eCPD PAPER

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THEN – NOW – WHERE NOW?

1½ Hours eCPD PER PAPER

AIM

To explore the parallel evolution of nursing, dental hygiene, and dental therapy in the UK, highlighting shared milestones, unique challenges and future growth opportunities.

LEARNING OBJECTIVES

1. Examine historical and contemporary advancements in nursing, dental hygiene and dental therapy.
2. Understand the role of education, legislation and professional autonomy in these professions.
3. Explore future opportunities for leadership, research and integration within healthcare.

LEARNING OUTCOMES

By the end of this paper, readers will be able to::

- Compare the development of nursing, dental hygiene and dental therapy in the UK.
- Identify key milestones that influenced their autonomy and scope of practice.
- Discuss future trends in these professions and their impact on healthcare.

Aligned to GDC development outcome: *A, B, C*

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DEADLINE FOR SUBMISSIONS 30TH APRIL 2025

ABSTRACT

This article examines the parallel journeys of nursing, dental hygiene and dental therapy in the UK, recognising the shared milestones and unique challenges faced by each profession. It explores how these professions have expanded their scope of practice, embraced academic opportunities and adapted to an increasingly complex healthcare landscape. By comparing their historical and contemporary developments, we gain a deeper understanding of the interrelated yet distinct paths that have shaped their roles in modern healthcare, alongside their potential for future growth.

KEY WORDS

TEL, Education, Technology

Background

The healthcare professions in the UK have undergone remarkable transformations over the past century, marked by a significant shift from strictly supervised, task-oriented roles to ones characterised by autonomy, advanced clinical expertise and academic leadership. Nursing and dental hygiene/therapy exemplify this progression, with both professions evolving to meet the changing demands of healthcare systems, public expectations and workforce needs. However, while nursing has often been at the forefront of professional advancement, dental hygiene and therapy have followed a similar trajectory, albeit with a notable lag in the pace and extent of progress.

In both fields, pivotal reforms in education, legislation and clinical practice have driven a transition towards greater professional independence and specialisation. These reforms have not only redefined the scope of practice but also elevated the status of nurses, dental hygienists and dental therapists as integral contributors to healthcare. Educational advancements, including the transition to higher education

and postgraduate opportunities, have empowered professionals in both domains to enhance their clinical, academic and leadership capabilities.

Historical Development of Nursing in the UK

Early 20th Century

At the beginning of the 20th century, nursing in the UK was largely a subordinate role. The profession was regarded primarily as an extension of the domestic sphere, with nurses providing bedside care under the strict supervision of physicians.[1] The focus was on tasks such as bathing patients, changing dressings and other basic care duties. Training at that time was largely apprenticeship-based, with nurses learning through hands-on experience in hospitals. This model of training, while practical, limited the professional growth and autonomy of nurses, as their roles were confined to routine, task-oriented responsibilities.

Post-WWII Reforms

The establishment of the National Health Service (NHS) in 1948 marked a turning point for the nursing profession. The creation of the NHS brought about a significant increase in healthcare needs and workforce demand. Nurses were required to take on more responsibilities, and there was growing recognition of the need for a more formal and structured approach to nursing education. Nursing schools were established in the years following the war, and the profession began to shift from the traditional apprenticeship model to a more academic form of education. Nurses started to receive formal classroom instruction, in addition to their practical training, allowing for a deeper understanding of healthcare's scientific and theoretical foundations.

1970s and 1980s

The professionalisation of nursing marked the 1970s and 1980s, as nurses began to take on more specialised roles within the healthcare system. The introduction of nurse specialists, particularly in fields such as cardiac care, oncology, and paediatrics, allowed nurses to focus on specific areas of healthcare, thereby increasing their clinical expertise. This period also saw the publication of the Briggs Report in 1972, which called for a major overhaul of nursing education in the UK.[2] The report emphasised the need for nurses to acquire academic credentials and recommended that nursing education be aligned with higher education institutions. This was a significant shift, as it placed greater emphasis on academic qualifications, marking a departure from the purely practical training model of earlier years.

1990s: The Move to Higher Education and Nurse Prescribing

The 1990s brought further significant changes to the nursing profession in the UK, particularly with the integration of nursing education into universities. By the end of the decade, a university degree had become the standard for entry-level nursing, reflecting the profession's move towards greater intellectual and clinical autonomy. This shift helped elevate the status of nursing, as it placed nurses on a more equal footing with other healthcare professionals who required university-level education.

