

Scope of Practice Review: Final Report

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1 Executive Summary

Background

- 1.1 For the General Dental Council (GDC), the Scope of Practice (SoP) guidance document describes the skills or tasks UK registered dental professionals could be expected to carry out or develop, so long as they are “trained, competent and indemnified”. The GDC first developed a guidance document for scope in 2008-9 to support dental professionals through the legislative change to registration. All dental professionals working in the UK now had to be registered with the GDC. Following the transition to registration of dental nurses, dental technicians, clinical dental technicians and orthodontic therapists, there were calls for more guidance to distinguish roles and responsibilities within the dental team. The GDC felt that the guidance would help to protect and promote patient safety and wellbeing, as it would support new dental professionals to practise safely and legally, and it would help patients to understand the roles within the dental team.
- 1.2 In 2013, the SoP guidance document was revisited following the introduction of patients having ‘direct access’ to some Dental Care Professionals (DCPs)¹ for treatment which did not require a dentist’s presence (although some elements still required a dentist’s prescription or prior assessment). The SoP guidance document was also expected to benefit patients, by providing clear guidance on the roles of dental professionals and what they could and could not do in the absence of a dentist and when a patient may be able to go direct to a DCP for treatment.
- 1.3 Whilst the SoP guidance document covers each type of dental professional and the kinds of tasks they could be expected to carry out or develop, the SoP guidance document was never intended to be an exhaustive list of what dental professionals could or could not do. It was intended to be used as a guidance document alongside professionals exercising their professional judgement to determine what they were trained, competent and indemnified to carry out.
- 1.4 In recent years, the GDC has reported an increase in the amount of enquiries requesting detailed interpretation of the SoP guidance document. The GDC has been requested to provide detailed (often clinical) advice about what dental professionals “can and can’t do”, to allay fears that dental professionals are not overstepping their scope and making themselves vulnerable to a fitness to practice proceeding. The GDC has also been asked in recent years to comment on what training would be acceptable for developing a skill in the SoP guidance document.
- 1.5 This reported increase indicated that the SoP guidance document may not be meeting its original objective of helping to clarify the roles of each dental professional.
- 1.6 The GDC commissioned IFF Research to conduct a review of the SoP guidance document, to explore whether the document is working as intended and whether there have been any unintended consequences.
- 1.7 The research explored the following among dental professionals, stakeholders and members of the public:

¹ This term refers to all dental professionals except dentists.

- Awareness and understanding of the roles within the dental team;
- Use and perceptions of the SoP guidance document;
- Impacts of the SoP guidance document, both intended and unintended;
- The future of the SoP guidance document.

Methodology

- 1.8 The research involved three stages: the scoping stage, stakeholder workshop, and mainstage of the research. Each stage of the research was designed to inform the next. The key objective of the scoping stage was to understand the context of the SoP guidance document and develop a logic model² to map out the (current or possible) outcomes and impacts of the SoP guidance document. This visual diagram also helps to outline the steps to making change happen. The workshop then discussed the findings from the scoping stage of the research and the logic model in detail to help shape the focus of the mainstage of the research.
- 1.9 The mainstage of the research involved 6 group discussions and 2 interviews with dental professionals, 2 discussion groups with members of the public and 9 interviews with stakeholders. It also involved the analysis of two questions that were added to the annual Dental Professionals Survey conducted by the GDC.

Dental professional understanding of scope and use of the Scope of Practice

- 1.10 Dental professionals commonly felt quite confident and clear on their own scope and most reported that their initial training had been very thorough in outlining their scope. However, dental professionals lacked confidence when it came to the scope of other dental professionals. There was a (common but not universal) view that it is your personal responsibility to know your own scope but that it is not your place / not necessary to know the scope of other dental professionals. An exception is that DCPs believe that dentists should know the scope of all DCPs to ensure that they can refer and work with them appropriately.
- 1.11 Dental professionals commonly turned to colleagues or peers to discuss concerns or changes to their scope. It was also often discussed that Continuing Professional Development (CPD) was a good way to keep up to date with any changes to one's scope.
- 1.12 Few dental professionals would contact their indemnifier with scope queries but more mentioned that they would turn to the GDC or other professional bodies to seek clarity (online or over the phone). Only some dental professionals would turn to the SoP document for guidance.
- 1.13 Overall, it seemed that DCPs were more familiar with the SoP guidance document than dentists. Hygienists, therapists and orthodontic therapists seemed the most familiar. Dental technicians and clinical dental technicians' responses were more mixed and dental nurses appeared to be the least familiar.
- 1.14 This was broadly reflected in the evidence from the Dental Professionals Survey when looking at the most and least knowledgeable groups. Around 9 in 10 dental therapists (91%) and orthodontic therapists (88%) and 8 in 10 hygienists (84%) felt that they knew a great deal or fair amount about the SoP guidance document. In comparison, only around 6 in 10 dentists (61%)

² A logic model is a visual diagram that helps to illustrate how something is (or isn't) working.

and dental nurses (59%) stated that they knew a great deal or fair amount about the SoP guidance document.

