An Evaluation of the Pilot Foundation Programme for Dental Therapists in the West Midlands

FINAL REPORT

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EXECUTIVE SUMMARY

INTRODUCTION
This report details the findings of an evaluation study conducted by the Centre for Research in Medical and Dental Education (CRMDE), based at the University of Birmingham, commissioned by the NHS West Midlands Deanery, West Midlands Strategic Health Authority. The study, undertaken between December 2009 and March 2011, was funded to provide an evaluation of the pilot for a Foundation Programme for Dental Therapists which ran for eight months starting in January 2010. The idea of a Foundation Programme for Dental Therapists is to provide educational support for newly-qualified dental therapists in their first year at work so that they are supported in their transition into the workplace.

During the write-up of this evaluation the first full year of the Foundation Programme for Dental Therapists was launched in the West Midlands (2010/2011). However, this report is focussed on the evaluation of the pilot programme which took place January – August 2010.

PROJECT AIMS
The specific objectives were:
- To report key features of foundation programmes in operation elsewhere, identifying issues and future directions;
- To explore the dental therapists’ motivations for attending the study days;
- To explore experiences and educational benefits of taking part in the pilot. If applicable, could the educational needs of returners to dental therapy be met through such a programme?
- To elicit strategic and overall views of a foundation programme for newly-qualified dental therapists in the West Midlands; and
- To provide formative evaluation to inform future developments.

THE DATA
Four main phases of data collection:
1) Preparatory work and literature review (December 2009 – December 2010)
   Research ethics was secured. Building on CRMDE’s previous research with dental therapists (Firmstone et al, 2009), discussion took place with the steering group for the pilot. The literature review was completed. Consent was obtained from participants.
2) Early feedback (March 2010 – May 2010)
   Semi-structured face-to-face interviews with a sample of the dental therapists on the pilot programme (n=3). The overall purpose was to explore their motivations, and early response to the content, format, and early impact of the programme.
3) Later feedback and overall views (July 2008 – Mar 2010)
   Semi-structured telephone interviews with a sample of different dental therapists were conducted towards the end of the pilot (n=3). A semi-structured face-to-face interview was undertaken with the programme director. All dental therapists were surveyed using a postal questionnaire, distributed shortly after the completion of the pilot programme (n=6, response rate 86%; 6/7). The principal purpose of this third phase was to explore overall views and reflections about the programme, and to discuss the concept and plans for the full foundation programme which (at that time) was soon to be launched (September 2010).
4) Analysis and reporting (September 2010 – March 2011)
   Results from the two main points of feedback data (early, and later) were synthesised. This entailed combining qualitative and quantitative data and drawing them together to address the key objectives of the evaluation. The final report was prepared.
MAIN FINDINGS

Features of dental therapy foundation programmes elsewhere in the UK

The three schemes already running in the UK (Scotland, Wales and NESC, Oxford and Wessex) demonstrate several common features: a one-year programme, the dental therapist is appointed to an approved practice with an appointed trainer, regular tutorials, a requirement to complete a learning portfolio; a study day programme; and a requirement for the therapist to work for at least three days per week.

Where the three programmes differ is in respect of selection, the amount of funding, and the minimum expected number of days the therapist should work. The costs of providing the Scottish therapist scheme could be estimated as more than double the cost of the Welsh and NESC schemes combined (approx £40,000, compared with £15,000 and £15,500 in 2010). In Scotland, the therapists work full-time, and have a tutorial every week; in the other two deaneries they are expected to work a minimum of three days and have a fortnightly tutorial.

In the West Midlands, attracting sufficient numbers of newly-qualified dental therapists should not be difficult, rather the challenge is more likely to be securing sufficient numbers of high quality general dental practitioners who are willing to apply to become a therapist trainer and employ a newly-qualified dental therapist in primary care for the specified terms of the foundation programme training contract.

Profiling the participants

The seven dental therapists taking part in the programme were all women, just over half (57%; 4/7) worked part-time (mostly 3 or more days per week), and just under half of them worked full time (43%; 3/7). Principally the group could be split in two: those who had qualified over 25 years previously (n=4); and those who had qualified within the last 18 months (n=3). One was not currently working as a practising dental therapist.

The most notable feature of the working lives of the six practising dental therapists was the extent to which nearly all of them pieced together their week in two or more different dental organisations, and with a mix of hygiene and therapy work. All worked for at least some of the time in a role that entailed dental therapy work. However, there was enormous diversity in the amount of therapy work they were undertaking. The only therapy work that two of them did was 1 day per week in a GDS practice where they described their role as ‘mixed hygiene and therapy’. All those that reportedly did ‘mainly therapy work’ did so either in the community dental service (CDS) (n=3) or by working in a PDS setting (n=1). Only three of the seven participants worked at least 3 or more days per week in a role that involved working mainly as a dental therapist.

Motivations

Participants’ main motive for joining the pilot was the opportunity to be updated on key knowledge and skills, particularly those relevant to hands on clinical practice, including those which were not covered significantly in their undergraduate training, and which they did not use that often. The information which was sent out about the pilot was a vital part of informing dental therapists, but so too was word-of-mouth. In the future, in addition to written publicity, it will be important to talk about the foundation programme with dental practitioners and therapists in the region.
Views on the study day programme

Topics
Participants were positive about the overall balance of subjects on the programme. The hands on sessions were particularly well-received, so too was coverage of the GDC core topics. The disability and the oral health sessions need to be closely considered by the programme director, especially their content and/or the speakers selected to deliver them.

Format
In terms of the format of delivery, the feedback was excellent. The relaxed atmosphere and style of the study days was appreciated. So too was the respect that all tutors gave to the dental therapists. All were pleased that their contribution to the dental team was appreciated by tutors. The combined lecture-style format with group discussion and hands-on elements was appreciated, and all recognised that some topics were more appropriate for MS PowerPoint presentation. It was felt to be helpful if tutors’ MS PowerPoint presentations could always be made available. The general message, however, was that opportunities for group discussion, and practical, particularly hands-on sessions were most valued and could be developed even more in the study day programme.

Impact on practice
The sessions identified as having the ‘greatest impact on [their] practice’ were the hands on sessions at Birmingham Dental Hospital and the GDC core topics, in particular, Direct Restorations, Practical Radiography, and Anterior Composites. Five of the six practising dental therapists readily gave many examples of the way the programme had altered their approach to certain aspects of care. Only one did not think she had made any drastic changes to her practice and considered that the programme had been mainly a refresher.

In terms of concrete changes to practice, some examples provided were: a changed approach to X-rays, adopting different ways to promote oral health in clinical practice, starting taking particular types of impressions, setting longer appointment times for children, using more fissure sealants on children, and using polishing stones for composites. The general argument was made by many therapists that the practical sessions had provided up-to-date ideas, relevant for practice. For example, one of the newly-qualified therapists emphasised that the sessions had given her “take-away skills” in the radiography session that she would continue to use.

For all dental therapists, particularly those who were newly-qualified dental therapists, it was central to be able to discuss the learning gained in the study day programme with their dental colleagues in the workplace, and have opportunities to implement aspects into their day-to-day clinical role. Gaining cooperation from dentists working with potential dental therapists on the programme will be vital to the scheme’s success. Bringing dental therapy trainers together for ‘training the trainer’ sessions and to periodically share their experiences could help in nurturing their involvement.

Overall views
Respondents were very supportive of the pilot programme: nearly all (83%) strongly/agreed that the informal contact with other therapists was one of the ‘best things’ about the programme, and similarly, that the pilot had had a positive effect on their ‘job satisfaction’. Feedback from these participants suggests the inclusion of all dental therapists (not just newly-qualified) in the future full programme would be very much welcome – especially since there was overwhelming agreement that ‘there are too few courses that are relevant to qualified therapists’. Arguably,
any spare places on the full programme in the future should be offered more widely to dental therapists of all age groups.

The best things about the programme noted by participants included meeting and discussing “mutual difficulties” with other therapists, the ‘hands on’ or ‘practical’ sessions, the small number of participants, the motivated speakers and programme director, and their opportunities to “influence the structure” of the programme.

Participants’ feedback on the ‘worst things’ about the study day programme were limited in scope. For example, personal disappointment with specific sessions, and one individual wanted more: “Could have done with another few days and topics”.

**Recommendations from the study days**

Participants’ recommendations included suggested additional topics for the study days, namely: oral medicine, pharmacology, practical periodontology, employment issues (contract negotiation, salary etc), team working and communication, assertiveness skills, sedation and health behaviour. However, only with greater numbers of the target group (newly-qualified dental therapists) will the appropriateness of the topics really be able to be evaluated. As was done in the pilot, the programme director should continue to evaluate each specific session using an evaluation sheet and discuss dental therapists’ views towards the range of topics in the full programme during 2010/2011.

The other main recommendation was for more practical sessions. Finally, one person emphasised the importance of appropriate professional development for returning therapists coming back to clinical practice after a break, and suggested this programme be “opened up to therapists who...have had a career break”.

**CONCLUSIONS**

The evaluation has demonstrated that the study day programme shows promise as a strong component of the Dental Therapy Foundation Programme. The sustained nature of the study day programme, over several months (rather than a one-off evening course), was seen to bring particular educational benefits. These included the opportunity: to combine theoretical and practical elements into one single study day; to build a rapport with peers and ‘pool’ experiences; to try things out in practice after a study day and discuss next time; and to shape elements of the study day programme by getting to know the programme director. Without doubt, the involvement of only six individuals provides limited evidence to date. However, this evidence should be seen as complementing other research literature about the impact of similar programmes that is starting to emerge (Bullock et al, 2010).

This has been a short-term, small-scale formative evaluation. After five years of the programme, it will be vital to explore the effectiveness of running a full foundation programme for dental therapists in the West Midlands. This should investigate the medium to longer term educational impact and workforce implications of running the scheme.
1.0 INTRODUCTION

This report details the findings of an evaluation study conducted by the Centre for Research in Medical and Dental Education (CRMDE), based at the University of Birmingham, commissioned by the NHS West Midlands Deanery, West Midlands Strategic Health Authority.

The study, undertaken between December 2009 and March 2011, was funded to provide an evaluation of the pilot for a Foundation Programme for Dental Therapists which ran for eight months starting in January 2010. The idea of a Foundation Programme for Dental Therapists is to provide educational support for newly-qualified dental therapists in their first year at work so that they are supported in their transition into the workplace.

During the write-up of this evaluation the first full year of the Foundation Programme for Dental Therapists was launched in the West Midlands (2010/2011). However, this report is focussed on the evaluation of the pilot programme which took place January – August 2010.

1.1 BACKGROUND TO DENTAL THERAPY FOUNDATION TRAINING

The concept of a foundation programme for dental therapists is based loosely on the dental vocational training model (now known as dental foundation training year one). Since the early 1980s, it has been mandatory in the UK for all dental graduates from UK dental schools to undertake a supervised vocational training year in order to practise in the NHS. Prior to this, voluntary schemes had been available, but it was not until October 1983 that it became compulsory for newly-qualified dentists to work as a vocational dental practitioner (VDP) for one year in an approved training practice.

Within the last couple of decades, consensus has emerged amongst practitioners and academics about the value of mandatory participation in dental vocational training. A supervised training year is viewed as hugely beneficial for the newly-qualified dentist, the employing practice, their patients, and for the profession more generally (Ralph et al, 2000; Bartlett et al, 2001; Cabot and Patel, 2007; Clow and Mehra, 2006). The value of such a programme is recognised in other European countries too – although the degree of compulsion, their educational content and the level of external control of these programmes differ widely (Scott, 2003). In the UK, vocational dental training involves a full-time salaried newly-qualified dentist working alongside an approved general dental practitioner; in addition they participate in thirty tailor-made study days. In recent years, the vocational training year has been integrated into the infrastructure for a two-year foundation training programme for newly-qualified dental graduates. Dental foundation training sets out a framework for the first two years following graduation, but for most newly-qualified dentists who proceed into the general dental service, the second year of formal training, so-called dental foundation year two, is not undertaken. In 2006, the Curriculum for UK Dental Foundation Training was published (COPDEND, 2006) and later, a new Dental Foundation Training Professional Development Portfolio was launched (COPDEND, 2009). The portfolio sets out a structure for continuous assessment throughout the two years of dental foundation training, but specifically for the first year, there are now designated assessments to be completed in the practice with support from the trainer.

It is expected that a one year educational programme for newly-qualified dental therapists will be equally advantageous to dental therapists’ transition into work as it has been to dentists in recent decades. However, akin to the early years of vocational training for dentists, the inception of such a programme for dental therapists is now emerging in the UK on a deanery by deanery basis, and on a non-mandatory footing. This is not surprising, since (as detailed in the following section), the employment of dental therapists in the general dental service has only been possible in the last nine years.
INTRODUCING DENTAL THERAPISTS AND THEIR DUTIES

Dental therapists have been members of the UK dental team since therapists, or ‘dental auxiliaries’ as they were called, first started being formally trained at New Cross Hospital in 1960. Historically, they have worked primarily in the community dental service, however, in relatively recent years, legislative and policy changes have expanded their role. In 2002, a legislative amendment enabled dental therapists to work in any sector of dentistry – hospital practice, corporate bodies, armed services, salaried services as well as the general dental service, which had previously been restricted (UK Parliament, 2002).

The same legislation extended the range of duties permitted too. Providing the dental therapist completes appropriate training, several additional tasks are now permitted, most notably: administering the inferior dental nerve block, pulpotomies on deciduous teeth and impression taking (UK Parliament, 2002; GDC, 2002). Specifically, the competencies of dental therapists as set out in the GDC’s Scope of Practice document (GDC, 2009a p. 8) state that the items of dental treatment which dental therapists can carry out under the prescription of a dentist include the same areas as a dental hygienist plus:

- Carry out direct restorations on permanent and primary teeth
- Carry out pulpotomies on primary teeth
- Extract primary teeth
- Place pre-formed crowns on primary teeth
- Plan the delivery of a patient’s care

Supplementary skills that can be developed after registration also include:

- Administering inhalation sedation
- Varying the detail of a prescription but not the direction of a prescription
- Prescribing radiographs
- Carrying out tooth whitening to the prescription of a dentist
- Removing sutures after the wound has been checked by a dentist

Legislative moves to expand the skills of dental therapists underpin the dental policy agenda to adjust the skill-mix of dental teams, so that dental therapists can undertake more of the simple restorative work, freeing dentists to deliver the complex treatments. Drivers for such change relate to concerns about costs, access to primary care dentistry, and the feminisation of the dental workforce with more part-time working (Williams et al, 2010). This workforce agenda is not new; key policy documents set out the rationale for changing the skill-mix of NHS teams (e.g. DH, 2001), and comparable developments have been seen in medicine too, with the expansion of nurse prescribing for example.

As a group, however, the size of the dental therapy profession is relatively small. In terms of numbers, only 1,158 dental therapists were registered with the GDC in October 2008 compared with 5,355 dental hygienists and 36,108 dentists (GDC, 2008). Numbers of dental therapists appear to be rising: figures suggest that in 2009 there were 1,360 therapists registered with the GDC, an increase of nearly 200 within a year (BADT, 2009). A key explanation is likely to be the former government’s decision to fund additional undergraduate places for dental therapists, designed to increase access to NHS dentistry. In addition, there has been an expansion in the number of degree level dual qualifications for hygiene/therapy as opposed to the established diploma level course. And now, all DCPs, including dental therapists, are registered with the General Dental Council and expected to undertake 150 hours mandatory CPD in a five year period (GDC, 2009b), including core topics of medical emergencies, disinfection and decontamination, and radiography and radiation protection. For those in a clinical role, legal
and ethical issues, and handling complaints are two more core CPD topics which must be addressed.