One of the most important developments during this period was the introduction of nurse prescribing. Initially, nurses were only permitted to prescribe a limited range of medications under specific circumstances. However, over time, the scope of nurse prescribing expanded significantly. By the early 2000s, nurses in certain roles were able to prescribe a wide range of medications independently, without the need for a doctor's oversight. This development represented a major milestone in the professionalisation of nursing, as it allowed nurses to take on more complex clinical responsibilities and provided them with a greater degree of professional autonomy.

21st Century: Advanced Practice and Leadership

In the 21st century, nursing in the UK has continued to evolve, with the rise of advanced practice roles such as nurse practitioners, advanced clinical practitioners and consultant nurses. These roles involve expanded scopes of practice, allowing nurses to undertake activities traditionally reserved for doctors, such as diagnosing conditions, developing treatment plans and prescribing medications. The emergence of these roles has significantly enhanced the professional standing of nurses, as they are now recognised as clinical experts capable of independently providing high-quality, patient-centred care.

The introduction of professorships in nursing has also contributed to the profession's development. Nursing academics have played a key role in advancing the evidence base for clinical practice, conducting research that informs healthcare policy and improves patient outcomes. The establishment of professorial roles in nursing reflects the increasing recognition of the importance of research and academic leadership within the profession.

Today, nurses in the UK play critical roles in both clinical practice and academia, with expanded autonomy and a broad scope of practice that rivals that of other healthcare professionals. Nurses are no longer confined to subordinate, task-oriented roles; instead, they are valued as independent professionals who contribute to patient care, healthcare policy and academic research.

Historical Development of Dental Hygienists and Therapists in the UK

Early 20th Century

The profession of dental hygiene in the UK has its origins in the early 20th century, with the first formal training programme for dental hygienists established in 1921 at the Eastman Dental Hospital in London. Dental hygienists were initially introduced to provide preventive care, such as scaling and polishing teeth, under the supervision of dentists. Their primary role was to promote oral hygiene and prevent dental disease, focusing on educating patients about proper oral care. However, like nurses during this period, dental hygienists had limited autonomy and

were required to work under the direct supervision of dentists.

1960s to 1980s: The Introduction of Dental Therapists

During the 1960s and 1970s, the UK faced a shortage of dentists, particularly in the public sector, prompting the introduction of dental therapists. These professionals were trained to perform basic restorative treatments, such as fillings and extractions of deciduous teeth in children, under the supervision of dentists. Dental therapists played an important role in addressing the oral health needs of children, especially in school dental services. During this period, dental hygienists continued to focus on preventive care, but both professions operated under strict dentist supervision, with limited autonomy

1992: Local Anaesthesia and Expanded Clinical Roles

A pivotal moment in the development of the dental hygiene and therapy professions came in 1992, when dental hygienists were granted the ability to administer local anaesthesia for the first time. This marked the beginning of a shift towards more advanced clinical roles and greater autonomy for dental hygienists. The ability to administer local anaesthesia allowed dental hygienists to perform more complex procedures, such as 'deep scaling' and 'root planning', without the need for direct dentist supervision. This development was significant, as it signalled a move towards expanding the clinical responsibilities of dental hygienists and recognising their potential to play a greater role in patient care.

2000s: Further Expansion of Scope and Direct Access

The 2000s brought significant advancements in the roles of dental hygienists and therapists in the UK. In 2002, both professionals saw changes to their scope of practice:

Dental therapists were allowed to work in general dental practice for the first time. Previously limited to community and hospital settings, this change by the General Dental Council enabled them to provide a broader range of treatments, including restorative care for both adults and children. This expanded access to dental care and increased their role in general dental practice.[3]

Dental hygienists no longer needed to work under the direct supervision of a dentist. Instead, they could operate under a dentist's prescription, meaning the dentist did not need to be physically present during treatment.

Both changes gave these professionals greater independence and flexibility while maintaining collaboration with dentists for more complex cases. Additionally, dental hygienists and therapists gained the ability to take radiographs and provide more advanced restorative care under general supervision, further enhancing their contributions to patient care. One of the most significant changes occurred in May 2013, when the General Dental Council (GDC) introduced direct access for dental hygienists and therapists.[4] This reform allowed these professionals to see patients without a prior prescription or examination by a dentist. Direct access greatly enhanced the autonomy of dental hygienists and therapists, enabling them to provide preventive and some restorative treatments independently. While we still refer patients to dentists for more complex care, the ability to offer services without direct dentist oversight has positioned us as key members of the dental care team, capable of delivering high-quality, patient-centred care.

