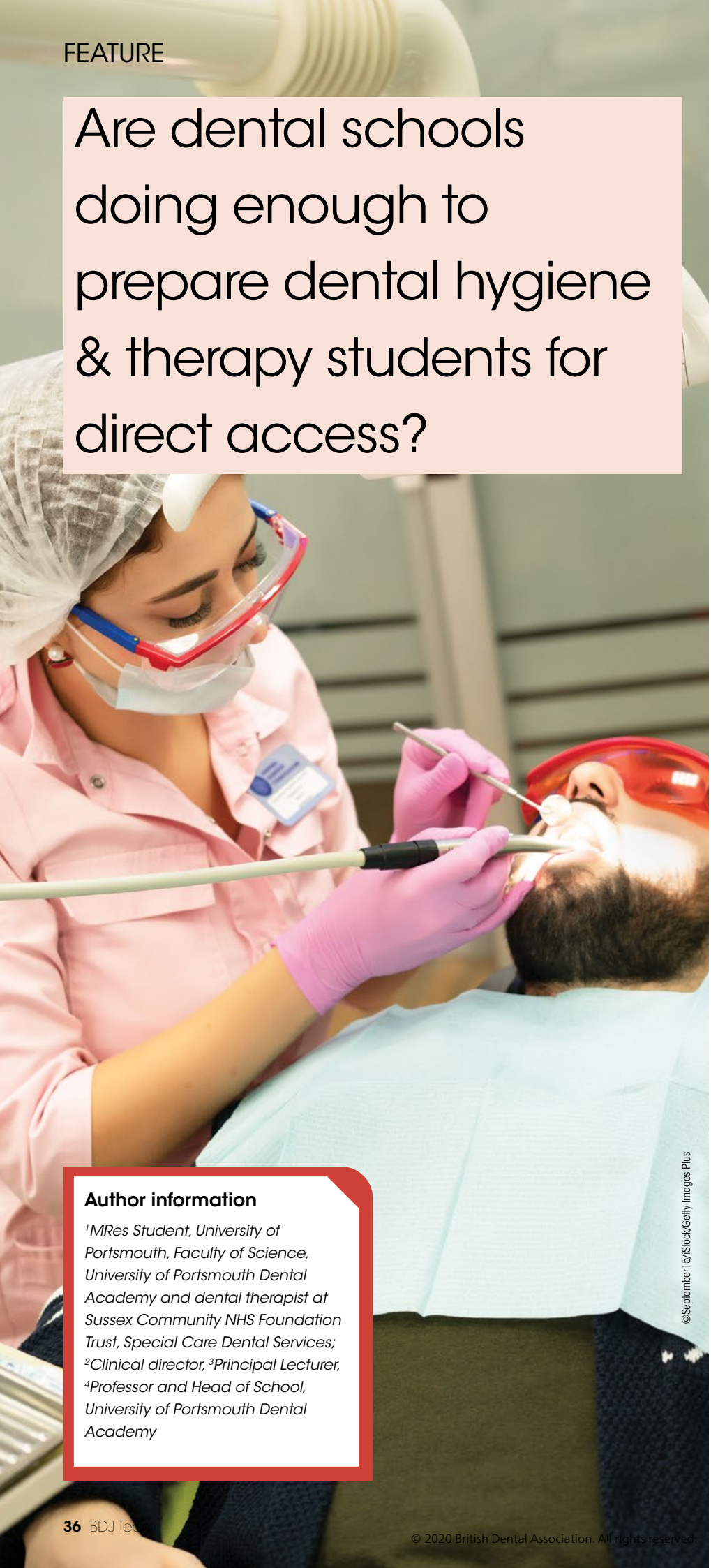
Are dental schools doing enough to prepare dental hygiene & therapy students for direct access?



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Increased use of dental skill mix through direct access could potentially benefit patients, say **Joshua D. D. Quach**,[1] **Latha S. Davda**,[2] **David R. Radford**[3] and **Chris Louca**.[4]

Direct access, introduced by the General Dental Council (GDC) in 2013,[1] allowed patients to access dental care professionals (DCPs) directly and receive dental care, within the DCP's Scope of Practice, without the need for a referral or prescription from a dentist. Additionally, in 2013, the scope of practice of dental hygienists and therapists was expanded to include the ability to 'diagnose and treatment plan within their competence'.[2] These changes offered the opportunity to increase access to dental services for patients. Currently in the UK, direct access is predominantly being used for the identification and treatment of periodontal conditions in private practices.[3]

Over the past two decades, access to dental care in the UK has improved due to the increase in the number of UK dental graduates and recruitment of internationally qualified dentists. However, the UK has become more reliant on internationally qualified dentists to improve access in areas of high need. With the UK's departure from the EU this has resulted in closure of dental practices in some areas due to lack of workforce.[4,5] Access to dental care is likely to be further reduced due to the COVID-19 pandemic, the impact of which on dental practices and the workforce is yet to be determined. Increased utilisation of dental skill mix through direct access could potentially benefit patients.

