar.

Discussion

The results of the survey revealed that the majority of these BSDHT respondent members were not working to their full scope of practice. When asked if they would like to practice to their full scope, the majority of dental hygienists and dental therapists answered that they would.

The four themes that emerged from the members' responses related to: *Professional Development; Patient Care; Perceived Challenges; and Recommendations for Implementation.*

Professional development

The dental therapists and dental hygienists surveyed, regardless of when they qualified, felt that they had de-skilled due to underutilisation of the skills they had been taught and had developed during their pre-registration training.

One dental therapist commented: *"I really enjoyed doing every procedure as a student at university and that's exactly what I would like to do in practice."*

Many dental hygienists were afraid and disappointed that they were viewed as a *"...scaling machine"*. Some members considered themselves *"...fortunate to be working consistently."* One dental therapist commented: *"I have the privilege of working with an open-minded team and love it!"*

Working as a team, to deliver the highest standard of care

for patients, with appropriate delegation, is referenced in the *GDC Standards for the dental team* document (Standard 6.1).³ The members that were currently working to full scope, frequently referred to a feeling of *"belonging"*. Teamwork and the opportunity to add variety to each working day often promotes confidence and leads to a feeling of professional fulfilment.

"I love all aspects of my job and by working to my full scope it keeps the interest and prevents me from de-skilling." Dental therapist, qualified 2021.

Patient care

Although included in some responses, patient care was not widely commented on in the responses. Those members that did comment generally felt that if the wider dental team worked consistently to their respective full scope of practice, it would widen patient access to care.

One dental therapist commented: *"If I could use my full scope, I could help patients more than I am at the moment."* Another member responded: *"I learned and worked hard for this qualification and would like to be able to use all my skills for the benefit of patients."*

Skill Mix is the term often used within NHS settings to describe all dental professionals working to their full scope of practice. To assist in widening access to care for patients, NHS England made some initial changes to the NHS Dental Contract (July 2022)⁵ promoting skill mix within the dental team and removing administrative barriers to enable dental hygienists and dental therapists to be able to open a course of treatment.

In this survey, dental hygienists, more so than dental therapists, agreed that their patient diaries could not accommodate them providing additional treatments within their scope. They were too busy treating existing patients with periodontal maintenance pathways or providing initial non-surgical periodontal therapy. Many dental hygienists who trained in the

1980's and 1990's (the majority of the respondents) stated that this was what they were trained to do, and enjoyed.

Perceived challenges

A lack of confidence and underutilisation of clinical skills appeared to be a barrier for these dental hygienists and dental therapists. One dental hygienist explained: *"I would like to be able to do more of my scope of practice, but not all, due to lack of confidence and having de-skilled since qualification."*

Full time dental nurse chairside support would be required if additional duties and treatments were to be referred by dentists to dental hygienists and dental therapists in practice. BSDHT continues to promote the need for chairside nursing support with other stakeholders who can assist in influencing the change required.

Another perceived barrier was found to be related to remuneration. Some responses highlighted a potential negative impact on their income and many were concerned that patient referral and appropriate payment systems for dental hygienists and dental therapists was lacking.

In May 2020, the GDC published the *Scope of Practice Review: Final Report*.² Findings in the report reflect the responses to the BSDHT survey of members in April 2022 relating to a general lack of awareness amongst all members of the dental team and each individual team member's scope of practice. The GDC report stated that only 61% of dentists and 59% of dental nurses know a fair amount about the current Scope of Practice document, in comparison to 91% of dental therapists and 84% of dental hygienists.

Three respondents anonymously commented:

"It depends on the attitude of the dentists. Many of them don't seem to be taught about delegating services or cannot see how it will benefit the practice."

"I thoroughly enjoy being a dental therapist however sadly, practices are NOT supportive of utilising dental therapists in both NHS and private practice despite being potentially beneficial to our patients."

"A better use of skill mix. More variety and interesting days. Improved experience for the patient as they are seeing the correct person for the treatment they require."

Recommendations for implementation

Member respondents shared suggestions that could assist them with delivering patient care by utilising their full scope of practice. Opportunities to update their skills, along with support from their practice teams with appropriate referrals would be welcomed. Several responses related to lengthening appointment times to allow for additional duties or treatments to be carried out. Many felt that they would be expected to continue within the constraints of their standard allocated appointments.

Conclusion

The survey established the extent to which this sample of BSDHT members were working to their full scope of practice, and how often. Generally, NHS practices appeared to be

underutilising the wider skills of both dental hygienists and dental therapists. Since this survey took place before the initial changes to NHS dentistry in England, it would be interesting to know if this has changed in recent months. Whilst private practices and mixed practices seemed to be utilising skills, this is often inconsistent. This sample of BSDHT dental hygienist and dental therapist members welcomed the opportunity to work to their full scope.

There are many potential benefits to dental hygienists and dental therapists working consistently to their full scope of practice. For the individual professional, the opportunity to confidently practise their full range of clinical skills often leads to longer and more fulfilled careers. Practices enjoy a greater sense of teamwork and delegation amongst the team. Most importantly patients are more likely to receive the highest standard of care carried out by the most appropriate member of the dental team as efficiently as possible, ultimately widening patient access to care.

Limitations

The survey captured the views of a limited number of BSDHT members, which may or may not be reflective of the wider profession. The test questionnaire was piloted by two members of the BSDHT Executive team - a representative dental hygienist and a dental therapist. Ideally, a larger cohort of Executive team members would have been able to comment and offer recommendations.

As the investigator intended the results to be available for an imminent dental stake holder meeting, the time frame for responses and analysis was only two days. Longer availability could have probably achieved a greater response rate which could be deemed more reflective of the members and profession. A wider survey is planned to build on these results.

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