- 1.15 Use of the SoP guidance document varied amongst dental professionals. Some were regularly using it to obtain clarity on their scope or to help shape training for other members of staff, whereas other dental professionals never used it. Hygienists, therapists and orthodontic therapists were more likely than dental technicians or dental nurses to have referred to the SoP guidance document in the last 6 months. The picture seemed more mixed for clinical dental technicians; however, it is important to note that this research involved speaking to fewer clinical dental technicians than any other dental professional group. Dentist usage of the SoP guidance document varied considerably, with some using it on a regular basis and others never using it.
- 1.16 Findings from the Dental Professional Survey give further granularity. They show that very few dental professionals (just 5%) 'never' refer to the SoP guidance document (5 %) but it was fairly typical to refer to it rarely - around half (49%) reported looking at it twice a year or less. Just over one in five (22%) were referring to the SoP guidance document every 2 to 3 months and one in six (16%) were referring to the SoP guidance document more often (at least once a month).
- 1.17 Stakeholder interviews revealed that they were more likely than dental professionals to be regularly using the SoP guidance document. Stakeholders were using the SoP guidance document to help them design new training courses, update the content of current courses, discuss developmental opportunities with dental professionals and provide advice/guidance to dental professionals as well as using the document within Fitness to Practice (FtP) cases.

Impact and perceptions of Scope of Practice

Impact on out of scope working

- 1.18 Dental professionals were keen to ensure that they operated within their scope and were largely wary of going beyond it. Instances where dental professionals had undertaken out of scope tasks were not usually due to them being unaware that the treatment was out of their scope/competency, but they were trying to ensure that their patient was receiving the best treatment possible; for example, by not referring them to another dental professional some distance away or because they were being asked by a senior colleague to undertake the task.
- 1.19 There was a feeling amongst DCPs that dentists have a high impact on the tasks they undertake. This is due to them being the 'boss'/the person that controls the flow and type of work that they are assigned. Some DCPs feel that all the control lies with the dentist and they have little influence over the tasks they undertake.
- 1.20 Some DCPs felt more comfortable pushing-back on requests from dentists they felt were out of scope – particularly DCPs who can be seen through 'direct access' and those working in a hospital setting. As a rule, dental nurses were least confident pushing back in this way.
- 1.21 There were a few instances of DCPs using the SoP guidance document to help support their case to the dentist that a task that had been requested was out of scope. In these instances, the SoP guidance document is playing a role in ensuring the DCP does not act out of scope which may contribute to public protection and protection of the individual DCP from a claim or complaint being made against them.

Impact on skills mix and career pathways

- 1.22 The scoping stage of the research revealed a fear that the SoP guidance document could inhibit the skills mix where DCPs are reluctant to do anything that is not explicitly stated within the SoP guidance document. There was some evidence from the mainstage which supported this. A few dentists reported that the SoP guidance document was being used by some DCPs to prove that a task is not in their scope because it is not listed in the SoP guidance document. It is difficult to know whether the DCPs in these cases were being overly or appropriately cautious in not undertaking these tasks but a common suggested response to this issue was to make SoP guidance document more comprehensive to leave fewer grey areas.
- 1.23 For DCPs to work to their full scope/capabilities, it is necessary for dentists to allow them to do this through referrals and/or giving them opportunities to take on particular tasks. DCPs believe that dentists are not currently referring enough. Those who can be seen under 'direct access' felt a key reason for this was that dentists are unaware of the treatments that they can undertake. However, there were also wider contextual factors discussed in relation to referrals. Dentists and DCPs mentioned practical difficulties of sharing work within the team and financial considerations/incentives, which do not always encourage dentists to refer work to others.
- 1.24 Educators felt many dentists were not currently maximising the potential of their staff. Dental nurses echoed this view, feeling that their profession lacks progression opportunities in part due to dentists not understanding their full capabilities or how they may be able to expand their scope.
- 1.25 In addition, very few DCPs were using the 'additional skills' sections of the SoP guidance document to understand how they could expand their scope. Many believed there needed to be greater clarity around how the 'additional skills' could be achieved. If this detail was provided, this could help to encourage DCPs to expand their scope.

