Support your profits

There are so many reasons to utilise a dental therapist in your practice. Hayley Hutton, Jay Padayachy and David Bloom of Senova Dental Studios outline what they are and how it will help your business.

The role of the dental therapist was first introduced in the UK by the NHS in 1948 to meet the shortages in dental personnel. The training was based upon a model of dental education developed in New Zealand, where nurses were trained to undertake routine clinical tasks. The first therapy training programme in the UK took place at the New Cross Hospital in London, where students completed a two-year intensive diploma course. It continued to train 60 students a year until it closed in 1985.

Following the rules

All dental therapists must work and comply with The Dentist Act 1878 and the Dental Auxiliary Act 1984 (updated 2002) following the Nuffield report 1993 which recommended a significant expansion in the membership of the team proposing the introduction of a new range of personnel, some with direct clinical duties, not only the dentist, that are now known collectively as dental care professionals.

Dental therapists can work in all sectors of dentistry, where as before they were only permitted to practice in the NHS, Hospital and Community Dental Services. For this reason until 2002, training numbers were relatively small. However, due to the legislation changes, as well as education framework, some training programmes have progressed from a professional diploma to academic degree level provision which is why this is now a sought-after career pathway. It is also no longer possible to study for the single therapy qualification, instead a dual qualification of dental hygienist must also be achieved. In 2005, there were approximately 663 dental therapists on the General Dental Council roll for the dental therapist in the UK.

Getting ready to work

After qualifying, therapists must ensure they are registered with the GDC and also have appropriate indemnity insurance from a recognised organisation. Currently, therapists are also required to work from the written prescription of a registered dental practitioner. This prescription can now be valid for a period of up to three years providing there has been a recall set at the end of the period and that the prescription is detailed enough to ensure adequate medico-legal cover. Under the current remit they are permitted to carry out the following duties:

- Intra oral and extra oral examination
- Scaling and polishing
- Take dental radiographs
- Dental Photography
- Undertake direct placement restorations using all materials except pre cast materials and excluding the use of pins
- Record indices and monitor disease
- Apply material to teeth such as fissure sealant and medicaments such as duraphat
- Provide dental health education to individuals or groups

Fig. 1: Before full mouth disinfection

Fig. 2: Two weeks post FMD, healing

Fig. 3: Tooth opened, decay present

Fig. 4: Decay removed, sectional matrix present

Fig. 5: Finished, polished restoration

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Extended duties
A dental therapist will be able to carry out these duties, once they’ve completed appropriate training.

- Extract deciduous teeth under local infiltration analgesia
- Pulp therapy treatment of deciduous teeth
- Administration of inferior dental nerve block analgesia
- Treat patient under conscious sedation provided the dentist remains in the surgery throughout the treatment
- Placement of pre-formed crowns on deciduous teeth
- Emergency temporary replacement of crowns and restorations
- Take impressions.

Dental therapists are not permitted to formerly diagnose disease, but they are trained on key primary and secondary factors as well as clinical appearances, signs and symptoms which they can then bring to the general dental practitioners attention. Studies, such as, Allred 1977 and Jones 1981 showed that dental therapists work to the same standards as a general dentists and Seward 1978 suggested that dental therapists were as good as general dentists in quality of care proved by radiographs taken to reveal good quality restorations.

A holistic approach
Over the last few years dentistry has changed and we are now aiming to offer patients a complete understanding of their dental disease and the probability of its progression and the effects on the system and their overall health. In practice, we can identify the factors that cause and contribute to disease and look for signs before the symptoms occur. This can be considered a proactive approach to maintaining optimum health. We can in turn take time to educate our patients on the aetiology, factors and management strategies of diseases, their treatment options and wherever possible, taking a preventative and non surgical approach. A dental therapist or any clinician with developed communication skills can assist a patient in making informed health choices for themselves and their families.

The savvy patient
Today in dentistry, patients are becoming increasingly aware of cosmetics and complex treatments such as implants. An understanding of smile design criteria, functional aesthetics and advanced restorative techniques can assist any clinician working in practice. We can in turn offer these services with confidence and support to our patients,

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ensure adequate home and aftercare longevity. In turn, we have a satisfied patient.

With the above in mind, we can now begin to understand the value to the team especially the referring general dental practitioner. From a periodontal point of view, therapists can perform all non-surgical treatments (Figures 1 and 2), and from a denition point of view, all treatments on deciduous teeth and the basic restorations (Figures 5, 4, 5) in permanent teeth, leaving a dental practitioner free to spend more time on complex dental care. It is then sensible to suggest that as the dentist has more time to do more advanced work, the revenue of the practice would automatically increase. Patients are contented and dental teams satisfied and rewarded appropriately.

Focus on paediatric dentistry

During the hygiene/therapy course and curriculum there is a lot of focus on paediatric dentistry and behaviour-man-agement techniques. These, if used accurately, can help lower stress levels to both the patient and the dentist. Another area that the therapy course concentrates on more than the dentistry degree is dealing with the many group of special needs patients that live in our society including characteristics of the special need, what problems or condition they may be suscepti-bile to, as well as management and treatment needs including a knowledge of side effects of medications they may be prescribed that may manifest in the patient's mouth.

In my role at Senova Dental Studios, I am able to fully utilise my remit as a qualified dental therapist. I am continuing my professional develop-ment in all areas, in particular the importance of secondary prevention by a thorough understanding of occlusion and its role in dental disease (Figures 6, 7, 8) aesthetics and complex restorative care. (Figures 9, 10, 11, 12, 13).

A great asset

In summary, a dental therapist would be a great asset to any dental team whether it is NHS, private or a large corporate

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courage the patient to be more enthusiastic re-
garding treatment and oral hygiene regimes at home. The final and most important factor is that all patients will re-
ceive a higher level of care and all clinicians know that they have to-
gether provided the best for the patients.

Dr Bloom

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