June 2024: Medicine Exemptions and Expanded Autonomy

In June 2024, a ground breaking policy change empowered dental hygienists and therapists in the UK to administer and supply certain medicines without requiring a dentist's prescription. This exemption covers critical treatments such as local anaesthetics (e.g., lidocaine and prilocaine), fluoride varnish, minocycline periodontal gel, and nystatin oral suspension. By granting these professionals the authority to deliver these treatments independently, the change streamlines patient care, reducing delays and enhancing access to timely interventions.

This milestone marks a significant recognition of the advanced clinical expertise and professional competence of dental hygienists and therapists. It reinforces our essential role in delivering high-quality, autonomous care, particularly in preventative and minimally invasive dentistry.

The shift did not occur overnight; it was the result of prolonged advocacy by the British Society of Dental Hygiene and Therapy (BSDHT) and the British Association of Dental Therapists (BADT). These professional bodies tirelessly campaigned for legislative reform, demonstrating the safety, efficacy, and necessity of expanding the scope of practice for our profession.

However, the timing of this reform cannot be divorced from the broader political and systemic challenges facing NHS dentistry. The growing shortage of dentists within the NHS - exacerbated by workforce pressures and declining dentist retention - has heightened political scrutiny. Policymakers appear to be looking to dental hygienists and therapists as a partial solution to address gaps in patient access and alleviate mounting pressure on the system. While this reform undoubtedly expands the autonomy of dental hygienists and therapists, it also aligns with a pragmatic response to workforce shortages, highlighting the political influence of healthcare reform on professional roles.[5]

As the dental sector continues to evolve, this change underscores the critical balance between clinical autonomy, professional advocacy and political pressures shaping healthcare policy in the UK.

Educational Advancements in Dental Hygiene and Therapy

Educational advancements have played a crucial role in the growth and professionalisation of the dental hygiene

and therapy professions. Historically, dental hygienists and therapists were trained at the diploma level, but over time, the standard of education has shifted, with Bachelor's degrees becoming the mainstay of most training programmes. This move towards higher education has helped to raise the status of the profession, as it places greater emphasis on the scientific and theoretical foundations of oral healthcare.

In recent years, many dental hygienists and therapists have pursued further education, obtaining Master's degrees and PhDs. Traditionally, most of these advanced qualifications have been in fields outside of dental hygiene and therapy, such as public health, healthcare management or education. However, specialised Master's programmes tailored specifically to dental hygiene and therapy have now been developed, reflecting the growing recognition of the need for advanced clinical training and leadership development within the profession.

The increasing availability of PhD programmes, particularly in oral health research, has further contributed to the academic development of the profession. Notably, the University of Portsmouth offers a PhD programme in oral health, providing dental hygienists and therapists with the opportunity to engage in high-level research and contribute to the academic foundation of the profession. These educational opportunities have opened doors to academia, research, and leadership roles for dental hygienists and therapists, allowing us to play a key role in shaping the future of dental care.

Conclusion: The Evolution of Nursing and Dental Hygiene/Therapy

The evolution of nursing, dental hygiene and dental therapy in the UK highlights the increasing recognition of these professions as critical components of the healthcare system. Reforms in education, legislation, and clinical practice have expanded the scope of practice for both nurses, dental hygienists and dental therapists, allowing us to take on more autonomous and complex roles. The development of advanced practice roles, such as nurse practitioners and consultant nurses, has transformed nursing into a profession characterised by clinical expertise, leadership, and academic contribution.

Similarly, dental hygienists and dental therapists have seen their scope of practice expand significantly, particularly with the introduction of direct access and medicine exemptions. Educational advancements, from undergraduate to postgraduate qualifications, have empowered these professionals to contribute to research, policy development, and evidence-based practice.

Today, nursing, dental hygiene and dental therapy professionals are well-prepared to meet the growing demands of modern healthcare, providing high-quality, patient-centred care and contributing to the ongoing development of their respective fields. Their contributions to clinical care, research, and leadership ensure that they play an integral role in shaping the future of healthcare in the UK.

Where Next for Dental Hygienists and Therapists?

