

Dental therapy in practice

Jessica Hawthorn reviews the benefits a dental therapist can offer.

When implemented correctly and sufficiently, a dental therapist can make a huge difference to the delivery of patient care in the dental practice. Despite this, there are still a large number of practices across the UK that have yet to include a therapist as part of their multidisciplinary team – though hopefully this is set to change in the future.

The greater and more flexible use of skill mix has become an increasingly important feature in general practice in recent years, proving to be invaluable to dental professionals and patients alike. My view is, if there is a way in which we can eradicate appointment delays and make care more efficient, why not capitalise on that opportunity?

As a therapist in a 10-surgery practice, I have the pleasure of being able to utilise the full range of my skill set on a regular basis, undertaking a range of tasks within my scope of practice including root surface debridement, dental restorations, primary teeth extraction, oral cancer screening, clinical and periodontal examination and more. Because of my extensive responsibilities, I am able to see a large number of patients each week, freeing up the practitioners' time to treat more complicated or demanding cases – or see more patients if they wish.

From the patients' perspective, they find the fluidity of our treatment pathway and referral system very reassuring, especially as it means they don't have to wait for long periods of



time for a follow-up appointment. Of course, there's still the odd patient that would rather see the dentist but, for the most part, our clients are more than happy to be referred. I think what it ultimately boils down to is whether they understand what the role of a therapist entails, and how it fits into the wider use of a multidisciplinary team. As long as your colleagues can communicate that information well, patient acceptance shouldn't be an issue.

To maximise compliance at mydentist in Gloucester, we have educated all members of our team, including nurses and receptionists, so that they can inform patients of the pathway available to them. In turn, this has helped ensure that my skill set is utilised correctly and efficiently. Our refinement of the dentist-therapist referral pathway has helped with this too, though obviously practitioners are a lot more clued up about the potential benefits of utilising a therapist, so less work has been needed in this area. Instead, most of my collaboration with the dentists has been to do with the therapy prescription – helping them to understand what to include, how to word it and how to communicate the pathway to patients. As such, the practice's use of my skill set is much more efficient.

Unfortunately, however, it is not always as simple as putting solid

referral protocols in place, as there are other factors that come into play. In a smaller practice where I was previously employed as a hygienist, for instance, they had tried to utilise my skill set as a therapist, but because of a low UDA contract it wasn't viable for them to do so. Ultimately, a practice has to have a large enough patient base to be able to refer out to a therapist, otherwise it's not worth it for the principal. However, every practice is different and it really does depend on the contract, location, socio-economic status and patient demand of each individual surgery – something to bear in mind when looking for a position as a dental therapist.

Having worked across a number of sites since I qualified in 2015, I would definitely advise therapists (especially graduates) to look for vacancies in practices with a larger client base. Not because practices with smaller teams aren't taking on therapists – though admittedly opportunities are scarcer – but because there may not be demand for you to utilise your full skill set. Equally, don't assume that every large practice has experience in using a therapist. For the best opportunities I would suggest searching for a practice that has used a therapist in the past, as they will already have a structure in place for referrals.



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