Direct access facilitates additional opportunities for patients to be seen for the screening of malignant and pre-malignant oral lesions, providing greater opportunities for earlier intervention with improved prognosis for patients. Dentists, dental hygienists, dental therapists and patients alike have identified how direct access provided by dental therapists has the potential to increase access to dental services.[6,7,8,9] Although barriers exist,[9,10] in particular NHS

commissioning models,[3,9,11] a number of innovative private practices in the UK and community dental services in Wales[11] have begun utilising direct access to improve access to dental services for their communities, in particular for paediatric patients.

For direct access to be used effectively in this way, dental hygienists and therapists must be safe, competent, and confident in diagnostic and care planning abilities. A brief review of the literature informs us that practising dental hygienists and therapists are comparable to dentists when diagnosing caries, periodontal conditions and identifying potential oral malignancy.[10] Recent research undertaken at the University of Portsmouth[9] found evidence that UK practising dental therapists felt confident in their abilities to carry out oral examinations of hard and soft tissues, to diagnose caries and periodontal conditions and to plan their management.

There appears to be a large variation in the approach to direct access and how it is taught between educational institutions. A qualitative finding of the same University of Portsmouth research suggested that recently qualified dental hygienists and therapists did not feel encouraged by teachers in dental schools to utilise direct access within their scope of practice, resulting in a lack of clarity for the dental hygiene and therapy graduates entering the job market.[9]

Within the GDC's *Preparing for practice* document,[12] similar to dentists, dental therapists are expected to be able to 'assess and manage' periodontal health, caries, occlusion and tooth wear. With this, and increasing levels of direct access working, it is an obligation for educational institutions to consider how they nurture and prepare their students to be 'safe beginners', undertaking a greater role in diagnosis and care planning dental care using direct access.

Alongside theoretical education, the University of Portsmouth Dental Academy and other dental training institutions have parts of their curriculum that encourage and develop direct access skills (eg joint patient assessment and care planning clinics, buddying dental students and dental hygiene and therapy students). These assessment and care planning clinics are beneficial to both dental and dental hygiene and therapy students. A recent report commissioned by the GDC[13] highlighted that whilst members of the dental team were knowledgeable of their own scope of practice, they were less knowledgeable about the scope of practice of other members of the team and shared care. These joint sessions encourage dental students to consider the roles of members of the wider dental team. This has been successful at the University of Portsmouth where dental students on placement from King's College London felt they had a greater understanding of the hygiene and therapy scope of practice and would like to have more of these sessions incorporated into their education.

In these sessions, dental students and dental hygiene and therapy students were encouraged to discuss care plans together for their patients. By doing this, dental hygiene and therapy students have an opportunity to gain a greater understanding of the role of a diagnostic dental clinician and the complex decision making required to develop care plans. In addition, dental students developed a better understanding of what aspects of the patient care could be shared with the team. However, with a dental student taking the lead, clinical teachers have to ensure that the dental hygiene and therapy students do not miss the opportunity to develop their diagnostic skill set.

A potential and natural next step to nurture confidence in utilising direct access could be to allow dental hygiene and therapy students to take the lead in examination, diagnostic and care planning duties in safe, supervised sessions. Dental therapists have a broad scope of practice that is particularly well suited to the management of paediatric patients. Therapy students are able to take full patient histories, carry out a comprehensive examination and create realistic and tailored care plans in line with their patients' expectations. Moreover, a vital skill for these students to develop is the ability to recognise case complexity, and the need to refer up to a dentist when they are unable to manage the patient within their scope of practice.

Direct access is an exciting opportunity to increase access to dental services for the ultimate benefit to patients. Recognising this, it is important for dental educational institutions to take the lead in preparing competent, confident and safe dental hygienists and therapists with direct access skills, commissioning bodies to create financial models to utilise direct access and more research to understand the full potential of direct access.

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