Thus, with extra government funding to support greater numbers of training places for undergraduate dental therapists there is increasing capability (the skills) and increasing capacity (the numbers) for dental therapists to work in the general dental service. Indeed, research conducted by the author in 2007 revealed a strong intention amongst final year dental therapy/hygiene undergraduates studying at Birmingham Dental Hospital to start work in the general dental service (Firmstone, 2009). However, the empirical literature has consistently showed that the uptake of dental therapy skills into the general dental service has been patchy at best, and limited at worst (Jones et al, 2007b). The principal risk is for newly-qualified dental therapists to be appointed to posts where they predominantly use their hygiene skills, consequently becoming de-skilled in the range of therapy duties, particularly restorative techniques (Noble, 2007). This raises the question: what is the difficulty in employing a newly-qualified dental therapist in the general dental service?

The barriers to employing a dental therapist are well-rehearsed in the research literature: for example, dentists’ lack of knowledge about the therapists’ duties (Gallagher and Wright, 2003; Ross, 2007); concern about their cost-effectiveness (Harris and Burnside, 2004; Jones et al, 2007a); lack of surgery space (e.g. Batchelor, 2003); and lack of appropriate referrals (Csikar et al, 2009, Jones et al, 2007b). However, there is also evidence that employing a dental therapist can work well: many dentists in the author’s study who were already working with a therapist agreed that they would recommend working with a dental therapist to other dentists (Firmstone, 2009).

In particular, it is clear that there are educational and teamwork implications with employing dental therapists in the general dental service. Extending roles and the resultant change in role boundaries brings new opportunities and ways of working, but also potential conflict amongst dental team members. The provision of a training year could offer a structured way of supporting dental therapists into practice and, as advocated about the year one foundation dentist, consolidate practical experience gained at dental school and also improve and broaden the scope of that experience. The proposal to introduce a one-year supervised dental therapy foundation programme, working with an approved trainer, could also provide a structured opportunity for dentists to learn more about working with a dental therapist, and the range of skills they can bring to the team.

In 2008/9, NHS Education South Central (NESC) Postgraduate Dental Deanery, which covers the Oxford and Wessex areas, was the first in England to run a therapist vocational training (TVT) scheme. An external evaluation conducted in its first year gave widespread support for a mandatory training year for dental therapists (Bullock, 2009). Their scheme is optional, but for those who had taken part in the evaluation, the scheme had enhanced the dental therapists’ confidence and skills and enabled them to practise their skills soon after qualification. Benefits for the trainers’ had included better understanding of the therapy role, and had concluded that a dental therapist on the team had released them for more complex treatments. Key challenges included the recruitment of trainees and trainers, lack of knowledge about the therapy role, concerns about how to maintain the range of therapy skills, and issues about UDA distribution (Bullock et al, 2010).

The NESC TVT programme had been running for one year when the pilot for the West Midlands Foundation Programme for Dental Therapists was launched. The following section sets out the rationale and specific background to the pilot.
1.3 THE PILOT FOUNDATION PROGRAMME FOR DENTAL THERAPISTS

The launch of the pilot scheme was formally announced in September 2009. Prior to this, the programme director for the Foundation Training for Dental Therapists Scheme had already been appointed; Steve Clements had been appointed for two sessions per week, with principal responsibility for setting up the pilot programme. Steve is an experienced dentist, working as a general dental practitioner in the West Midlands and with considerable experience as a dental educator - both as a dental vocational trainer and more recently as a dental vocational training adviser for one of the dental schemes in the West Midlands.

When the pilot scheme was announced, the programme director had already actively promoted the proposed scheme to the final year undergraduate dental hygienist/therapists at Birmingham Dental School, in order to attract them to the pilot. Then, a postal mailer and flyer about the pilot programme was distributed to all dental therapists in the West Midlands who were registered with the GDC; this was sent via the PCTs. At the same time, details about the pilot programme were launched on the West Midlands Deanery website (www.westmidlandsdeanery.nhs.uk).

In the original documentation about the pilot programme, the aim was specified to provide:

...a means of developing the key skills in newly-qualified therapists... provide trainees with the initial stage of training and education required to practice in a general dental practice environment... [and] develop and expand the clinical and personal skills learned as a student.  

(NHS West Midlands, 2009)

The proposed arrangements were built upon existing systems for dental vocational training. It was envisaged that the pilot would comprise a supervised clinical experience in an approved training practice, supplemented by an educational programme which would include tutorials in practice and study days organised by the deanery. In the training practice, the therapist would be supported by their trainer to fill in a learning portfolio and complete regular assessment tools. It was initially conceived that the pilot would start in September 2009, run for 12 months and attract newly-qualified dental hygienist/therapists.

However, there were unavoidable delays in launching the pilot programme. It was not until January 2010 that the pilot for the Foundation Training Programme for Dental Therapists finally began. As a consequence of inviting registered dental therapists across the breadth of experience to take part in the pilot (i.e. not just newly-qualified therapists), a range of dental therapists were interested in taking part. However, it was then not possible to pair-up participating dental therapists with dentists who could act in a trainer capacity i.e. the participating dental therapists were already working as dental therapists and had an established relationship with their dental colleagues. Thus, with limited time and capacity, the trialling of the portfolio and the trainer role was not included in the pilot. And to ensure the pilot was completed before the next academic year, the pilot of the study day programme was also shortened to an eight month period. Accordingly, eight study days (one per month) were arranged over the Spring and Summer terms, as set out in Table 1. The aims and objectives, including key speakers, are detailed in the study day programme included as Appendix 1.
**TABLE 1: The outline of the study day programme**

<table>
<thead>
<tr>
<th>Study Days</th>
<th>Topic</th>
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| 1. 6 January 2010 | Induction/Working in the NHS  
Cross Infection Control/HTM01-05* |
| 2. 3 February 2010 | Child Protection/Disability Discrimination  
Delivering Better Oral Health: Toolkit for Prevention |
| 3. 3 March 2010 | Practical Radiography (hands on)*  
Consent and Complaints* |
| 4. 31 March 2010 | Direct Restorations (hands on) |
| 5. 5 May 2010 | Anterior Composites (hands on) |
| 6. 9 June 2010 | Paediatric Dentistry (hands on) |
| 7. 7 July 2010 | Local Anaesthetic Techniques/Pain Control  
Impression Taking  
Team Working and Customer Care |
| 8. 4 August 2010 | Emergency Dental Care  
Periodontology  
End of year review and feedback |

The study days were split between Good Hope Hospital and Birmingham Dental Hospital, with the hands on sessions at the Dental Hospital. Participants were able to claim a fee to attend of £100.00. The study days which clearly matched the GDC core topics for dental care professionals of (1) disinfection and decontamination, (2) radiography and radiation, and (3) handling complaints, are indicated by the asterisks above. Aspects of record keeping were also covered in the handling complaints session.

The first study day took place at the beginning of January 2010. Possibly because of the delayed start of the pilot scheme, fewer than expected dental therapists enrolled on the programme. Eight dental therapists started the pilot, although when one subsequently withdrew, this left seven dental therapists who became the core group of participants. This evaluation study draws primarily on the experiences of the seven participating dental therapists; it explores their perceptions of the study day programme in terms of educational benefits, and initial impact.

The next section of this report sets out the Design and Methods and details the tools used for each of the research phases.
2.0 METHOD

2.1 AIMS AND OBJECTIVES
The overall purpose of this study was to evaluate the pilot study days for the Foundation Programme for Dental Therapists.

The specific objectives were:
- To report key features of foundation programmes in operation elsewhere, identifying issues and future directions;
- To explore the dental therapists’ motivations for attending the study days;
- To explore experiences and educational benefits of taking part in the pilot. If applicable, could the educational needs of returners to dental therapy be met through such a programme?
- To elicit strategic and overall views of a foundation programme for newly-qualified dental therapists in the West Midlands;
- To provide formative evaluation to inform future developments.

The research was conducted between early January 2010 and mid October 2010, with the final report completed by March 2011. Fieldwork was undertaken by Dr Vickie Firmstone, Research Fellow, CRMDE, under the overall leadership of the commissioner, Karen Elley, Postgraduate Dental Dean.

2.2 METHOD
The evaluation was conducted over 16 months (1 December 2009 – 31 March 2011) in four phases (see Figure 1). An interim written report was provided to the commissioner, NHS West Midlands Workforce Deanery, at the end of Phase 2. The final report was completed in March 2011.

FIGURE 1: Phases of the research process

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>December 2009 – March 2010</th>
<th>Preparatory work and literature review.</th>
</tr>
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<tbody>
<tr>
<td>Phase 2</td>
<td>March 2010 – April 2010</td>
<td>Early feedback. Interviews with therapists towards the end of the Spring Term</td>
</tr>
<tr>
<td>Phase 3</td>
<td>July 2010 – September 2010</td>
<td>Later feedback and Overall Views. Interviews with therapists at the end of the programme, i.e. at the end of the Summer Term</td>
</tr>
<tr>
<td>Phase 4</td>
<td>September 2010 – March 2011</td>
<td>Analysis and reporting.</td>
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</tbody>
</table>

2.3 PHASES OF THE RESEARCH PROCESS

2.3.1 Phase 1: Preparatory work and literature review
In the first phase, three main tasks were undertaken:
- Research ethics. Approval was obtained from the University of Birmingham (ref ERN_10-1066). Instruments for data collection were drafted.
- Discussion with the steering group. An opportunity to discuss the content of the proposed programme in light of previous research conducted by the authors (Firmstone et al, 2009).
• **Literature review.** Empirical studies and grey literature about the dental therapy foundation/vocational training programmes elsewhere in the UK were collated.

• **Written consent obtained from participants.** The researcher attended a study day on the 3rd March. After a brief outline of the evaluation, written consent was secured from all participants and an Information Sheet about the project was distributed, see Appendix 2.

### 2.3.2 Phase 2: Early feedback

On 31st March 2010, the researcher attended the fourth study day taking place at Birmingham Dental Hospital. This was the last session of the Spring Term. Three of the seven dental therapists taking part in the Dental Therapy Foundation Pilot Programme were selected for a research interview. Each interview lasted approximately 25 minutes and was conducted face-to-face. With permission, all interviews were recorded for transcription purposes (an outline of the interview schedule is enclosed as Appendix 3).

A short interim report, based on the qualitative analysis of the interviews, was completed for the funders, NHS West Midlands Workforce Deanery, in April 2010.

### 2.3.3 Phase 3: Later feedback and overall views

The third phase entailed three more interviews with three different dental therapists, an interview with the programme director, Steve Clements, and a short questionnaire-based survey to all dental therapists (n=7).

The purpose of the interviews with the dental therapists was to explore their motivations, their experiences and views towards the study day programme, and their overall views about the proposed foundation programme for newly-qualified dental therapists - which at the time of the later interviews, was about to be launched (see Appendix 4). The interview with the programme director was more strategic, and explored views towards the concept of a foundation programme for dental therapists, identified specific feedback about the pilot, and discussed plans for the West Midlands full foundation programme (for 2010/2011) (see Appendix 4).

The survey tool (see Appendix 5) was designed to identify employment details about the participants, explore views towards the amount of dental therapy undertaken (as opposed to hygiene work), report motivations, identify specific feedback on each study day, and elicit their overall views towards the programme.

### 2.3.3 Phase 4: Analysis and reporting

In the final phase, the results from the three main points of data collection were synthesised:

1) early feedback interviews with dental therapists,

2) later feedback interviews with dental therapists and the programme director, and

3) the survey data with dental therapists.

The Final Report was then prepared. This draws out the overall conclusions from the evaluation study and is structured around the key objectives of the study.
3.0 RESULTS AND DISCUSSION

3.1 FEATURES OF DENTAL THERAPY FOUNDATION PROGRAMMES ELSEWHERE IN THE UK

In light of the expansion in the dental therapy workforce, and the need to support therapists’ transition into the workplace, post-registration structured educational programmes have started to appear in recent years. Examples are found in Scotland and Wales, and more recently a programme has been launched by one of West Midlands’ neighbouring deaneries, NHS Education South Central (NESC), which covers Oxford and Wessex Postgraduate Deaneries. NESC’s vocational training scheme for therapists started in 2008/9, and so it has now completed two full academic years, and is currently in its third year of operation (2010/11) (Bullock, 2009; Bullock et al, 2010).

In order to distil the key features of these three existing schemes, a document analysis of the available published literature was conducted. A summary of the findings is tabulated overleaf in Table 2.

First, however, it is important to note that the particular features of each scheme differ, not least, depending on the funding available for the programme within each deanery. Unlike the established vocational dental training scheme, which is funded centrally, funding for dental therapy foundation schemes is made available at a local deanery level.
### TABLE 2: Features of pre-existing dental therapy training schemes

<table>
<thead>
<tr>
<th>Scotland (NHS Education for Scotland, NES) ‘Hygienist-Therapist Vocational Training’</th>
<th>Wales (Cardiff University) ‘The Introduction to Practice (ITP) Scheme’</th>
<th>NHS Education South Central (Oxford and Wessex Deaneries): ‘The Dental Therapist Vocational Training (TVT) Scheme’</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisation</strong></td>
<td><strong>Organisation</strong></td>
<td><strong>Organisation</strong></td>
</tr>
<tr>
<td>A scheme of one year in duration.</td>
<td>A scheme of one year in duration.</td>
<td>A scheme of one year in duration.</td>
</tr>
<tr>
<td>Therapists are appointed to an approved training practice with an appointed trainer.</td>
<td>Appointed to an approved training practice with an appointed trainer.</td>
<td>Appointed to an approved training practice with an appointed trainer.</td>
</tr>
<tr>
<td>Selection: dental therapists appointed via a matching process. Dental therapists rank their preferred 7 practices and trainers go through the same process. Matching process led by NES.</td>
<td>Selection: dental therapists apply direct to a trainer for a position of employment, when sent a list of participating practices. Interviewed and appointed by trainer.</td>
<td>Selection: matching process led by the deanery. Trainers have the opportunity to advise which TVTs they would be happy to work with from a pre-selected cohort.</td>
</tr>
<tr>
<td>A scheme has run in West, Glasgow since 2006.</td>
<td></td>
<td>Usually 12 places available.</td>
</tr>
<tr>
<td><strong>Benefits to therapists</strong></td>
<td><strong>Benefits to therapists</strong></td>
<td><strong>Benefits to therapists</strong></td>
</tr>
<tr>
<td>Hygiene-therapists appointed full-time in the training practice.</td>
<td>Therapist must work for at least three days per week in the training practice.</td>
<td>Therapists must work for three days a week in the approved practice.</td>
</tr>
<tr>
<td>Incentive payments are available to all VDHTs (Vocational Dental Hygienist-Therapists) which are £3000 or £6000 depending on location (for 2011/12).</td>
<td>Therapists appointed on a fixed salary, Agenda for Change pro rata Band 6, pt 26 (£30,460 as of April 2010)</td>
<td>Learning portfolio and educational assessments in the workplace.</td>
</tr>
<tr>
<td>Therapists appointed on Agenda for Change, Band 5, pt 16 (£21,176, as of April 2010). Funded by NES.</td>
<td>Postgraduate Dental Department pays 75% of the three day therapist’s salary (estimated ~£10K).</td>
<td>Deanery pays half the therapists 3 day salary of £15,497 (costing the deanery approx ~£8K on 09/10 figures).</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td><strong>Education</strong></td>
<td><strong>Education</strong></td>
</tr>
<tr>
<td>Trainer induction for all trainers.</td>
<td>Therapist and trainer must attend a joint induction day.</td>
<td>An initial programme for training the trainers.</td>
</tr>
<tr>
<td>A structured programme of education and training, in separate study days or in blocks; approx 25 days per year.</td>
<td>A day release study day programme, ten per year (postgraduate department-led).</td>
<td>A day release study day programme for therapists, approximately 16 per year (deanery led).</td>
</tr>
<tr>
<td>Trainers must provide 46 tutorials in the course of the year (one per week).</td>
<td>A Professional Training Portfolio used throughout the period of training – includes a record of clinical experience and to be a tool for reflective learning and self-management. Trainers complete assessments in this.</td>
<td>Trainers provide at least 20 1 hour tutorials each year (one hour fortnightly recommended).</td>
</tr>
<tr>
<td>A Training Record Book or electronic equivalent must be completed, including appropriate assessments with support from trainer.</td>
<td>Trainers set aside two one hour in-practice sessions per month – one for a tutorial and one for the supervision of a clinical procedure by the therapist.</td>
<td>Trainers receive a small practice reimbursement grant (£3K on 09/10 figures).</td>
</tr>
<tr>
<td><strong>Trainers’ remuneration</strong></td>
<td><strong>Trainers’ remuneration</strong></td>
<td><strong>Trainers’ remuneration</strong></td>
</tr>
<tr>
<td>Training grant paid to the trainer (£13,164 for GDS trainers, £3500 for SDS trainers, as of April 2010). Funded by NES.</td>
<td>Trainers receive a trainer grant (to the value of £5,000 in September 2010).</td>
<td>Trainers receive a trainer grant (to the value of £5,000 in September 2010).</td>
</tr>
</tbody>
</table>
The three schemes set out in Table 2 demonstrate several common features: a one year programme, the dental therapist is appointed to an approved practice with an appointed trainer, regular tutorials, a requirement to complete a learning portfolio; a study day programme; and a requirement for the therapist to work for at least three days per week.