Perceptions of the document

- 1.26 Generally, dental professionals and stakeholders agreed that the SoP guidance document clearly outlines the different roles within the dental team. However, some felt that the document was a bit too vague in places and was therefore 'subject to interpretation'. There was also a feeling amongst dental professionals and stakeholders that the document needed to be updated more frequently as the industry is continually changing.
- 1.27 Dental professionals and stakeholders generally felt that if the document is to continue to exist, it should continue to be the responsibility of the GDC but that others e.g. professional bodies should be consulted over updates.

Public perceptions

- 1.28 The public were not generally aware of the SoP guidance document. When the document was shown to them during the discussion groups, they did not feel it was presented in a way that is accessible for them and they assumed it had been designed with dental professionals and stakeholders in mind.
- 1.29 If the SoP guidance document is to be used by the general public, it would need to be shortened and interactive (e.g. an app, video or web format with clickable links) or be produced as a simple poster with each member of the dental team and a short summary of each role.

1.30 However, it is important to note that overall, the public did not feel that the SoP guidance document was for them or something they would use in the future. There was little interest from the public in direct access unless it would save them money. Some members of the public were happy to go direct to a hygienist, whose role was generally felt to be clear. While many other DCP roles – all except dental nurses – were much less familiar to the public, this had never been an issue for them. They tended to feel that the dentist was a good first port of call and could refer them to others as appropriate.

Conclusions: the future of the Scope of Practice

Dental professionals

- 1.31 Dental professional awareness and understanding of their own scope was high and had mainly come from their education before they qualified. Generally, the SoP guidance document is not being used regularly by dental professionals to assist them in understanding their scope.
- 1.32 However, a few dentists reported that the SoP guidance document was occasionally being used by some DCPs to prove that a task was out of their scope because it was not listed in the document. In these cases, dentists felt that DCPs were taking an overly cautious approach to their interpretation of the SoP guidance document. However, it is difficult to know whether DCPs were being appropriately or overly cautious.
- 1.33 Very few DCPs were utilising the 'additional skills' sections of the SoP guidance document. They felt there needed to be greater clarity around how the 'additional skills' could be achieved if the SoP guidance document was to be used in this way in the future.
- 1.34 Dental professionals are not generally confident when it comes to the scope of other dental professionals in the dental team and they do not believe it is their place to know the scope of other professionals. There is only one exception to this, DCPs believed that dentists should know the scope of all DCPs to ensure that they can refer and work with them appropriately.
- 1.35 Dentists and DCPs discussed several practical barriers which impacted on the sharing of work within the team, including the complexity of treatments. There was also a feeling that the current system does not financially incentivise private dentists to refer work or incentivise DCPs in NHS settings to take on referrals and expand their scope. Given the significant contextual factors around referral behaviour, it may be unrealistic to expect the SoP guidance document, in its current or an improved form, to play a transformative role in enabling DCPs to work to their full scope. However, dentists having an increased awareness of DCP roles could help in some cases.

The public

- 1.36 One of the expected benefits of the revised 2013 SoP guidance document was an increased understanding amongst the general public of the roles of dental professionals. However, the public are not currently aware of, or using, the SoP guidance document. They do not feel the SoP guidance document is patient friendly and therefore they have assumed that the document is not for them.
- 1.37 The public felt that it would be better to have a simplified SoP guidance document in another form, such as a poster or app (but many admitted they would be unlikely to use it in any form).

Stakeholders

- 1.38 While the original intention may have been focused on dental professionals and the public, it is stakeholders who are using the SoP guidance document most frequently and they are concerned about how they would continue to advise dental professionals or assess/prosecute/defend FtP cases without the document.

The future of Scope of Practice

- 1.39 Dental professionals and stakeholders were keen for the SoP guidance document to continue to exist and when the scenario of the SoP guidance document no longer existing was aired, they were generally fearful of what would happen in its absence. There were concerns that this could lead to dental professionals acting out of scope. A few stakeholders and dental professionals were less concerned, but they still felt that the SoP guidance document needed to continue to exist.
- 1.40 Dental professionals and stakeholders also tended to feel that the SoP guidance document should be more comprehensive and updated more regularly so it reflects the ever-changing nature of the industry.
- 1.41 Dental professionals and stakeholders generally felt that if the SoP guidance document is to continue to exist it needs to be the responsibility of the GDC. They felt that as it is outlining the scope of different members of the dental team it needs to be owned by the regulator. Some DCPs added that the GDC should, however, involve all professional bodies and educators to ensure that they are consulted.