Leadership in Clinical and Educational Spheres

- **Shaping Educational Curricula:** As the scope of practice for dental hygienists and therapists continues to evolve, these professionals are poised to play an influential role in shaping the educational frameworks that guide future generations. With increasing emphasis on advanced practice, clinical innovation and research, dental hygienists and therapists could actively contribute to the development of educational programmes that reflect these changes. This could include the creation of specialised Master's and PhD programmes tailored specifically to the needs of dental hygiene and therapy. These programmes would focus on not only advancing clinical expertise but also fostering leadership and research skills. In doing so, dental hygienists and therapists can help ensure that the curriculum aligns with the latest developments in oral healthcare, offering a forward-thinking approach to training that supports the growth of the profession.
- **Driving Research in Preventive Care:** Many dental hygienists and therapists are already engaged in research, particularly in the realm of preventive care. In the future, their involvement in research is likely to expand, with a growing focus on evidence-based practices that promote long-term oral health and prevent chronic oral diseases. Our expertise in preventive care and patient education uniquely positions us to lead initiatives aimed at improving public health outcomes. As leaders in oral health research, we will play a crucial role in developing innovative strategies for disease prevention, early detection and management of conditions such as periodontal diseases and dental caries. By contributing to the scientific foundation of preventive care, dental hygienists and therapists will help shape the next generation of oral health policies and practices.
- **Specialist Roles:** Much like the evolution of nurse specialists in the healthcare system, there is significant potential for dental hygienists and therapists to step into specialised roles that address the growing demand for specialist dental services within the NHS. As shortages of specialist dentists continue, specialist dental care professionals could fill critical gaps, offering more advanced care in areas where expertise is particularly needed. One promising area is non-surgical periodontology, where dental hygienists could lead efforts in managing periodontal diseases using advanced non-invasive techniques. By expanding into these specialist roles, dental hygienists and therapists could contribute significantly to alleviating pressure on the NHS, providing patients with high-quality care while broadening the range of services available within the public system.

These developments illustrate the increasing leadership and influence of dental hygienists and therapists in both clinical and educational spheres. As our roles continue to expand, we are set to make essential contributions not only to the

direct delivery of care but also to the shaping of future oral health policies, education, and research.

Public Health Advocacy and Policy Development

Dental hygienists and therapists are well-positioned to influence oral health policy. Future developments could see them become more involved in:

- **National health campaigns:** As advocates for preventive care, dental hygienists and therapists could take on leadership roles in national oral health campaigns, focusing on reducing the incidence of dental caries, periodontal diseases and mouth cancer. Our expertise in prevention would be invaluable in shaping public health policies and initiatives aimed at improving the nation's oral health.
- **Health equality initiatives:** Dental hygienists and therapists may lead efforts to reduce disparities in oral healthcare access, particularly in underserved or rural communities. This would involve advocating for policy changes that improve access to preventive services and early treatment, ensuring that all populations benefit from high-quality oral health care.[6]

Further Integration into General Healthcare

Given the current recognition of the link between oral health and systemic health, the profession is likely to see even greater integration with general healthcare services. This could manifest in:

- **Oral health in general medical settings:** Dental hygienists and therapists could work more closely with general medical practitioners to integrate oral health assessments into regular medical check-ups, particularly for patients with chronic conditions like diabetes or heart disease. This would ensure that oral health is prioritised as a key component of overall health.
- **Collaborative care in hospital settings:** Dental hygienists and therapists might expand their roles within hospitals, especially in departments that manage conditions related to oral health, such as oncology or cardiology. Our involvement could range from providing oral health assessments for inpatients to working with medical teams to prevent oral complications related to treatments like chemotherapy.

Technological Innovation and Patient-Centred Care

Building on the current use of digital scanners and radiography, future developments might include (subject to changes in Scope of Practice):

- **AI-driven diagnostics and treatment planning:** While digital tools are already in use, the integration of artificial intelligence (AI) could further enhance the role of dental hygienists and therapists. AI could assist in diagnosing periodontal diseases or predicting the progression of oral health conditions, enabling dental hygienists and therapists to provide more targeted and personalised care.
- **3D printing for customised care:** In the future, dental hygienists and therapists may utilise 3D printing technologies to produce customised oral appliances, such as mouthguards or splints, directly within the practice. This could streamline care delivery and offer patients more personalised preventive and therapeutic solutions.

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Cite this article:

Stanfield J. Then – Now – Where now? Dental Health 2025; 64(1): 34-38. https://doi.org/10.59489/bsdht151