Where the three programmes differ is in respect of selection, the amount of funding, and the minimum expected number of days the therapist should work. First, Scotland and NESC employ a matching process between trainers and therapists, whereas in Wales the therapists apply direct to the trainers when they are sent a list of participating practices.

Second, the amount of funding differs considerably. Scotland provides much more funding than the other two schemes. For example, Scotland funds the full-time salary of the therapist (£21,176 in 2010), plus a considerable trainer grant in GDS (£13,164 in 2010), plus a dental therapist incentive payment (£6000 or £3000 depending on location). Thus, the basic package without on-costs per therapist/trainer pairing could be approximately £40,000 in 2010, plus the cost of the educational study day programme – which in Scotland is more than double the amount of provision (25 days per year) compared with Wales (10 study days per year) and 1.5 times the amount of provision in NESC (16 study days per year). In terms of costs, the comparative estimated figure in Wales would be approx £15,000 (plus GDC subscription), and the figure is similar in NESC (approx £15,500). In NESC, although the deanery only pays half of the therapists salary (approx £8K), and a small trainer grant (approx £3K), they are also paid a small service cost sum of £4,500 (2009/10 figures). Thus, the costs of providing the Scottish therapist scheme could be estimated as more than double the cost of the Welsh and NESC schemes combined (approx £40,000, compared with £15,000 and £15,500).

The third main difference between the three schemes is that in Scotland, the therapists work full-time, and have a tutorial every week and in the other two deaneries they are expected to work a minimum of three days and have a fortnightly tutorial. So, in Scotland the extra trainer grant is expected to reimburse for double the amount of tutorial time.

A general observation from Table 2 is that the number of vocational training schemes for therapists in the UK remains low. It is unclear precisely how many training places are available in these three schemes but it is unlikely to be more than 12 in each of the three deaneries. However, as noted in the Introduction, the number of newly-qualified dental therapy/hygienists has been increasing in recent years, particularly since 2005. For example, in 2008, the student intake for combined dental hygiene/therapy courses in England was about 230 (NHS Workforce Review Team, 2008) compared with approximately 140 in 2004; this suggests there should be more than an adequate supply of newly-trained dental therapists for emerging vocational training schemes in England, and in the UK more broadly. Arguably, attracting sufficient numbers of interested newly-qualified dental therapists should not be difficult, rather the challenge is more likely to be securing sufficient numbers of high quality general dental practitioners who are willing to apply to become a therapist trainer and employ a newly-qualified dental therapist in primary care for the specified terms of the foundation programme training contract.
3.2 FINDINGS FROM THE EVALUATION OF THE PILOT

3.2.1 Profiling the participants
Seven dental therapists completed the pilot programme. All bar one of the seven participants responded to the questionnaire (response rate of 86%; 6/7), and similarly six of the seven were interviewed – three in Phase 2 (for early feedback) and three in Phase 3 (for later feedback). Thus, all seven dental therapists taking part were involved in at least one phase of the data collection.

The seven dental therapists taking part in the programme were all women, just over half (57%; 4/7) worked part-time (mostly 3 or more days per week [3/4]), and just under half of them worked full time (43%; 3/7).

Participants did not wholly comprise the intended target group for the Foundation Programme for Dental Therapists i.e. newly-qualified dental therapists. Indeed, the group was diverse in terms of the number of years since qualification. Principally the group can be split in two: those who had qualified over 25 years previously (n=4); and those who had qualified within the last 18 months (n=3). This was matched by the number of years’ experience practising as a dental therapist, with the exception of one dental therapist who had qualified over 25 years previously but had only had 6 years of experience as a dental therapist.

The interviews and questionnaires shed light on the working patterns of the six dental therapists who were sampled. To try and gauge how much dental therapy work they were doing, Question 3 of the questionnaire asked where they worked (the type of service) and whether their role was ‘mainly therapy work’, ‘mainly hygiene work’ or ‘mixed hygiene and therapy. The results are shown in Table 3.

TABLE 3: Type and amount of therapy/hygiene work at each contract

<table>
<thead>
<tr>
<th>Number and type of contract (n respondents=6)</th>
<th>Number of days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainly therapy work</td>
<td></td>
</tr>
<tr>
<td>(CDS)</td>
<td>(4) (3.5) (3)</td>
</tr>
<tr>
<td>(CDS)</td>
<td>(2.5)</td>
</tr>
<tr>
<td>(PDS)</td>
<td></td>
</tr>
<tr>
<td>Mixed hygiene and therapy work</td>
<td></td>
</tr>
<tr>
<td>(GDS)</td>
<td>(2) (1) (1)</td>
</tr>
<tr>
<td>(GDS)</td>
<td></td>
</tr>
<tr>
<td>(GDS)</td>
<td></td>
</tr>
<tr>
<td>Mainly hygiene work</td>
<td></td>
</tr>
<tr>
<td>(GDS)</td>
<td>(2) (2) (1.5)</td>
</tr>
<tr>
<td>(GDS)</td>
<td>(1) (1) (1)</td>
</tr>
<tr>
<td>(private clinic)</td>
<td></td>
</tr>
<tr>
<td>Total of contracts</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>25.5 days</td>
</tr>
</tbody>
</table>

1 of the 7 participants was not in a clinical role.
Six of the seven pilot participants were practising dental therapists – one interviewee, a full-time nurse educator, was not engaged at all in a clinical role. However, she expressed her strong intention to return to a career as a therapist in a general dental practice setting.

The most notable feature of the working lives of the six practising dental therapists was the extent to which nearly all of them pieced together their week in two or more different dental organisations, and with a mix of hygiene and therapy work. This is shown by the total of 13 contracts in Table 3 which were undertaken by six individuals. Only one worked in one place and this was in the PDS service as a dental therapist (2½ days per week). Three worked in two different places, and two worked in a total of three different practices.

All those that did ‘mainly therapy work’ did so either in the community dental service (CDS) (n=3) or by working in a PDS setting (n=1). Amongst these six participants, four individuals working in the CDS/PDS undertook a total of 13 days per week. Those working in the GDS setting either worked on a ‘mixed hygiene/therapy’ basis or more typically a ‘mainly hygiene’ basis. For example, two participants had managed to get one day in a GDS practice working on a ‘mixed hygiene/therapy’ basis to develop their therapy experience, and one participant was employed for two days per week for ‘mixed hygiene/therapy’ work in the GDS. But five different GDS contracts amongst these 6 participants employed them on a ‘mainly hygiene work’ basis. Indeed, most individuals (4/6) were topping up their therapy work by working another contract at a different practice on a ‘mainly hygiene’ capacity. This can be readily seen in Table 3 where there were a total of 6 contracts in the GDS which covered 8.5 days in total per week. These contracts were being undertaken by four of these six participants in the pilot. In fact, for two of the six participants, hygiene work made up the majority of their working week.

Overall, the six practising dental therapists all worked at least for some of the time each week in a role that entailed some dental therapy work. However, there was enormous diversity in the amount of therapy work they were doing. At one extreme, the only therapy work that two of them did was only 1 day per week in a GDS setting in a ‘mixed hygiene and therapy’ role, the other four did at least half the working week (2 and a half days or more) in a clinical role described as ‘mainly therapy work’ in the CDS/PDS (see Table 3). Only one reported that she worked full-time using her therapy skills: she did 4 days per week doing mainly therapy work’ (CDS) and 1 day per week in GDS undertaking ‘mixed hygiene and therapy’. Three of the seven participants worked at least 3 or more days per week in a role that involved working mainly as a dental therapist.

3.2.2 Motivations

Both the questionnaire findings and the interviews asked respondents ‘why did you choose to join this pilot foundation programme for dental therapists?’ In the questionnaire, respondents were asked to tick the three most relevant motivations from a list of nine items, and an ‘other’ box was provided for their free text additional motivations (their responses are listed in Table 4).

The questionnaires from the dental therapists showed that their main motives for joining the pilot were ‘to upgrade my knowledge and/or skills’ and because ‘it [provided] formalised, structured CPD’. Half of them indicated that it had been ‘suggested by a colleague that [they] attend’, half were motivated by an opportunity to enhance their confidence in working as a dental therapist, and half were attracted by the opportunity to learn topics ‘that [they] mightn’t otherwise have [had] chance to learn about’.
<table>
<thead>
<tr>
<th><strong>Motivations</strong></th>
<th><strong>Frequency</strong></th>
<th><strong>Percent (n=6)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>To upgrade my knowledge and/or skills</td>
<td>5</td>
<td>83%</td>
</tr>
<tr>
<td>It provides formalised, structured CPD</td>
<td>4</td>
<td>67%</td>
</tr>
<tr>
<td>Suggested by a colleague that I attend</td>
<td>3</td>
<td>50%</td>
</tr>
<tr>
<td>To enhance my confidence in working as a dental therapist</td>
<td>3</td>
<td>50%</td>
</tr>
<tr>
<td>Because topics are included that I mightn’t otherwise have chance to learn about</td>
<td>3</td>
<td>50%</td>
</tr>
<tr>
<td>To improve my career prospects</td>
<td>1</td>
<td>17%</td>
</tr>
<tr>
<td>For the broad coverage of topics</td>
<td>1</td>
<td>17%</td>
</tr>
<tr>
<td>I want to increase the amount of dental therapy work I do</td>
<td>1</td>
<td>17%</td>
</tr>
<tr>
<td>For the mental stimulation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty in accessing appropriate training for dental therapists</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>Wanting to get back into therapy – I saw this as a valuable opportunity</td>
<td>(1)</td>
<td>33%</td>
</tr>
</tbody>
</table>

These responses fit well with the feedback gained from the interviews. Their interview responses can be distilled into two main themes. First, interviewees were attracted by the pilot programme as a means of updating their knowledge. For example: “Updates. And having some hands-on is an absolute bonus...To bring you up-to-date really. It’s easy to drop behind”. Another felt that the programme would provide a ‘refresher’ of the “things that you learn when you’re training that you don’t do all the time in practice”, such as radiography.

The second main reason provided for choosing to join the programme was its potential relevance for everyday clinical practice, the “real-life setting”. Learning more about the range of materials available in practice was emphasised – for some it was because only a limited range was felt to have been used in undergraduate training, and for others it was because there are some things “you don’t do that much...only now and again”. In addition, this interviewee hoped that the programme would provide an opportunity to learn more about complex aspects of treatment (e.g. posterior composites).

All six were also asked in interviews how they had initially found out about the pilot programme. Two had specifically been looking for an appropriate dental therapy course and were delighted that the programme had filled a gap in their training needs. Similarly, another two stated that the information sent to them about the course had stimulated them to apply for a place:

> When I saw the information about the series of study days, I thought ‘This is just what I’ve been looking for’ because the hardest thing I’ve found is being able to access appropriate postgraduate training for therapists. There have been lots of hygiene ones...but therapy stuff just seems to be really hard to come by².

For most of the interviewees (4/6), word-of-mouth from colleagues had encouraged them to look more carefully at the information about the pilot. One commented that the information had not provided sufficient detail, nor did it sufficiently highlight the CPD credits:

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² To protect anonymity, given the limited number of interviewees, the source of quotes is not provided.
Obviously CPD is a big thing for us, we want to make sure we get our CPD, but it didn’t really explain that… It was only through her [colleague] that I found out that it would benefit me in terms of CPD and gave me more of an insight into what it was all about.

Overall, the questionnaire data and interviews highlight that their main motivations for joining the pilot were mainly about the opportunity to be updated on key knowledge and skills, particularly those relevant to hands on clinical practice, including those which were not covered much in their undergraduate training, or which they did not use that often. The information which is sent out about the programme is a vital part of informing dental therapists, but so too is encouraging word-of-mouth by talking about the programme with dental practitioners and therapists in the region.

The high levels of motivation towards the programme were exemplified by the individuals’ commitment to attend all sessions of the entire study day programme. Two interviewees were coming in their own time, for example, by making up the working hours at other times. Another was also attending in her own time, but her organisation was reimbursing her time at the course with time in lieu at work. For three dental therapists, time to attend the programme was taken from their working week (2 in community dental therapy posts, 1 in a practice post), and happily this had been easily achieved: “If you need time, they’re happy to give that”, although one noted that this may not have been so easy in her other post.

This issue was also explored in the questionnaire. In Question 6, respondents were asked to respond to a number of statements by rating the extent to which they strongly agreed (6) through to strongly disagreed (1). One of the statements asked them for their views about the support from their employer to attend the study days (as shown below). The finding shown in Table 5 that all disagreed that persuading their employer to allow them to attend the study days had been difficult, reinforces the interview findings; there had been no notable barriers to participation in this extended programme, and motivation levels amongst the group were high.

<table>
<thead>
<tr>
<th>To what extent do you agree or disagree with the following statements?</th>
<th>Strongly disagree</th>
<th>Strongly agree</th>
<th>Mean</th>
<th>Valid number</th>
</tr>
</thead>
<tbody>
<tr>
<td>It was difficult to persuade my employer to allow me to attend the study days.</td>
<td>(1,2) 4 (66.7%)</td>
<td>(3) 2 (33.3%)</td>
<td>1.7</td>
<td>6</td>
</tr>
</tbody>
</table>

**TABLE 5: Dental therapists’ ratings towards the support from their employer to attend**

3.2.3 Views on the topics in the study day programme

In Question 8 of the questionnaire, the dental therapists were asked to rate each of the eight study days in terms of their overall quality. A six-point rating scale was provided where 1 was very poor and 6 was excellent. In the same question, and with the same topics, they were also asked to rate the extent of new learning on a six point scale (where 1 represented no new learning/reassurance/refresher only, and 6 represented a great deal of new learning).

