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 1983.

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 members of the team proposing the introduction of a new range of personnel, some with direct clinical duties, not only the dentist, that are now know 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 a duraphat
- Provide dental health education to individuals or groups

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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.

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

- Extract deciduous teeth under local infiltration analgesia
- Extended duties
  A dental therapist will be able to carry out these duties, once they've completed appropriate training.
  - 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, to
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 dentition point of view, all treatments on deciduous teeth and the basic restorations (Figures 3, 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 behavioural-management 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 susceptible 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 development 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 as-

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sociation by driving forward patient preventative care or maintenance once clinically healthy. They offer a support system for the dentist and specialist alike and if they’re involved in co-diagnosis with the dentist in front of the patient, it offers a second opinion, which can build value into treatment plans and encourage the patient to be more enthusiastic regarding treatment and oral hygiene regimes at home. The final and most important factor is that all patients will receive a higher level of care and all clinicians know that they have together provided the best for the patients.

About the author

Dr Bloom

is graduate of the Newcastle-upon-Tyne Dental School, and has been a principle at Senova Dental Studios since 1990 focusing on comprehensive restorative and cosmetic dentistry. A full member of the British Academy of Cosmetic Dentistry. David is also the President. He is a member of The British Society of Occlusal Studies, The British Society of Restorative Dentistry, The British Dental Association and is a sustaining member of The American Academy of Cosmetic Dentistry (AACD). He is also a fellow of the International Academy of Dental Facial Aesthetics. He is also a clinical director of CO-OP.R8 seminars and instructs and lectures on all aspects of cosmetic dentistry in the UK and the U.S.

About the author

Dr Padayachy

is graduate of the Newcastle-upon-Tyne Dental School, and has been a principle at Senova Dental Studios since 1998 focusing on comprehensive restorative and cosmetic dentistry. A full member of the British Academy of Cosmetic Dentistry and is on the board of directors. He is a member of The British Society for Occlusal Studies, The British Society of Restorative Dentistry, The Pankey Association, The British Society of Periodontology and the American Academy of Cosmetic Dentistry of which he is a sustaining member. Also, he is a Director of CO-OP.R8 seminars and lectures on all aspects of cosmetic dentistry in the UK.

About the author

Hayley Hutton

first began her dentistry career eight years ago as a dental receptionist and has now gained a dual qualification in both dental hygiene and dental therapy. Hayley graduated in 2008 from Queen Mary, University of London and devotes her time to Senova Dental Studios where under the guidance of an excellent team is looking forward to what the future holds.

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