2 Background and methodology

2.1 This section will cover the background to the review, its objectives and the research approach taken.

Background to the research

2.2 Prior to 2008, only dentists, dental therapists and dental hygienists had to register with the General Dental Council (GDC). However, in 2008 a legislative change took place and it became compulsory for dental nurses, dental technicians, clinical dental technicians and orthodontic therapists to register with the GDC. After this change came into effect, representatives of new and existing dental professional groups felt more guidance was needed to define the boundaries of each role. The existing requirement to work within training, competency and indemnity was felt to no longer be enough. In response to these calls, the GDC developed guidance on the Scope of Practice (SoP) in dentistry.

2.3 In 2013, following the introduction of patient 'direct access', the SoP guidance document was revisited and revised. 'Direct access' meant that some Dental Care Professionals (DCPs)³ were now able to undertake procedures which had previously required the presence of a dentist (however, some treatments still required a dentist's prescription or prior assessment). The 2013 revisions to the SoP guidance document were expected to benefit patients by providing clear guidance on what different dental professionals could and could not do in the absence of a dentist and supporting them to make better choices about their care.

2.4 The SoP guidance document covers each dental professional and the tasks they could be expected to carry out or develop if they are "trained, competent and indemnified" to do so. However, it is important to note that the SoP guidance document was never intended to be an exhaustive list of tasks that dental professionals could or could not undertake. It was always intended to be used as a reference document alongside the dental professionals using their professional judgement, to aid them in determining what they were trained, competent and indemnified to do. More recently the GDC reported an increase in the amount of enquiries requesting detailed interpretation of elements of the SoP guidance document. The GDC has been requested to provide detailed (often clinical) advice about what dental professionals "can and can't do", to help to reassure dental professionals that they are not acting out of scope and could be making themselves vulnerable to a fitness to practise proceeding. The GDC has also been asked in recent years to comment on what training would be acceptable for developing a skill in the SoP guidance document.

2.5 This reported increase suggested that the document may not be meeting its original objective of helping to clarify the different roles within the dental team. The GDC commissioned this research to review the SoP guidance document, exploring to what extent the document is working as intended and balancing anticipated outcomes against any unintended consequences.

2.6 The research will explore the following among dental professionals, stakeholders and members of the public:

- Awareness and understanding of the roles within the dental team;

³ This term refers to all dental professionals except dentists.

- Use and perceptions of the SoP guidance document; Impacts of the SoP guidance document, both intended and unintended;
- The future of the SoP guidance document.