As can be seen in Table 6 and Figure 2 overleaf, in terms of the overall quality and extent of new learning, the study day topics were rated by respondents as ‘good to excellent’ (with mean scores ranging from 3.0 to 6.0 for overall quality and 2.2 to 6.0 for extent of new learning). For all bar two topics (anterior composites, cross infection), extent of new learning was rated just lower than overall quality.
TABLE 6: Study day feedback: ratings of quality of new learning

<table>
<thead>
<tr>
<th>Study topic</th>
<th>Overall quality Mean Score</th>
<th>Extent of new learning Mean score</th>
<th>Valid number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anterior Composites (hands on)</td>
<td>6.0</td>
<td>6.0</td>
<td>6</td>
</tr>
<tr>
<td>Direct Restorations (hands on)</td>
<td>6.0</td>
<td>5.7</td>
<td>6</td>
</tr>
<tr>
<td>Update on Paediatric Dentistry (hands on)</td>
<td>5.4</td>
<td>5.2</td>
<td>5</td>
</tr>
<tr>
<td>Emergency Dental Care: Scenarios</td>
<td>5.4</td>
<td>4.6</td>
<td>6</td>
</tr>
<tr>
<td>Consent and Complaints*</td>
<td>5.3</td>
<td>4.5</td>
<td>6</td>
</tr>
<tr>
<td>Cross Infection Control*</td>
<td>5.0</td>
<td>5.0</td>
<td>5</td>
</tr>
<tr>
<td>Periodontology</td>
<td>5.0</td>
<td>4.8</td>
<td>5</td>
</tr>
<tr>
<td>Impression taking</td>
<td>5.0</td>
<td>4.6</td>
<td>6</td>
</tr>
<tr>
<td>Practical Radiography (hands on)*</td>
<td>5.0</td>
<td>4.5</td>
<td>6</td>
</tr>
<tr>
<td>Local Anaesthetic Techniques and Pain Control</td>
<td>5.0</td>
<td>4.4</td>
<td>6</td>
</tr>
<tr>
<td>Induction/Working in the NHS</td>
<td>5.0</td>
<td>4.0</td>
<td>6</td>
</tr>
<tr>
<td>Child Protection</td>
<td>4.8</td>
<td>3.3</td>
<td>6</td>
</tr>
<tr>
<td>Customer Care/Team Training</td>
<td>4.2</td>
<td>3.6</td>
<td>6</td>
</tr>
<tr>
<td>Disability Discrimination</td>
<td>4.0</td>
<td>3.0</td>
<td>6</td>
</tr>
<tr>
<td>Delivering Better Oral Health: Toolkit for Prevention</td>
<td>3.0</td>
<td>2.2</td>
<td>6</td>
</tr>
</tbody>
</table>

*GDC core topics

FIGURE 2: Study day feedback: ratings of quality and new learning
The overall quality of each of the hands on sessions was very highly regarded by participants, the anterior composites session, the direct restorations session, and update on paediatric dentistry were rated highest. These were followed closely by emergency dental care scenarios, and consent and complaints.

In terms of new learning, mean scores were generally lower, ranging from 2.2 (delivering better oral health) through to 6.0 (anterior composites). As well as anterior composites, another three topics were rated 5.0 or above for new learning, these included: direct restorations, update on paediatric dentistry, and cross infection control. The two sessions that had attracted the lowest scores on quality and extent of new learning were the disability session and the delivering better oral health session.

The interviews with participants supported this data. On the whole, the interviewees were satisfied with the breadth of topics on the study days, all of them qualifying that the course organisers had been keen to discuss the coverage. For example, one commented: “We’ve discussed the programme as a group and I think most of the things are covered”. A few additional topics were suggested for inclusion. Two were extractions and pulpotomies, and evidently these had already been suggested to the programme director (For example: “Extractions aren’t covered, but I think Steve [programme director] said that he may try and fit that in”). Also suggested was the importance of team-working and communication skills. This was seen as vital to help the newly-qualified therapist talk to the dentist and other team members about patient care: “It’s very difficult...to put your views forward and for them to be listened to...When you’re newly-qualified, you do what your dentists tell you”.

For the interviewee hoping to get back to therapy practice, the programme had generated interest in further CPD, particularly targeted at returning to clinical work.

In terms of the high ratings for hands on sessions, several interviewees drew attention to the value of the direct restorations and anterior composites sessions led by Louis Mackenzie and also the paediatric dentistry session led by Kris Coomar:

He was very good and he introduced us to some new instruments; he was very good at carving the amalgams. So it regained our confidence and enthusiasm for carving our amalgams and making them look good. Yes - Louis Mackenzie. He was excellent. It was a very good day that one.

For me the topics were very good. There was lot on paediatrics. The X-ray was a good update. The local anaesthetic techniques – that was good. And certainly the taking impressions was good.

Learning about new materials was mentioned by several of the interviewees, and specifically to find out whether there were any new materials for fillings on the market, or new techniques to help with clinical practice. One mentioned that she was “having a problem with blocks, so I wanted to resolve that if I could” so there was a sense of some individuals wanting to brush up on specific techniques.

Radiography was highlighted as an excellent session by most of the interviewees (for example: “Last time we had radiography and medical protection and that was fantastic”, “The radiography one was particularly interesting”). It was described as a “good update” and “super” with one specifying that when she had qualified she “didn’t have a lot of theory on radiography” and another mentioned that she had “asked for radiography because hadn’t taken X-rays for a long time”. One identified the opportunity to learn about different radiography systems: “…different system of holders to hold the X-rays. It’s just learning about different things and remembering everything and having a bit more of an insight”.

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The programme director endorsed the participants’ views on the hands on sessions drawing attention to the two excellent sessions on restorations, commenting that the speaker, Louis Mackenzie, “had spent a huge amount of time into making models”. And that similarly, Kris Koomar was praised for having done “a wonderful day on paediatrics”. According to the programme director, consent and complaints was introduced as a substitute for a session on oral medicine, which had not been included as planned. It is worth noting that consent and complaints should not be lost: participants rated this session highly.

Several of the interviewees also highlighted that the session on cross infection control had been very good for them, one mentioning that it had given her the confidence to go back and talk to her dentist about it. Two of the three later interviewees who had experienced the whole programme also felt that the impression taking session was useful because it had been “good to practise on each other”. Another mentioned the valuable update on local anaesthetics.

At a more critical level, the oral health session was seen as a refresher, but ‘drier’ in format and, because of this, was generally less well-received. Four of the six interviewed specifically highlighted that the oral health session was the weakest session, with two of them noting that they didn’t learn much because they were aware of the guidelines, whilst one acknowledged that she had still learnt something from the session. Similarly, a couple of them criticised the content of the disability session, noting that it was a relevant topic but examples given in the session were not well-targeted for dentistry. One suggestion offered was that a lecturer who had worked in a special needs practice may have been able to better tailor the session to the group.

The message from this data is clear: respondents were positive about the overall balance of the topics. Hands on sessions were particularly well-received, so too was coverage of the GDC core topics. The four study day topics at the bottom of the table were considered lowest quality and lowest in terms of learning gained. The disability and the oral health session need to be closely monitored by the programme director, especially their content and/or the speakers selected to deliver them. The issues of format and learning gains were also discussed in the interviews, as detailed below.

Format
The programme director characterised the study days as split between classroom-based and hands-on sessions. First, in terms of the hands on sessions, these combined theoretical and practical/hands-on elements and this was highly regarded by those interviewed. Many highlighted that the opportunity to discuss different materials or approaches to clinical practice with colleagues and tutors was most valued, as shown below:

It’s just different ideas: about different materials, different techniques that you use. Earlier this morning we were talking about lining a cavity, what you would use, and it’s just interesting to throw ideas out and then when you have a lecture on it say ‘Yes, we were doing it right’ and just get different ideas of different things that you can use, different ways of dealing with patients as well.

Similarly, one emphasised that the process of working on aspects of clinical practice and then having her work reviewed by experts was very instructional:

It worked out well, particularly going into the lab and utilising skills in cavity preparation – having our work looked at and monitored. For me it was a case of thinking I can carry on, I have the confidence now I can do it.
The classroom-based sessions included a combination of didactic short talks from the speakers, and small group discussion amongst the therapists with facilitation from the programme director and the speaker. As Steve Clements said: “It’s important to keep people participating and not just sitting and listening”. All therapists interviewed mentioned how much they appreciated being able to “ask questions” or “chip in” and willingness of the tutors to respond to the dental therapists’ questions and priorities was well-received. The small size of the group obviously enabled a more discursive format, and was less intimidating for the therapists to ask questions. As one participant summarised:

I don’t really feel you can ask questions and get involved if you are just in a big lecture theatre at the dental hospital or something.

The tutors should be congratulated for their approach. In particular, the approach of the programme director, Steve Clements, was highly regarded by the interviewees. His flexibility and willingness to seek course participants’ views was welcomed. So too was the informality of format he encouraged during the study days.

As far as the dental therapists were concerned, the study days provided chance to discuss their own difficulties with other dental therapists. In light of the potentially isolating day-to-day role of the dental therapist, each of the interviewees raised the importance of mutual learning and support from their course peers. As one commented:

Look at how other people have overcome certain things and use their experiences to put into your own workplace. ‘I’m having a problem with this, what do you do?’

The length of each study day was also mentioned. Rather than one-off evening lectures, the newly-qualified dental therapist particularly spoke of the importance of combining theoretical and practical elements of the subject on one day (for example: “...here on one day you get the bulk of the radiography and the practical stuff as well”) in contrast with her perceptions of the undergraduate provision. Moreover, all interviewees considered that learning over a sustained period of several study days with the same peers, had been a particularly positive learning environment:

I think it’s a great way to encourage your learning, rather than just coming and sitting on your own in a lecture theatre, and then going home after a couple of hours and thinking ‘I’ve ticked a box’.

Overall, in terms of the format of delivery, the feedback was excellent. The relaxed atmosphere and style of the study days was appreciated. So too was the respect that all tutors gave to the dental therapists. All were pleased that their contribution to the dental team was recognised by tutors. The combined lecture-style format with group discussion and hands-on elements was appreciated, and all recognised that some topics were more appropriate for MS PowerPoint presentation. It was felt to be helpful if tutors’ MS PowerPoint presentations could always be made available. The general message, however, was that opportunities for group discussion, and practical, particularly hands-on sessions were most valued and could be developed even more in the sessions. In reiterating that additional hands-on would be welcomed, one commented:

In a patient, or in a phantom head’s mouth, having a look or even just with a model on a bench, you can learn a lot from that.

3.2.4 Impact on practice

Question 6 of the questionnaire sought respondents’ overall views. A key issue which was explored in this question was the impact of the study day programme on their practice. A range of
statements were provided and respondents rated their level of agreement on a six point scale, where 1 represented *strongly agree* and 6 *strongly agree*.

As shown in Table 7, although numbers here are small and we should be cautious in our interpretation, there was strong agreement (83%) that the dental therapists had discussed what they had learnt with colleagues in their workplace, fewer (though still the majority) strongly agreed (60%) that they had made some changes in their practise, nearly all (83%) were aware of aspects that they needed to improve, and most (80%) reported that they don’t experience barriers of time or support to implement change in their work. Where the results were disappointing: all bar one of the respondents didn’t have any specific plans for further CPD. It is not clear from the evaluation data whether any time was devoted to discussing ideas for further education with the dental therapists. From this data, it is really positive that they are aware of the aspects on which they need to improve, but it will be evidently important for appointed trainers to talk with their therapist about making these plans a reality. The deanery needs to urge trainers to follow-up on this issue, and written reflection after each study day could facilitate this discussion.

**TABLE 7: Views towards the impact of the programme**

<table>
<thead>
<tr>
<th>To what extent do you agree or disagree with the following statements? Please circle one number per line where 1=strongly disagree and 6=strongly agree.</th>
<th>Strongly disagree</th>
<th>Strongly agree</th>
<th>Mean</th>
<th>Valid number</th>
</tr>
</thead>
<tbody>
<tr>
<td>I discussed what I learnt at each study day with colleagues in my workplace.</td>
<td>1 (16.7%)</td>
<td>5 (83.3%)</td>
<td>5.0</td>
<td>6</td>
</tr>
<tr>
<td>As a result of the study days, I have made several changes to what I do in practice.</td>
<td>2 (40.0%)</td>
<td>3 (60.0%)</td>
<td>4.8</td>
<td>5</td>
</tr>
<tr>
<td>I’m aware of aspects of my professional practice that I need to improve.</td>
<td>1 (16.7%)</td>
<td>5 (83.3%)</td>
<td>4.8</td>
<td>6</td>
</tr>
<tr>
<td>I’ve got specific plans for further continuing education.</td>
<td>3 (50.0%)</td>
<td>2 (33.3%)</td>
<td>1 (16.7%)</td>
<td>3.7</td>
</tr>
<tr>
<td>I learnt great ideas during the study days but I don’t have enough time or support in the practice to make any changes.</td>
<td>4 (80.0%)</td>
<td>1 (20.0%)</td>
<td>2.0</td>
<td>5</td>
</tr>
</tbody>
</table>

To find out more about which study days were perceived to have greatest impact on their practice, Question 9 of the questionnaire asked the dental therapists to identify three study days which had had the greatest impact on their practice and to specify how the study day had impacted on them. Their responses are tabulated below:
### TABLE 8: The three topics with the greatest impact: views of the respondents

<table>
<thead>
<tr>
<th>Day</th>
<th>Topic</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Induction/Working in the NHS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cross Infection Control *</td>
<td>✅</td>
</tr>
<tr>
<td>Day 2</td>
<td>Child Protection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disability Discrimination</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Delivering Better Oral Health: Toolkit for Prevention</td>
<td></td>
</tr>
<tr>
<td>Day 3</td>
<td>Practical Radiography (hands on) *</td>
<td>🌟🌟🌟🌟</td>
</tr>
<tr>
<td></td>
<td>Consent and Complaints *</td>
<td>✅</td>
</tr>
<tr>
<td>Day 4</td>
<td>Direct Restorations (hands on) *</td>
<td>🌟🌟🌟🌟🌟</td>
</tr>
<tr>
<td>Day 5</td>
<td>Anterior Composites (hands on)</td>
<td>🌟🌟🌟</td>
</tr>
<tr>
<td>Day 6</td>
<td>Update on Paediatric Dentistry (hands on)</td>
<td>✅</td>
</tr>
<tr>
<td>Day 7</td>
<td>Local Anaesthetic Techniques and Pain Control</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Impression taking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Customer Care/Team Training</td>
<td></td>
</tr>
<tr>
<td>Day 8</td>
<td>Emergency Dental Care: Scenarios</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Periodontology</td>
<td></td>
</tr>
<tr>
<td>Day 7</td>
<td>Local Anaesthetic Techniques and Pain Control</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Impression taking</td>
<td></td>
</tr>
<tr>
<td>General comment:</td>
<td>✅</td>
<td></td>
</tr>
</tbody>
</table>

* GDC core topics

As shown above, the sessions identified as having the ‘greatest impact on [their] practice’ were the hands on sessions at Birmingham Dental Hospital and the GDC core topics. In particular, direct restorations (Day 4) - all bar one of the six individuals identified that this session had been one of those which had had greatest impact. The sixth individual simply made a general comment: “All clinical days provided new information that I took back to my team”. With regard to how the direct restorations session had impacted on the therapists, they each commented that the session had covered new materials and techniques that they could use in practice, as follows:

- Use of new materials and clinical techniques, new instruments.
- Increased skill therefore increased confidence.
- Improved practice, very informative.
- Now trying to follow techniques shown and use in clinical practice. Discussed techniques with colleagues – now using more composites as feel more confident with their longevity if placed correctly.
- Shown new/alternative materials and techniques. Very useful.

The other main sessions which were considered to have greatest impact on practice were: practical radiography (Day 3 am), and anterior composites (Day 5). The practical radiography had helped therapists to “practice taking X-rays and positioning films etc on each other in a relaxed environment”. And again, the anterior composites session had impacted on them because of the opportunity to “use new materials, clinical techniques and instruments”. One individual also felt the update on paediatric dentistry had had impact on her clinical practice.

Of the sessions at Good Hope Hospital, the sessions which had greatest impact on practice for at least one individual included: cross infection control, consent and complaints, and impression taking.

One individual, commenting about the cross Infection control session wrote that it had helped her to: “Understand how this will affect practice therefore able to offer information at practice meetings about decontamination rooms and new procedures and how they are to be implemented”

In both the early (mid programme) and later interviews (end of programme), all dental therapists were asked about any ways in which their practice had changed as a result of their involvement in the pilot foundation programme. Five of the six practising dental therapists readily gave many examples of the way the programme had altered their approach to certain aspects of care. Only one
mentioned that she did not think she had made any drastic changes and the programme had been mainly a refresher, although she did acknowledge thinking more about the techniques they had been taught and different instruments that had been demonstrated.

In terms of concrete changes to practice, revision in their approach to X-rays was highlighted by two of the interviewees, one noting that there were certain X-rays she hadn’t ever been sure about, and this opportunity had enabled her to get some overdue practical advice. Two mentioned the oral health session, and how it had provided an update about ways to promote oral health in clinical practice. One mentioned the impressions session and how she had needed practice taking particular types of impressions. Another highlighted the paediatric session and how she had learned more about handling children. She is now booking longer appointment times of 40 minutes instead of 20 minutes, and also introducing more fissure sealants on the children that she did before the pilot programme. One noted that her dentist had bought her some polishing stones for composites and recalled that she had subsequently showed her dentist how to use them.

Again, endorsing the questionnaire data, the general argument was made by many therapists that the practical sessions had provided up-to-date ideas, relevant for practice. For example, one of the newly-qualified therapists emphasised that the sessions had given her “take-away skills” in the radiography session that she could continue to use. Her comment below exemplifies the benefit gained from the sessions:

It’s just getting into that routine and pushing you forward, giving you ideas, and it will make me think, when I go back, ‘Ooh yes, I could do this’ or when I’m doing my radiography ‘Ooh, well actually I’ll use this holder and I may get a better result because it’s not as heavy’. It gives me a lot of information in that sense and it gives me a broader spectrum of ideas to think ‘Well, I’ve got this option or that option’ as opposed to going down just one route. It is giving me lots of ideas.

Others talked about learning from talking with each other in the practical sessions too, and there was repeated emphasis about learning about new materials and techniques and that talking about them and trying them out had helped considerably in how much they had learnt.

Enhanced confidence was a key theme that arose in discussion about the impact of the study days. Specifically, the impact of “a lot more knowledge” had given them more confidence to discuss changes which could be made in the workplace. For example, one spoke about the confidence to recommend using fluoride to patients in the practice, after studying the Oral Health Toolkit.

I think the biggest impact for me is to be able to go back into work and have the knowledge that what I’m saying is evidence-based. I probably may have known that before, but coming here has made me realise that actually, yes, that is evidence-based. It’s easier to go back into the workplace and say ‘Yes, but if you have a look at this, it’s not just me that’s saying it, this is the evidence-based practice and this is what we’re supposed to be working toward.

Interestingly, their dental colleagues’ response to their new ideas had been mixed. Although all readily talked about sharing their ideas and new learning with their colleagues, for three this had been completely well-received, but the others spoke of more mixed responses. Positively, one interviewee had spoken at a staff meeting and noted that the dentists were “interested in anything you’ve learnt”. She mentioned that she had given “…a bit of a spiel about it [cross infection] and they were happy with that and it gave them another point to focus on. Generally it’s been positive”.

For one, however, persuasion was required to implement learning gained. For example, she drew attention to learning gained from the prescribing drugs session: (“...making sure you get
prescriptions on your local anaesthetic, and when I took that back to the practice, I was met with two things: ‘Oh, you’ve been on a course’ and the other one was ‘Oh, that means we’ve got to do more work now.’

Such comments reiterate the importance of support from dental colleagues for dental therapists attending this Pilot Dental Therapy Foundation Programme. For all dental therapists, particularly those who are newly-qualified dental therapists, it is central to be able to discuss the learning gained in the study day programme with their dental colleagues, and have opportunities to implement aspects into their day-to-day clinical role. This would suggest that gaining cooperation from dentists working with potential dental therapists interested in this programme is vital.

3.2.5 Overall views

The questionnaire to dental therapists provided a good opportunity to ask respondents for their ‘overall views’ about taking part in the programme. This was partly because of its timing (it was distributed at the end of the evaluation process), but also because of its data collection method (questionnaire) provide greater anonymity than the interviews.

As shown in Table 9, there was overwhelming agreement that ‘there are too few courses that are relevant to qualified therapists’, nearly all (83%) strongly agreed that the informal contact with other therapists was one of the ‘best things’, and similarly, that the programme had had a positive effect on their ‘job satisfaction’. Indeed, mean scores were very high across all ‘overall views’ statements, indicating that respondents were very supportive of the programme.

<table>
<thead>
<tr>
<th>TABLE 9: Overall views</th>
<th>Strongly disagree</th>
<th>Strongly agree</th>
<th>Mean</th>
<th>Valid number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1,2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5,6)</td>
</tr>
<tr>
<td>There are too few courses that are relevant to qualified therapists.</td>
<td>6 (100.0%)</td>
<td></td>
<td></td>
<td>5.7</td>
</tr>
<tr>
<td>One of the best things about the study days was the informal contact with other dental therapists.</td>
<td>1 (16.7%)</td>
<td>5 (83.3%)</td>
<td></td>
<td>5.2</td>
</tr>
<tr>
<td>The study days have had a positive impact on my overall feelings of job satisfaction.</td>
<td>1 (20.0%)</td>
<td>4 (80.0%)</td>
<td></td>
<td>5.0</td>
</tr>
<tr>
<td>The study days have made me feel more invigorated as a practitioner.</td>
<td>2 (33.3%)</td>
<td>4 (66.7%)</td>
<td></td>
<td>5.0</td>
</tr>
<tr>
<td>There is a need for an education programme for newly-qualified therapists to support their transition into work.</td>
<td>2 (40.0%)</td>
<td>3 (60.0%)</td>
<td></td>
<td>5.0</td>
</tr>
</tbody>
</table>

These views were supported by the comments made at the end of the questionnaire in the ‘any other comments’ question. Only four of the respondents provided a comment, and because of the details of some of the comments, and the difficulty with ensuring anonymity, their full comments are not provided here. Suffice to say that the vast majority of their comments were very positive, with three providing general praise (“very, very useful and enjoyable”; “…really informative and enjoyable”; “Thank you for giving me the opportunity…”). Three of the four specifically mentioned the value in talking to other therapists, for example:

I met some great people who I could share my thoughts and ideas with - talking with dental therapists is completely different from having a work-related chat with a dentist.
Fellow therapists understand how we can be limited by prescriptions given to us & can offer advice about having to overcome these problems that dentists don’t face.

Other positive comments were made about the relevance of the topics, that the programme was well-delivered, and that it had improved their confidence. Indicative of the cohort of participants on the programme, two individuals also noted the potential to include dental therapists who had qualified some time ago, but who wish to return to practice. For example:

Please include therapists who have qualified a while ago. There are many out there that need refresher courses to get them back into the workplace. It is a shame that their skills are not utilised due to lack of courses for them to boost confidence; they have a lot to offer but require such programmes for them to be able to work again.

One individual noted that the “advertising was poor”, suggesting this is an area for future development.

The need for a dental therapy foundation programme
One of the key statements asked respondents about the idea of providing a foundation programme for dental therapists. Interestingly, although views from the pilot participants were positive (all agreed and rated 4, 5 6) these ratings were lower than for other statements – possibly reflecting the profile of more experience dental therapists who had taken part in the pilot.

This was reflected in the comments they made in interview. For example, all responded that the course may be more useful for dental therapists who have been at work a year or more – even the more newly-qualified interviewees. For example, one of these less experienced dental therapists felt that the course would be more of a refresher for newly-qualified dental therapists but thought it would probably be more useful for people who have been qualified for a while. Two responded that during their first year after registration that newly-qualified therapists are getting used to being into the workplace, and that the programme maybe better when they’ve been in practice for a few years. One commented that the programme shouldn’t just be for newly-qualified, but should be open for those who have qualified for a long time but not worked as much. Another reiterated this sentiment, but acknowledged that although it was targeted for newly-qualified therapists she suggested that if there were any spaces in specific sessions or the programme as a whole that ‘older ones’ should be allowed to join.

Not surprisingly, the programme director responded strongly about the need for a foundation programme for newly-qualified dental therapists, arguing that with dental therapists moving to work in the general dental service (GDS), dental therapists should be supported by a trainer in their transition into work – in the same way as dentists are through vocational dental training (now known as dental foundation training year 1). Moreover, he argued that there is a workforce retention argument: as Birmingham provides a dental therapy-hygiene degree course, the West Midlands risks losing newly-qualified dental therapists to other vocational training schemes nearby (e.g. Oxford Deanery) or risks deskillng newly-qualified dental therapists as they do not use their skills in the region.

It’s good to place people in reasonable practices – placing someone in a practice where there has been some kind of training, and there is a teaching role for the dentist and they are aware of their mentoring responsibilities. It’s a good way of helping newly-qualified people into the workplace.
The programme director argued that although some practices provide high quality support for newly-qualified dental therapists already, the role of the deanery is to provide dentists with “some of the [educational] tools to help them do their job better”.

Best and Worst

Best
All dental therapists provided a comment to Question 10 on the questionnaire which asked: ‘What was the best thing about the study day programme?’ Their raw comments are shown below. But what is clear from three of them is that the ‘best’ thing was perceived as the opportunity to meet and discuss “mutual difficulties” with other therapists, “listening to their experiences”. This was reinforced by the programme director, who identified that one of the highlights for him had been “a few fantastically open discussions about what happens in practice – both the good, bad and the ugly...and with the knowledge that what’s said in the room, stays in the room”.

The main ‘best thing’ that two of the six mentioned was the ‘hands on’ or ‘practical’ sessions – either in terms of being ‘useful’ or specifically refreshing skills or learning about using new materials and techniques. Two of them identified that they valued these practical sessions either because these had not been “shown in their undergraduate teaching” or they hadn’t used them “in a while”, suggesting these sessions filled a particular gap for some of the participants.

The remaining comments were similarly positive - one mentioned the small number of participants, and the motivated speakers and programme director, whilst and another mentioned that she valued being able to “influence the structure” of the programme. The programme director had also been impressed by the quality of the speakers who had willingly helped run the sessions, noting that they had done some “great work” and acknowledging that he had “learnt a lot too”.

Their comments are detailed in full below:

**TABLE 10: Comments about the best things**

<table>
<thead>
<tr>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Having lots of hands on days whereby you could use new materials, seeing how they could be manipulated &amp; using techniques not shown during undergraduate teaching.”</td>
</tr>
<tr>
<td>“Meeting with other therapists and discussing how they work and handle situations/patients and listening to their experiences. The practical sessions were really useful at refreshing skills I haven’t used in a while and discussing alternative materials and methods.”</td>
</tr>
<tr>
<td>“Obviously getting together with other therapists and discussing mutual difficulties”</td>
</tr>
<tr>
<td>“Small number, informative, motivated speakers and ‘course leader’”</td>
</tr>
<tr>
<td>“The programme content was overall excellent as we were able to influence the structure.”</td>
</tr>
<tr>
<td>“Updating knowledge and skills and able to discuss problems with other therapists.”</td>
</tr>
</tbody>
</table>

Worst
All six respondents commented when asked to detail ‘worst thing about the study day programme’ (Q.11). However, one individual’s comment was a positive reflection of how well the course had been received, and her desire for even more training: “Could have done with another few days and topics”. This suggests that the programme director needs to be well informed about the ways in which the dental therapists can build on the study day programme with continued professional development activity. Two of the individual’s responses were about disappointment with specific sessions – Day 2’s morning session disability discrimination (1 respondent) and Day 2’s afternoon
session delivering better health oral health session (another respondent). These comments reinforce the lower ratings observed for these two sessions set out in Table 6.

One issue which might merit further exploration in evaluating the full dental therapy programme was how participants respond to the amount of theory covered in the study day programme. There were only three participants who had qualified in the last 18 months in this pilot, however, one of the more newly-qualified dental therapist felt that covering theory again “that was still quite fresh in [her] mind”.

TABLE 11: Comments about the worst things

| “Could have done with another few days and topics” |
| “Delivering better health - very weak presentation” |
| “Personally the worst thing about the study day programme was going over theory that was still quite fresh in my mind being as I started the therapy course only a matter of months post-qualification.” |
| “The Disability Discrimination was a good subject to be included but the content was completely irrelevant. It had nothing to do with dentistry or our work.” |
| “The lab at the DH was cold”! |
| “Too many therapists dropped out at the beginning of the study.” |

### 3.2.6 Recommendations from the study days

All six respondents provided suggestions as to how the study day programme could be improved. Three of them suggested additional topics, namely: oral medicine, pharmacology, practical periodontology, employment issues (contract negotiation, salary etc), team working and communication, assertiveness skills, sedation and health behaviour. These are some areas that the programme director might consider for inclusion. However, only with greater numbers of the target group (newly-qualified dental therapists) will the appropriateness of the topics really be able to be evaluated. As was done in the pilot, the programme director should continue to evaluate each specific session using an evaluation sheet and discuss dental therapists’ views towards the range of topics in the full programme running in 2010/2011.

As can be seen in the Table 12 below, the other main recommendation is for more practical sessions. Two reiterated how ‘useful’ these practical sessions had been, particularly in building confidence for a newly-qualified dental therapist. Finally, one person emphasised the importance of appropriate professional development for returning therapists coming back to clinical practice after a break, and suggested this programme be “opened up to therapists who...have had a career break”.

TABLE 12: Comments about the recommendations

| “I would like to see other subjects added i.e. oral medicine, pharmacology and a practical session on perio.” |
| “Key issues around contract negotiation, salary etc. Team working through to assertiveness skills. How to communicate with your employer.” |
| “More hands on study days. A newly-qualified therapist will probably be very up-to-date on the theory side of therapy but may need to build confidence in practical areas.” |
| “More practical sessions maybe? I found these to be the most useful.” |
| “Opened up to therapists who are returning to work or have had a career break.” |
| “Sedation - dental phobics, health behaviour.” |
3.3 Launching the full Foundation Programme for Dental Therapists (2010-2011)

In Phase 3, the dental therapists and the programme director were asked about the extension of the study day programme into the full Foundation Programme for Dental Therapists, which was launched within months of the completion of the fieldwork for this evaluation. The role of the deanery in the full foundation programme is to offer and provide educational support to newly-qualified dental therapists. A trainer grant of £3000 per year (in 2010/2011) is paid to the trainer to reimburse their time to the trainer role. However, unlike some other schemes, a contribution to the dental therapists’ salary is not funded, making the West Midlands scheme considerably more affordable for the deanery than its nearest comparable scheme in Oxford and Wessex (approx £15K).