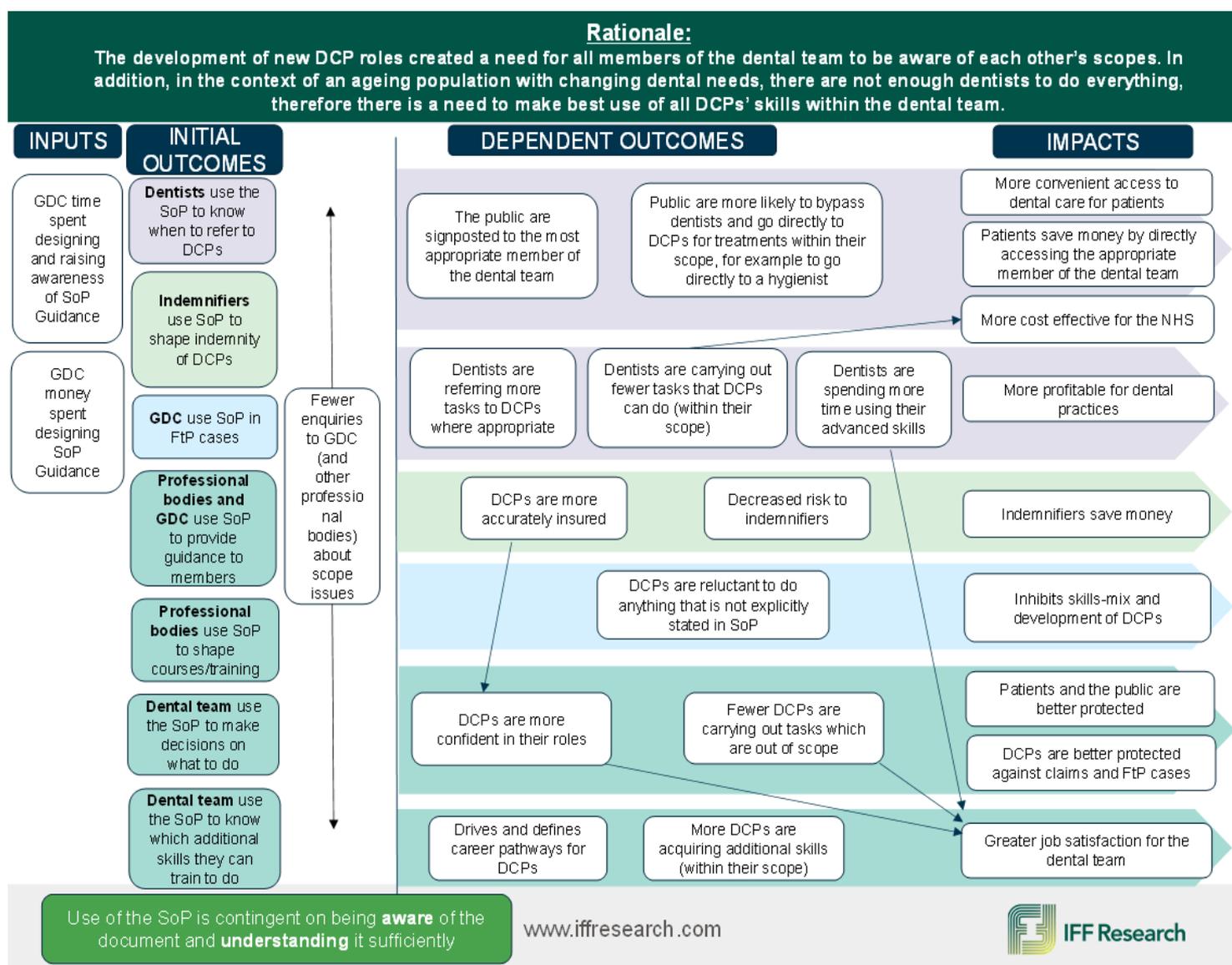
Methodology

- 2.7 The research involved three stages: the scoping stage, workshop, and mainstage of the research.
- 2.8 The scoping stage of the research was designed to inform the workshop and mainstage of the research. The key objective of the scoping stage was to understand the context of the SoP guidance document and develop a logic model to map out the steps to making change happen. The workshop then discussed the findings from the scoping stage of the research and the logic model in detail to help shape the focus of the mainstage of the research.

Scoping stage

- 2.9 The scoping stage took place between December 2018 and July 2019. The research had four key elements: stakeholder interviews, literature review, secondary data analysis and development of a logic model.
- 2.10 A logic model was developed during the scoping stage to make explicit the theory of change behind the SoP guidance document. It provides a distilled picture of the steps involved in making change happen.

Figure 2.1 Dental professional Logic Model



2.11 The logic model was developed from knowledge gleaned from all elements of the scoping stage. It shows intended outcomes and impacts alongside actual outcomes and impacts (*whether intended or not*⁴). This is in recognition that the document is currently used in ways which go beyond its initial purpose.

2.12 The **rationale** summarises why the SoP guidance document was needed by highlighting, in brief, the problem it was designed to solve.

2.13 The **initial outcomes** show how the SoP guidance document is used by various stakeholder groups. As stated in the logic model, use of SoP guidance document is contingent on stakeholders being aware of the document and understanding it sufficiently.

⁴ In particular, it is worth noting that 'indemnifiers save money' and 'inhibits skill-mix and development of DCPs' are unintended impacts.

- 2.14 The **dependent outcomes** show further effects of the document being used.
- 2.15 The **impacts** are long-term effects, which the Scope of Practice could contribute to rather than cause.
- 2.16 Typically impacts are not measurable within an evaluation (as they are indirectly attributable) but if the preceding initial outcomes and dependent outcomes can be observed, the theory of change suggests that the impacts will follow.
- 2.17 As the scoping stage did not gather views from dental professionals or members of the public directly, the logic model was used in the design of the mainstage of the research to ensure all relevant questions were asked of these groups (as well as of the additional stakeholders we interviewed during the mainstage).