For the full scheme, the appointments of trainers and the matching of dental therapists to these appointed trainers was unconventional, but successful. The deanery invited all new dental therapy graduates if they would like to join the scheme. A list was generated from those who were interested, and consent was obtained to pass their details to potential trainers. The deanery then approached all existing vocational trainers (who had therefore already passed their practice inspection) to ask them whether they were willing and able to be dental therapy trainers. Interested potential trainers were then given the contact details of dental therapists and vice versa. The contract of employment was then made between practice and individual dental therapist. The only restriction was that the appointed dental therapist had to work as a dental therapist for a minimum of 3 days per week.

For 2010-2011, at the start of the programme there were 10 dental therapists on the programme – 7 of these working in a practice with a trainer, and 3 only doing the study day programme. When this fieldwork was completed, it was anticipated that the full programme would have three core components:

- The study day programme (delivered over 12 months, rather than 9 months as in the pilot)
- Supported work placements – nominated dentist (trainer) supporting newly-qualified dental therapist
- The portfolio

When asked what is at the heart of a successful foundation programme, the programme director was keen to emphasise in interview that the importance was the linking of all three of these components. Importantly, the programme director sees himself in both a direct training role (through the study days) and in a mentoring/training role with the dentists working with the dental therapists in practice. His role is to liaise with both parties:

I’m not there to defend the dentists or the dental therapists but to tell them what the situation is or what is should be...

Each of these three aspects of the full programme is discussed below:

**Study day programme**

The draft of the full 12-month study day programme is enclosed as Appendix 6. This has 12 sessions (one per month) rather than the 8 sessions delivered as the pilot. The additional sessions have enabled: introduction to the portfolio, audit and case presentations, and also time to present their audits and case presentations. New sessions are included for: oral medicine, medical emergencies, and a day at the BDA conference. And an additional session was set out in the programme for periodontology. The programme director indicated that the periodontology session in the pilot was to be split into two half day sessions for the full programme – one at the beginning of the year on
basic periodontology, and a more advanced periodontology session later in the year. The
programme director also noted that he had been keen to ensure the oral medicine session (that had
been planned for inclusion in the pilot) would go ahead in the full programme.

Supported work placements
The intention is that dentists in a trainer role will work with the dental therapists on the completion
of the portfolio, and its associated assessments. Trainers would be expected to provide tutorials on
a fortnightly basis. The programme director envisaged that practices would need to be visited.

Portfolio
At the time of the evaluation, the full programme had not been launched. However, the portfolio
planned for use in the full programme was closely based on the dental foundation programme
portfolio (COPDEND, 2009) which had been previously been considerably piloted and evaluated.
The main revision for the dental therapy foundation programme had been to reduce the range of
competencies, deleting those that do not relate to therapy duties. As reiterated by the programme
director:

There’s a lot of feedback about the use of the portfolio with newly-qualified dentists. The only
change with therapists is the range of competencies that that they are required to be tested on
is reduced compared with dentists.

Its parallels with the dentists’ portfolio was thought to offer the easiest transition for dentists new to
the dental therapy trainer role, but who are experienced vocational trainers. To follow suit with
their dental colleagues, the future may well bring an e-portfolio for dental therapists.

Similarly, the programme director had developed a curriculum document, in which the COPDEND
curriculum for dentists (COPDEND, 2006) had been revised to fit with the more limited scope of
dental therapy duties.

Looking to the future of the Foundation Programme for Dental Therapists in the West Midlands
Towards the completion of the fieldwork for the evaluation of this pilot scheme, the launch of the
full programme, with all its component parts (trainer, study days, portfolio), was imminent
(September 2010). The deanery should be congratulated for piloting, securing funding and then
implementing this new initiative. However, at the time of writing only one year of funding had been
secured and it looked possible that a year-on-year case for continued funding may be necessary.
Unlike dental vocational training (whose funding comes from central monies), funding for dental
therapy foundation programmes is provided locally by the Strategic Health Authority.

In view of this need to secure continued funding, it will be important for the deanery to continually
evaluate both the short-term and longer-term impact of the programme on newly-qualified dental
therapists. A highly-trained dental therapy workforce, in continued employment in the West
Midlands, using their full range of skills and working well in primary care dental teams, will be the
strongest way of growing even further workplace opportunities for newly-qualified dental therapists
in the future.
4.0 CONCLUSIONS

In this Conclusion, we draw together the data from the different phases of the research to address the principal objectives for the study.

- To report key features of foundation programmes in operation elsewhere, identifying issues and future directions

When the pilot foundation programme was launched, only a few similar education programmes for newly-qualified dental therapists were in operation in the UK: in Scotland, Wales and NHS Education South Central (Oxford and Wessex). These three schemes demonstrate several common features: a one year programme, a dental therapist appointed to an approved practice with an appointed trainer, regular tutorials, a requirement to complete a learning portfolio; a study day programme; and a requirement for the therapist to work for at least three days per week. Where the three programmes differ is in respect of the process of appointment of dental therapists to trainers, the amount of funding, the amount of designated educational input, and the expected number of days the therapist should work. A clear issue for such programmes is the viability of financial supporting them. Unlike dental vocational training which is centrally funded, therapy programmes are locally funded at the deanery level. Without doubt, the Scottish model is significantly more generous in the level of funding, than either the Welsh or the NESC scheme combined. A key difference is that in Scotland the full time salary of the dental therapist is funded, whereas in Wales, three-quarters of the therapist’s three day salary is funded, and half the therapists’ three-day salary is provided by NESC. The West Midlands Foundation Programme for Dental Therapists has adopted a new model – a trainer grant of £3,000 covers time spent in work-based learning and tutorial time with the therapist, a study day programme of 12 sessions is delivered for therapists, but participating employers (e.g. practices) cover all the salary costs of their employed dental therapist. Given that this makes the West Midlands scheme considerably more affordable for the deanery than its nearest comparable scheme delivered by NESC (approx £15K), it will be important to evaluate the cost effectiveness of this approach.

West Midlands is able to build on the experiences of these other schemes; employing a dental therapist for three days is an established pattern. However, the experience of the West Midlands pilot foundation programme showed that only half of the participating dental therapists worked three days per week in a role that was mainly therapy, and none of these contracts were in the general dental practice but were in the community dental service. Thus, it may be challenging to recruit newly-qualified dental therapists who can secure sufficient dental therapy work to be eligible for the programme, particularly in the GDS.

Recent evidence from research in Birmingham suggests considerable enthusiasm from newly-qualified dental therapists for working as a therapist in general dental practice (Firmstone et al, 2009). And with increasing numbers of hygienist-therapists, particularly newly-qualified individuals graduating from the University of Birmingham, there should be more than an adequate supply of relatively recently qualified therapists for the West Midlands Foundation Programme for Dental Therapists Scheme. However, the challenge will be to secure sufficient numbers of high quality general dental practitioners who are willing to apply to become a therapist trainer and employ a newly-qualified dental therapist for the specified three-days required for the training contract (and hopefully beyond). Flexible arrangements may be required for the programme to become established, for example, opening recruitment to all therapists working three-days per week (not just newly-qualified), establishing joint training arrangements between two practices, and opportunities for therapists to gain ad hoc therapy work experience from other practices/clinics.
• **To explore the dental therapists’ motivations for attending the study days.**

The seven dental therapists were delighted to have been involved in the pilot study day programme. Their main motivations for joining the pilot had been the opportunity to be updated on key knowledge and skills, particularly those which were relevant to their hands-on clinical practise, those not covered significantly in the undergraduate training, and those which they did not routinely practise. However, the power of word-of-mouth should not be underestimated; many of the participating dental therapists had heard about the pilot from a colleague. Talking about the dental therapy foundation programme with dental practitioners and dental therapists working across the deanery patch is a vital part of motivating dental therapists and dentists to become involved in training in the future.

Although these individuals had not experienced difficulty finding time to attend, it is notable that some were mature experienced individuals who could negotiate their own diaries to fit this programme into their working week. For another, the study days were delivered on her day off from clinical commitments. It was highlighted from some of them however that it could be challenging to secure day-release to attend the study days from a general practice post, or from a busy clinical day. If practising dental therapists attend this programme in the future they will need comprehensive information about the sessions, provided sufficiently ahead of the start date to enable them to negotiate time away from their employer(s).

• **To explore experiences and educational benefits of taking part in the pilot. If applicable, could the educational needs of returners to dental therapy be met through such a programme?**

Feedback about the pilot study day programme was extremely positive. The tutors and programme director should be congratulated for their commitment to responding to the groups’ needs, and their approach towards the role of a dental therapist in the dental team. Each of the participants had gained confidence from the study days, and was motivated in the interviews to talk about their new learning in their workplace. Several concrete examples of impact on participants were provided: input to staff meetings; discussion with colleagues, testing out new clinical ways of doing things. However, interviewees’ reiterated the value of supportive work places, and the role of dentists in shaping their day-to-day work. This is particularly important if dental therapists are to use the full range of their dental therapy skills.

On the whole, the topics covered were seen as comprehensive and well-planned. A few additional suggestions were: extractions, pulpotomies, and communication and team-working skills. Hands-on and practical sessions were rated most highly, so too was the chance to discuss aspects of practice amongst the peer group.

The involvement of dental therapists with a range of different levels of experience was a welcome addition to the pilot. This had provided an opportunity to explore the suitability of the programme for dental therapists returning to clinical practise or for those who wish to extend the scope of dental therapy work they undertake. Without doubt, the data suggests that the study day programme worked well with the inclusion of all experience levels of therapists, rather than just those who had recently qualified. All felt their involvement had enhanced the level of peer discussion in sessions. Indeed, feedback from these participants suggests the inclusion of all dental therapists in the future full programme would be very much welcome – especially since there was overwhelming agreement that ‘there are too few courses that are relevant to qualified therapists’. Arguably, any spare places on the full programme in the future should be offered more widely to dental therapists of all age groups. However, for their completion of the portfolio, there would need to be discussion with and commitment from their
lead dentist. In addition, this evaluation suggests there is clear potential to extend CPD provision for experienced dental therapists, particularly in the light of mandatory CPD requirements by the GDC.

- **To elicit strategic and overall views of a foundation programme for newly-qualified dental therapists in the West Midlands**
Overall, the evaluation study provided valuable feedback about the topics, format and impact of a sustained educational study day programme for dental therapists. Without doubt, the involvement of only six individuals provides limited evidence to date. However, this evidence should be seen as complementing other research literature about the impact of similar programmes that is starting to emerge (Bullock et al, 2010).

The sustained nature of the programme, over several months (rather than a one-off evening course), was seen to bring particular educational benefits. This is not surprising, since the educational research literature indicates that effective CPD is undertaken over a period of time, interactive and includes on-the-job opportunities to reinforce learning (Eraut, 2007; Davis, 1999; Cantillon and Jones, 1999; Oxman et al, 1995). Here, the benefits noted of such sustained educational input included the opportunity: to combine theoretical and practical elements into one single study day; to build a rapport with peers and ‘pool’ experiences; to try things out in practice after a study day and discuss next time; and to shape elements of the study day programme by getting to know the programme director. The evaluation has demonstrated that the study day programme shows promise as a strong component of the Dental Therapy Foundation Programme.

- **To provide formative evaluation to inform future developments.**
The pilot of the study day programme has revealed strong positive feedback about the range of topics and the way the programme was delivered, combining theoretical and practical opportunities for learning. The participants also particularly welcomed the open discussions which were facilitated by the tutors.

However, to maximise the impact of the learning gained in the sessions, trainers should be encouraged to discuss the study day programme with their therapist. Tutorial sessions will provide the opportunity for dentists to talk with their therapist about making work-based learning plans and further CPD choices that can build on the foundation programme. The evaluation of the pilot showed that participants were aware of the aspects on which they needed to improve, but had not made any specific CPD plans to address their identified learning needs. The deanery needs to urge trainers to follow-up on this issue, and completing the portfolio should facilitate such discussion.

This has been a short-term, small-scale formative evaluation. It has complemented the ongoing feedback and discussion of the programme with participants led by the programme director. After five years of the programme, it will be vital to explore the effectiveness of running a full foundation programme for dental therapists in the West Midlands. This should investigate the medium to longer term educational impact and workforce implications of running the scheme.
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NHS West Midlands Workforce Deanery

Study Day Programme

For Dental Therapists

SPRING TERM PROGRAMME 2010

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INTRODUCTION

This Study Day Programme has been designed as a pilot for the proposed Foundation Training Program for Dental Therapists which the West Midlands Deanery hope to start in September 2010.

The Study Day topics have been chosen to reflect the learning needs Dental Therapists identified in a recent survey in the West Midlands carried out by the CRMDE at Birmingham University. They also aim to address the CPD requirements for Dental Therapists.

The programme is based at the Education Centre, Good Hope Hospital, Sutton Coldfield, with practical sessions being held in the Clinical Skills facilities at Birmingham Dental Hospital.

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NHS West Midlands Workforce Deanery:

PILOT STUDY DAY PROGRAMME for DENTAL THERAPISTS

Study Days:

   PM: Cross Infection Control/HTM01-05

   PM: Delivering better Oral Health: Toolkit for Prevention

3. Wed 3rd March AM: Practical Radiography
   PM: Oral Medicine/Prescribing Drugs

   PM: Handling Complaints

5. Wed 5th May AM: Paediatric Dentistry:
   PM: Restorative Update: Hands on Clinical

6. Wed 9th June AM: Managing Difficult Patients
   PM: Restorative Update: Hands on Clinical

7. Wed 7th July AM: Team Working/Customer Care
   PM: Emergency Dental Care

8. Wed 4th August AM: TBA
   PM: End of year Review/feedback
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Day 1

Wednesday, 6th January 2010

9.15am  Registration/Coffee

9.30am  Introduction to Study Day Programme & Working in the NHS  Dr Steve Clements

Aims:
1. To provide an introduction to the programme
2. To gain an understanding of the regulations & paperwork required for working in the GDS

Learning Objectives:
At the end of the session you will have a clear understanding of the NHS regulations and the treatment you can provide on the NHS.

2.00pm  Cross Infection Control/HTM01-05  Dr Steve Clements

Aims:
1. To ensure and understand satisfactory universal precautions for Infection Control
2. To review the DoH document HTM1-05 and the audit tool kit.

Learning Objectives:
To demonstrate the use of universal precautions in preventing the transmission of infectious diseases in General Practice in line with current guidelines.
To show awareness of what written protocols should be available
To understand the key points of HTM01-05 cross infection guidelines and how to apply then in General Practice

Possible reading before the session
- NHS GDS Regulations
- Working in the NHS  Raj Rattan
- "Delivering Better oral Health"  Len DeCruz
- BASCD
Day 2

Wednesday, 3rd February 2010

9.15am Registration/Coffee

9.30am Disability Discrimination
Child Protection

Mr Will Thornton
Ms Maria Kilcoyne

Aims:
1. To improve knowledge of Disability: -
   What it is
   What it is not
2. To be aware of safeguards for Children
   In Dental Practices

Learning Objectives:
- To understand the “Social Model” of disability
  & disability discrimination & how it relates
  To Dentistry
- To be aware of Physical, learning, hearing & visual
  Disability
- To show how to identify signs of abuse & to know
  What to do.

Will Thornton, is from Birmingham Focus on Blindness and will deliver the first session of the morning, giving practical help and guidance on working with people with disabilities.

Marie Kilcoyne, is a Senior Nurse for ‘Safeguarding & Child Protection’ for BEN PCT. She will focus on the DoH document “Child Protection and the Dental Team”

2.00pm Delivering Better Oral Health
(Tool Kit for Prevention)

Dr Steve Clements
Carolyn Buckley

Aims:
1. To review the BASCD/DoH document

Learning Objectives:
At the end of the session you will have a knowledge of its principle and evidence behind
“Delivering Better Oral Health” and how to use this in practice.

We are starting the Study Day with an introduction for those participating, to give a good overview of NHS regulations regarding treatment & UDA’s. The session is designed to clarify areas of concern or confusion you have over working in the GDS.
The afternoon Session is led by Carolyn Buckley, a Hygienist, working in an NHS General Practice. She will lead a discussion on the main themes of “Delivering better Oral Hygiene” and to look at ways this can be used in practice.

Possible reading before session:
- Child Protection & the Dental Team
  DoH
- Selection Criteria for Dental Radiography
  FGDP
Day 3

Wednesday, 3rd March 2010

9.15am Registration/Coffee

9.30am Practical Radiographs Kevin Kaine

Aims:
1. To review ‘Best Practice’ in Radiography in General Dental Practice & gain practical skills

Learning Objectives:
At the end of the sessions you will have a greater understanding of the regulations relating to Dental Radiography. You will also have had practical experience in taking intra oral radiographs.

Kevin Kaine is a GDP who is qualified as Radiographer before embarking on his dental career. He works in a Dental Practice, as well as running Radiography courses for Dentists, VDP’s and Nurses

2.00pm Oral Medicine/Prescribing Update John Hamburger

Aims:
1. To ensure a knowledge of common oral Conditions
2. To update on current guidelines on Antibiotic Cover & treating patients on Anticoagulants

Learning Objectives:
By the end of the session you should.
• Be aware of the presenting signs and treatments for common oral conditions
• B aware of how to differentiate the sinister from the trivial within the primary care setting
• Have knowledge of the current guidelines on Antibiotic Cover & treating patients on Warfin.
• **Day 4**

**Wednesday, 31st March 2010**

**Birmingham Dental Hospital**

9.15am        Registration/Coffee

9.30am        Direct Restorations Update          Dr L McKenzie

**Aims:**

1. To provide an overview of Cavity Design for Indirect Restorations
2. To gain practical skills in preparing & restoring Indirect Restorations

**Learning Objectives**

At the end of the session, participants will have had an update on Restoring Adults Teeth with Indirect Restorations. You will have a better understanding of the materials to use when restoring Adult Teeth.

This is a Hands-on practical session using the Clinical Skills Room at the Birmingham Dental Hospital. Dr Louis McKenzie, is a GDP, as well as a lecturer at the Dental Hospital, he lectures on Indirect Restorations. During the session you will be able to practice your skills in cavity preparation and the use of amalgams, composites & glass ionone’s to restore these teeth.

For this session it would be useful if you could bring some teeth mounted in plastic to be able to prepare for restorations.

**Possible reading for the session**

- Look back on your undergraduate notes on Cavity design & Restorative materials.
Day 5

Wednesday, 31st March 2010

9.15am  Registration/Coffee

9.30am  LA Techniques & Pain Control  Impression Taking
        Dr Steve Clements

Aims:
1. To provide an update on Local Anaesthetic in Dentistry
2. To improve practical skills in Impression Taking

Learning Objectives:
By the end of the session you will:
- Have received the main Local Anaesthetic techniques used in Dentistry
- Have a better understanding of which techniques to use
- Have gained practical experience in taking impressions.

The first part of this session will concentrate on Local Anaesthetic techniques, with a discussion on which are the appropriate techniques to use and when.
The Second part of the session will be mainly practical, with participants taking impressions on each other to improve their skills.

2.00pm  Handling complaints & Consent  Dental Protection

Aims:
1. To gain an overview on complaints and complaints handling in the NHS
2. To give an overview of Consent as it applies to Dentistry

Learning Objectives:
By the end of the session you will:
- Understand better what can lead to a complaint.
- Know the proper procedure to handle complaints in the NHS
- Understand what is meant by ‘consent’ and how to deliver informed consent in practice.

The talk will be lead by one of the Dental Legal advisors from Dental Protection. The talk will include “Tales of the Unexpected” as well as touching on areas of risk management and record keeping.

Possible reading before session:
- NHS Regulations on Complaints
NHS West Midlands Workforce Deanery

Study Day Programme
For Dental Therapists

SUMMER TERM PROGRAMME 2010

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PILOT STUDY DAY PROGRAMME for DENTAL THERAPISTS

Study Days:

   PM: Cross Infection Control/HTM01-05

    PM: Delivering Better Oral Health: Tool Kit for Prevention

11. Wed 3rd March AM: Practical Radiography
    PM: Handling Complaints

12. Wed 31st March ALL DAY: Direct Restorations (Hands on Clinical)

13. Wed 5th May ALL DAY: Anterior Composites (Hands on)

14. Wed 9th June ALL DAY: Paediatric Dentistry (Hands on)

15. Wed 7th July AM: LA Techniques/Pain Control
    PM: Impression Taking/Team Working/Customer Care

16. Wed 4th August AM: Emergency Dental Care
    PM: End of year Review/feedback
SUMMER TERM PROGRAMME
2010
# Spring Term Programme 2010

## Day 5

**All Day**

- Anterior Composites  
  (A Practical Guide)

  *Wed, 5th May 2010*  
  *Dr. L. McKenzie*

## Day 6

**All Day**

- Update on Paediatric Dentistry  
  (A Practical Guide)

  *Wed, 9th June 2010*  
  *Dr. K. Coomar*

## Day 7

**All Day**

- LA Techniques & Pain Control
- Impression Taking
- Customer Care/Team Training

  *Wed, 7th July 2010*  
  *Dr. S. Clements  
  Dr. S. Clements  
  Alison Kerr*

## Day 8

**AM**

- Emergency Dental Care

  *Wed, 4th August 2010*  
  *Dr. S. Clements*

**PM**

- TBA
Day 5

Wednesday, 5th May 2010

Birmingham Dental Hospital

9.00am  Registration/Coffee

9.15am  Anterior Composites
        (A Practical Guide)
        Dr Louis MacKenzie

The speaker on this ‘Hands – on’ course will be Dr Louis MacKenzie, a General Dental Practitioner and Clinical Lecturer at Birmingham Dental Hospital.

Learning Objectives:

To assist the Dental Therapist in choosing which materials, equipment and techniques to employ when using direct composites to restore ‘Anterior Teeth’

This course will mainly be ‘Hands – on’ and will cover:-

- The anatomy of Anterior Teeth
- Case Selection for Anterior Composites
- Choosing a composite for direct anterior restorations
- Cavity preparation for Class iii, iv, v restorations and composite veneers
- Moisture control and bonding techniques
- Placement, layering, shaping & finishing techniques
- Practical tips and trials for anterior composites
Day 6

Wednesday, 9th June 2010  
Birmingham Dental Hospital

9.00am  
Registration/Coffee

9.15am  
Update course in Paediatric Dentistry  
Child Protection  
Dr K Coomar

The speaker on this ‘Hands – on’ course will be Dr Kris Coomar, a Clinical Lecturer in Paediatric Dentistry at Birmingham Dental Hospital.

Aims:
- To update participants on current developments and best practice in Paediatric Dentistry, including patient management, deciduous pulp therapy, aesthetic and restorative techniques.
- To allow participants the chance to practice techniques learnt through ‘Hands – on’ exercises.

Learning Objectives:
- Participants will develop a greater understanding of patient assessment/management, with particular focus on consent, restraint, special care and non-accidental injuries relevant to dentistry
- Participants will develop further knowledge and ability in the use of restorative materials with particular focus on consent, restraint, special care patients and non-accidental injuries relevant to dentistry.
- Participants will develop further knowledge and ability in the use of restorative materials, preformed metal crowns and applicable aesthetic procedures, including microabrasion.

Topics covered in study day:
- Consent/ Restraint/ Non-Accidental Injuries, relevant to dentistry (basic summary)
- Special Care (basic summary)
- Micro abrasion (in depth with practical)
- Composite aesthetic (+/- restorative) techniques
- Materials (basic outline)
- Preformed Metal Crowns (in depth with practical)
- Desensitisation Pulpotomy (in depth +/- practical)
- Vital Pulpotomy (in depth with practical; including MTA technique)
- Non-vital Pulpotomy (in depth with practical)
Day 3

Wednesday, 7th July 2010

9.00am  Registration/Coffee

9.15 – 11.00am  LA Technique & Pain Control  Dr Steve Clements

11.00 – 13.00pm  Impression Taking (practical)  Dr Steve Clements

14.00 – 16.00pm  Customer Care
                 Team Training  Alison Kerr

This will be a very full day led by Steve Clements, with support in the afternoon from Alison Kerr. All 3 sessions are meant to be interactive and practical.

Aims:

- To give an overview of current LA Techniques
- To give some practical advice on impression taking
- To look at some ideas on good customer care

Learning Objectives: By the end of the session you should:

- Have an understanding of different techniques in giving local anaesthetics and pain control
- Have an understanding of and practical taking of impressions
- Have some idea of Customer Care to take back to the practice.
Day 4

Wednesday, 4th August 2010  Good Hope Hospital

9.00am  Registration/Coffee

9.15 – 10.00am  Best & Worst  Dr Steve Clements

10.00 – 12.00pm  Emergency Dental Care  Dr Steve Clements

13.00 – 15.30pm  TBA

15.00 – 16.30pm  End of year review

This will be the last session of the ‘Study Day Programme’ and will start with a ‘Best & Worst’ session going over what has gone well or not over the previous few weeks.

The ‘Emergency Dental Care’ session, will look at how we deal with patients who present at the practice with a Dental Emergency; fractured filling, lost crown etc.

The final session will be arranged subject to what you feel we need to cover following a roundup of the year
Birmingham Dental Hospital Map
Appendix 2

Information Sheet and Consent Form
An Evaluation of the Pilot Foundation Training Programme for Dental Therapists

Participant Information Sheet

Purpose
In January 2010, the West Midlands Workforce Deanery launched a pilot foundation training programme for dental therapists. This pilot is testing out an educational programme (including study days and tailored support in the workplace) which could be offered for newly-qualified dental therapists during their first year in practice. It is important to find out participants’ experiences and views towards the educational benefit of this pilot programme. Specifically, would this foundation programme meet the needs of newly-qualified dental therapists in the West Midlands?

This study, commissioned by the Strategic Health Authority in the West Midlands, is an evaluation of this new pilot foundation programme, and is being conducted by the Centre for Research in Medical and Dental Education at the University of Birmingham. The overall aim is to investigate participants’ views on the content and format of the pilot, and identify suggestions for improvement.

Method
Data collection will draw on the perspectives of dental therapists taking part in the pilot, some dentists who work with therapists who are on the pilot, and a range of other key stakeholders, such as the programme organiser, the funders, and local Dental Care Professional (DCP) tutors.

Data collection will occur at two points:

1. Month 3 of the programme (March 2010):
   Interviews with a number of therapists taking part in the pilot, and dentists working with pilot participants, to find out their motivations, expectations and early views of the pilot.

2. Month 6/7 of the programme (June/July 2010):
   Interviews with a number of therapists in the pilot, and dentists working with pilot participants, to explore perceptions about the educational benefits of the programme.

   A questionnaire with all dental therapists taking part in the pilot, asking for their overall views on the content and format of the study days.

Other data will include:
- Documents (e.g. from other similar programmes elsewhere in the UK).
- Views of other local professionals working with dental therapists in the West Midlands (e.g. pilot programme organiser, funders, Dental Care Professional (DCP) tutors).

All work will be undertaken in the period March 2010 to October 2010. All data will be confidential to the research team and no individual will be identified in any report or publication.

Benefits
As a result of this study, information will be provided that will help develop an effective foundation programme for newly-qualified dental therapists which, funding permitting, will be launched in the West Midlands in September 2011.

Contacts
Dr Vickie Firmstone, v.r.firmstone@bham.ac.uk Tel: 0121 414 4404

Research Fellow, Centre for Research in Medical and Dental Education, School of Education, University of Birmingham, Edgbaston, Birmingham B15 2TT.
An Evaluation of the Pilot Foundation Training Programme for Dental Therapists

Consent Form

After reading the accompanying participant information sheet, please indicate if you are willing to participate in this evaluation study. If you agree, you will be invited to take part in a short face-to-face interview with the University of Birmingham researcher (Vickie Firmstone) to discuss your views of the pilot foundation training programme for dental therapists. Towards the end of the study day programme, dental therapists will also be invited to complete a questionnaire, as indicated. You can withdraw from the study at any time.

☐ I am willing to participate in this evaluation study.

☐ I do not wish to participate in this evaluation study.

Name: __________________________

Date: __________________________

Signed: __________________________

If you are willing to participate in this evaluation study, please provide your preferred contact details below:

Address: ____________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Telephone: __________________________

Thank you

Contact
Dr Vickie Firmstone
v.r.firmstone@bham.ac.uk
Tel: 0121 414 4404
Centre for Research in Medical and Dental Education
School of Education, University of Birmingham
Edgbaston, Birmingham B15 2TT
Appendix 3
Interview Schedule for Dental Therapists’ Early Views
An Evaluation of the Pilot Foundation Training Programme

Interview schedule for dental therapists taking part in the pilot (Month 4)

Introduce researcher, and background to the study. Confirm that prior consent form has been received from the interviewee, but that participant still has the right to withdraw at any point in the interview, or to pass on any question that is asked. Reiterate that there is no right or wrong answer, and that confidentiality is assured. Explain purpose of the interview. Should take about 30 minutes. Ask for permission to record the interview. Clarify that this record will be securely stored at the university, and any information used will not be attributed to the interviewee. No individual will be identified in any reporting of the data to funders or programme organisers.

Background details

- How long have you been a dental therapist?

- What kind of dental practice do you work in?
  - Single/multi-handed?
  - Full-time/part-time?
  - Length of time worked there?

- How much opportunity do you have to do therapy work (as opposed to hygiene) in the practice?

- What aspects of the pilot are you involved in?
  - One of the supported work placements? The study days? Both?

Motivations

- Can you tell me what motivated you to join the pilot foundation programme for dental therapists?
  - What factors influenced your decision?

- When you started, what did you hope to gain? Have those expectations changed?

- How difficult has it been to organise and sustain your involvement in the pilot so far?
  - What has been the response of others at your practice to your involvement?
Early Responses to the Pilot

- How is your impression of the pilot so far?

- Thinking about the study day programme content:
  - Is it what you expected?
  - Does it cover the areas you want to cover?
  - Relevant to your practice? Your learning needs? How about if you were newly-qualified? Would it meet your needs?

- Thinking about the study day delivery:
  - What is the main format (lectures, small group)? What do you think of this balance?
  - How many people in the sessions? How does that number affect your learning?
  - How would you rate the teaching on the course?

- What do you think has been the extent of new learning so far through taking part in the pilot?
  - Gains in knowledge, skills, attitudes?
  - Have you shared any of those learning gains with other colleagues outside the pilot?
  - Any other gains – on your confidence, your commitment to learning, awareness?

Impact on Practice and Patient Care

- So far, has the pilot led to any changes in yourself or your practice, either clinical or non-clinical?

- Can you think of any concrete examples of ways in which your practice has changed as a result of your involvement in pilot foundation programme so far?
  - Are there any things you do differently now?
  - Do you think that has made a difference to patient care? In what ways?
  - Have there been any barriers to implementing change? Any examples?

Overall Reflections

- What has been the impact of the pilot on you so far?

- Are there any suggestions you would make if this programme were to be developed next year for newly-qualified dental therapists?

- Any other comments?

Many thanks for your time.
Appendix 4

Interview Schedule for Dental Therapists’ Later Views
Interview schedule for dental therapists taking part in the pilot
(Month 8, after the pilot completion)

Introduce researcher, and background to the study. Confirm that prior consent form has been received from the interviewee, but that participant still has the right to withdraw at any point in the interview, or to pass on any question that is asked. Reiterate that there is no right or wrong answer, and that confidentiality is assured. Explain purpose of the interview. Should take about 30 minutes. Ask for permission to record the interview. Clarify that this record will be securely stored at the university, and any information used will not be attributed to the interviewee. No individual will be identified in any reporting of the data to funders or programme organisers.

Background details
- How long have you been a dental therapist?
- What kind of dental practice do you work in?
  - Single/multi-handed?
  - Full-time/part-time?
  - Length of time worked there?
- How much opportunity do you have to do therapy work (as opposed to hygiene) in the practice?

Motivations
- Can you tell me what motivated you to join the pilot foundation programme for dental therapists?
  - What factors influenced your decision?
- When you started, what did you hope to gain? Have those expectations changed?
- How difficult was it to organise and sustain your involvement in the pilot?
  - What has been the response of others at your practice to your involvement?
Responses to the Pilot

- Thinking about the study day programme content:
  - Was it what you expected?
  - Did it cover the areas you wanted to cover?
  - Relevant to your practice? Your learning needs? How about if you were newly-qualified? Would it have met your needs?

- Thinking about the study day delivery:
  - What was the main format (lectures, small group)? What do you think of this balance?
  - How many people in the sessions? How did that number affect your learning?
  - How would you rate the teaching on the course?

Impact on Practice and Patient Care

- What do you think has been the extent of new learning through taking part in the pilot?
  - Gains in knowledge, skills, attitudes?
  - Have you shared any of those learning gains with other colleagues outside the pilot?
  - Any other gains – on your confidence, your commitment to learning, awareness?

- Can you think of any concrete examples of ways in which your practice has changed as a result of your involvement in pilot foundation programme so far?
  - Are there any things you do differently now?
  - Do you think that has made a difference to patient care? In what ways?
  - Have there been any barriers to implementing change? Any examples?

Launching the full programme

One of the ways to support dental therapists the learning of those taking part in the foundation programme next year is to provide support in the form of a tutorial from your dentist.

- Have you any thoughts about having a weekly tutorial to support your learning?

It is also proposed that a portfolio file could be used as a document to encourage reflection, and provide a range of assessments that the lead dentist could work with you on.

- Is this something that you would find helpful or not?

Overall Reflections

- What has been the overall impact of the pilot on you?

- Are there any suggestions you would make if this programme were to be developed next year for newly-qualified dental therapists?

- Any other comments?

Many thanks for your time.
Appendix 5

Interview Schedule for Programme Director
An Evaluation of the Pilot Dental Therapy Foundation Training Programme

Interview schedule with Programme Organiser

Thank you for your willingness to be interviewed. Reiterate that there is no right or wrong answer. Explain purpose of the interview. Should take about 45 minutes. Ask for permission to record the interview. Clarify that this record will be securely stored at the university, and any information used. Discuss fact that the programme organiser’s comments will be attributed to the interviewee in the report to funders as he is the only programme organiser. It is important to discuss this issue and explain that a copy of the transcript will be sent for his review. Reassure that comments can be withdrawn after the interview.

Background Details

- Can you tell me about your dental background?
  - Hospital/general dental practitioner
  - Length qualified
  - If GDP - single/multi, length qualified, practice owner, NHS commitment.

- What is your background and role as a dental educator?
  - Length of time worked as an educator?

- How and why did you get involved in the pilot dental therapy programme?

- How would you describe your role in the pilot to date?
  - Title, responsibilities,
  - Contract - hours commitment, fixed term?

A Foundation Programme for Dental Therapists: the concept

- As a key player in setting up this programme, could you say a little about how a foundation programme for dental therapists can support them during their first year in practice?
  - Why is it important? And needed?
  - How does it complement the ‘normal’ first year in work? What does it add?

- What do you see as the intended outcomes of a foundation programme?
  - For the dental therapist? How will s/he be better off by being part of it?
  - For the dentist/trainer? How will s/he be better off by being part of it?

- What do you see as the core component (or at the heart of) a successful foundation programme?
The Pilot Programme

- What have been your experiences of setting up and running this pilot?
  - Highlights/lowlights?
  - What has been the response of others in the deanery, other dentists, DTs?

- How did you go about attracting dental therapists?
  - What’s the balance of hygiene and therapy work amongst participating therapists? And newly-qualified or experienced?

- Has it worked out as expected? Any particular challenges?

- Overall, what are your views on the impact of the pilot on participants?
  - What has been the learning gained?

Study days

- Thinking about the study day programme content:
  - How did you plan the study day programme?
  - Any particular days of more value than others? What was the highlight? And the least useful aspect?
  - Did it cover the areas you wanted it to cover? Gaps? Or things you’d drop?
  - Feedback from dental therapists?

- Thinking about the study day delivery:
  - What was the main format (didactic, small group, individual reflection)? What did you think of this balance?
  - New/experienced dental therapists? How did the number and profile of other participants affect their learning?
  - How would you rate the facilitation of the course? How did you select speakers? What are your views on their delivery?
  - Did participants complete any written assignments?

Supported work placements
Part of the original proposal for the pilot foundation programme was for some (about 3) of the dental therapists to work in ‘supported placements’ where they would trial the core components of the pilot (e.g. portfolio, and various assessment tools, clinical audits).

- How has your planning for the supported work placements progressed during the pilot programme?
  - What barriers or challenges have you faced with implementing this aspect of the pilot?

- How will the core components (other than the study days) evolve for the future of foundation training for dental therapists?
  - How are you planning to develop a portfolio?
What will the portfolio include? How will it differ from the dental foundation one? What will be the time commitment of its completion?

**Beyond the Pilot: launching the programme**

- How will the Foundation Programme for Dental Therapists be organised for 2010/2011?
  - How many places?
  - How will you recruit dental therapists? Balance of hygiene/therapy? Years qualified? Returners?
  - What funding will there be?
  - Trainers? How selected? Trained/inducted?
  - What’s the commitment? Weekly tutorials? Portfolio completion?
  - What will be the terms of employment for dental therapists? For a certain number of days per week?

- What preparation has been required to ensure the successful launch of the scheme?
  - What is going to be required for its future continuation?
  - How will the idea of a foundation programme for dental therapists be ‘sold’ to dentists?

**Overall Reflections**

- How is your overall impression of the pilot?
  - Any feedback from DTs, or from dentists working with them?

- Any other comments?

Many thanks for your time.
Appendix 6
Survey Tool
The Pilot Study Day Programme for Dental Therapists: Your Views

The Centre for Research in Medical and Dental Education (CRMDE) at the University of Birmingham has been asked by the West Midlands Workforce Deanery to provide an evaluation of the Pilot Study Day Programme for Dental Therapists. This questionnaire seeks your views about the programme. It will take just a few minutes to complete. Completed questionnaires will be confidential to the researcher (Vickie Firmstone). Please return using the pre-paid envelope provided.

Many thanks for your participation in this evaluation project.

Dr Vickie Firmstone, CRMDE, School of Education, University of Birmingham Tel: 0121 414 4404

About You
1. In an average working week, do you work?
   - Full-time
   - Part-time (3 or more days per week)
   - Part-time (less than 3 days per week)

2. How much experience have you had working as a dental therapist?
   a. When did you first qualify as a dental therapist? ___________ year
   b. Approximately, how many years have you practised as a dental therapist? ___________ year(s)

3. Where do you currently work, and what is your role? If you have more than one contract of employment, please list them (a) (b) (c) with the number of days in each of them.

<table>
<thead>
<tr>
<th>Name of workplace</th>
<th>Role</th>
<th>Number of days</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>o mainly therapy work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o mainly hygiene work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o mixed hygiene and therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o other…………………………………</td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>o mainly therapy work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o mainly hygiene work</td>
<td></td>
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<tr>
<td></td>
<td>o mixed hygiene and therapy</td>
<td></td>
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<tr>
<td></td>
<td>o other…………………………………</td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>o mainly therapy work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o mainly hygiene work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o mixed hygiene and therapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o other…………………………………</td>
<td></td>
</tr>
</tbody>
</table>

4. Do you have any comments about the balance of hygiene/therapy work in your workplace(s)?
Motivations
5. Why did you choose to join this pilot foundation programme for dental therapists? From the list, please tick the 3 most relevant reasons for you.

- To update my knowledge and/or skills
- To improve my career prospects
- For the broad coverage of topics
- For the mental stimulation
- It provides formalised, structured CPD
- I want to increase the amount of dental therapy work I do
- Suggested by a colleague that I attend
- To enhance my confidence in working as a dental therapist
- Because topics are included that I mightn't otherwise have chance to learn about

- Other (please state reason below)

_______________________________________________________________________________
_______________________________________________________________________________

Overall Views
6. To what extent do you agree or disagree with the following statements? Please circle one number per line where 1=strongly disagree and 6=strongly agree.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>One of the best things about the study days was the informal contact with other dental therapists.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>It was difficult to persuade my employer to allow me to attend the study days.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>There is a need for an education programme for newly-qualified therapists to support their transition into work.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>As a result of the study days, I have made several changes to what I do in practice.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>There are too few courses that are relevant to qualified therapists.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>I learnt great ideas during the study days but I don't have enough time or support in the practice to make any changes.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>The study days have made me feel more invigorated as a practitioner.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>I've got specific plans for further continuing education.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>I discussed what I learnt at each study day with colleagues in my workplace.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>I'm aware of aspects of my professional practice that I need to improve.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>The study days have had a positive impact on my overall feelings of job satisfaction.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>

7. Do you have any comments about your responses to the statements above? Please specify.
Views on the Study Day Programme

8. For each of the study days in the programme please indicate, in the table:
   (a) Its overall quality on a scale of 1 to 6 where 1 = very poor and 6 = excellent.
   (b) Extent of new learning on a scale of 1 to 6 where 1 = no new learning/reassurance/refresher only and 6 = a great deal of new learning.

<table>
<thead>
<tr>
<th>Spring Term</th>
<th>Overall quality (1=very poor; 6=excellent)</th>
<th>Extent of new learning (1=no new learning/reassurance/refresher only; 6=a great deal of new learning)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 (am): Induction/Working in the NHS</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>Day 1 (pm): Cross Infection Control HTM01-05</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>Day 2 (am): Child Protection</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>Day 2 (am): Disability Discrimination</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>Day 2 (pm): Delivering Better Oral Health</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>Day 3 (am): Practical Radiography</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>Day 3 (pm): Consent and Complaints</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>Day 4 (all day): Direct Restorations</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Summer Term</th>
<th>Overall quality (1=very poor; 6=excellent)</th>
<th>Extent of new learning (1=no new learning/reassurance/refresher only; 6=a great deal of new learning)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 5 (all day): Anterior Composites</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>Day 6 (all day): Update on Paediatric Dentistry</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>Day 7 (am): LA Techniques and Pain Control</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>Day 7 (am): Impression Taking</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>Day 7 (pm): Customer Care/Team Training</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>Day 8 (am): Emergency Dental Care: Scenarios</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>Day 8 (pm): Periodontology</td>
<td>1 2 3 4 5 6</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

9. Which three study days had the greatest impact on your practice (e.g. particular sessions, speakers, discussions, topics). Please specify what impact each of them had on you and be as specific as possible (e.g. talked to dentist about new materials, now using a different clinical technique in a procedure)

   1. Impact:......................................................................................................................
   2. Impact:......................................................................................................................
   3. Impact:......................................................................................................................

Please turn over
Best and Worst
10. What was the best thing about the study day programme?

11. What was the worst thing about the study day programme?

Recommendations
12. How might the study day programme be improved? (e.g. any particular changes that you think should be made for newly-qualified dental therapists?)

Any other comments?

MANY THANKS for completing this form.
Please return using the pre-paid envelope by Friday 8th October 2010
Appendix 6
Draft Programme for Full Foundation Programme (2010/11)
### STUDY DAY PROGRAMME FOR DENTAL THERAPISTS

#### STUDY DAYS

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Presentation</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1(^{st}) September 2010</td>
<td>AM – Induction – Portfolio/Audit/Case Presentation PM – Medical Emergencies</td>
<td>Medical Education Centre Good Hope Hospital</td>
</tr>
<tr>
<td>2</td>
<td>6(^{th}) October 2010</td>
<td>AM – Working in the NHS PM – Practical Radiography</td>
<td>Medical Education Centre Good Hope Hospital</td>
</tr>
<tr>
<td>3</td>
<td>3(^{rd}) November 2010</td>
<td>AM – Cross infection control PM – Periodontology 1</td>
<td>Medical Education Centre Good Hope Hospital</td>
</tr>
<tr>
<td>4</td>
<td>1(^{st}) December 2010</td>
<td>ALL DAY – Direct Restorations (Hands-on)</td>
<td>Birmingham Dental Hospital St Chad’s Queensway Birmingham, B4 6NN</td>
</tr>
<tr>
<td>5</td>
<td>5(^{th}) January 2011</td>
<td>AM – LA Techniques/Pain Control and Impression Taking PM – Periodontology 2</td>
<td>Medical Education Centre Good Hope Hospital</td>
</tr>
<tr>
<td>6</td>
<td>2nd February 2011</td>
<td>ALL DAY – Direct Restorations 2 (Hands-on)</td>
<td>Birmingham Dental Hospital St Chad’s Queensway Birmingham, B4 6NN</td>
</tr>
<tr>
<td>7</td>
<td>2(^{nd}) March 2011</td>
<td>AM – Audit Presentation PM – Handling Complaints/Clinical Record Keeping</td>
<td>Medical Education Centre Good Hope Hospital</td>
</tr>
<tr>
<td>8</td>
<td>6(^{th}) April 2011</td>
<td>ALL DAY – Paediatric Dentistry (Hands-on)</td>
<td>Birmingham Dental Hospital St Chad’s Queensway Birmingham, B4 6NN</td>
</tr>
<tr>
<td>9</td>
<td>4(^{th}) May 2011</td>
<td>AM – Dealing with Dental Emergencies PM – Delivering Better Oral Health Toolkit</td>
<td>Medical Education Centre Good Hope Hospital</td>
</tr>
<tr>
<td>10</td>
<td>20(^{th}) May 2011</td>
<td>ALL DAY – BDA Conference</td>
<td>Manchester</td>
</tr>
<tr>
<td>11</td>
<td>6(^{th}) July 2011</td>
<td>AM – Oral Medicine PM – Child Protection/Disability Discrimination</td>
<td>Medical Education Centre Good Hope Hospital</td>
</tr>
<tr>
<td>12</td>
<td>3(^{rd}) August 2011</td>
<td>AM – Case Presentations PM – Team Working/Customer Care</td>
<td>Medical Education Centre Good Hope Hospital</td>
</tr>
</tbody>
</table>

The order of some of these sessions may change during the year but we will aim to keep the study days to the dates as outlined.