Workshop

- 2.18 After the scoping stage of the research a workshop was held with around 35 GDC stakeholders, both internal and external. The key findings from the scoping stage were presented and two discussion sessions were conducted around some of the key themes from the scoping stage. The first discussion was around the future of the SoP guidance document; whether it needed to continue to exist and if so in what form. The second discussion focused on the impact of the guidance on working within scope and to the full scope of one's role. The findings from these discussions were collated after the workshop and informed the focus of the discussion guides for the mainstage of the research.

Mainstage

- 2.19 The mainstage of the research involved group discussions and interviews with dental professionals, members of the public and stakeholders. It also involved the analysis of two questions that were added to the Dental Professionals Survey conducted by the GDC.

Groups and interviews with dental professionals

- 2.20 Six group discussions and two in-depth interviews were conducted with dental professionals. The group discussions were conducted in London, Birmingham and Edinburgh. The fieldwork took place between 1st October and 23rd October 2019. The make-up of the groups was as follows:
- Two dentist groups;
 - One group with dental nurses;
 - One group with dental hygienists and therapists;
 - One group with dental technicians;
 - One group with orthodontic therapists.
- 2.21 Within each group IFF Research ensured there was a mix of professionals in terms of their settings (working privately and for the NHS, based in hospitals and practices), time since graduation (those that graduated before and after 2009) as well as having a mix by gender and ethnicity. The groups lasted for around 1 hour and 30 minutes.

2.22 Two in-depth interviews were conducted with clinical dental technicians to ensure that all dental professional groups had been spoken to within the research (it was not possible to convene a group of clinical dental technicians due to low numbers on the GDC register).

2.23 A semi structured discussion guide was designed and used during the discussions to ensure consistent coverage across the groups. The guide also allowed the moderator to follow up on any interesting conversations that arose naturally throughout the discussion. The guide covered the following key topics (full discussion guide can be found in Appendix A):

- Dental professionals' understanding of their own scope and the scope of other members of the dental team;
- Current use of the SoP guidance document;
- Impacts of the SoP guidance document;
- The future of the SoP guidance document.

Interviews with stakeholders

2.24 In-depth interviews were undertaken with 9 stakeholders. Five interviews were conducted with educators, one with a corporate, one with an indemnifier, one with an employer and one with a professional body. Interviews were conducted over the telephone and lasted for around 45 minutes.

2.25 A semi structured discussion guide was used during the interviews. This ensured that there was consistency across the interviews, but also allowed interviewers the flexibility to discuss other interesting avenues as they arose during the conversation.

2.26 The discussion guide covered the following key topics (full discussion guide can be found in Appendix A):

- Own use of the SoP guidance document;
- Dental professional use of the SoP guidance document;
- Impacts of the SoP guidance document;
- The future of the SoP guidance document.

Groups with members of the public

2.27 Two group discussions were conducted with members of the general public, one in Edinburgh and one in London.

2.28 A mix of the following characteristics were recruited for each of the groups; age, gender and ethnicity. All the participants had also visited a dental surgery within the last 2 years.

2.29 The group discussion covered the following topics (full discussion guide can be found in Appendix A):

- Recent experiences of dental care;

- Awareness and understanding of the different members of the dental team;
- Awareness and understanding of 'direct access';
- Information needs on the roles within the dental team;
- Awareness and understanding of the SoP guidance document.

Dental Professionals Survey

2.30 The Dental Professionals Survey is run annually by the GDC. Each year the GDC asks a selection of questions, which generally remain consistent year-to-year, but some additional questions are added when a new or relevant subject arises. This year's survey seeks to explore the following:

- How well the GDC's role, purpose and work is understood;
- Topical issues affecting the profession, such as CPD;
- How complaints and feedback are handled locally/in practice;
- Perception of fitness to practise.

2.31 Two new questions were designed by IFF Research and added to the 2019 survey. The following two questions were added and will be analysed in this report:

- How much, if anything, would you say you know about the Scope of Practice guidance published by the General Dental Council?
- Which of the following best describes how often you have referred to the Scope of Practice guidance?

2.32 The 2019 Dental Professionals Survey achieved 7,848 responses from dental professionals.

Interpreting the findings

2.33 Qualitative research aims to provide detailed insight into the views and experiences of individuals. The qualitative findings do not aim to be generalisable to the wider population. The findings from the dental professional groups, dental professional interviews, groups with members of the public and stakeholder interviews should be interpreted in this context. They should not be taken as representative of all dental professionals, members of the public and stakeholders.

3 Dental professional understanding of scope and use of the Scope of Practice

- 3.1 The following chapter outlines the level of clarity dental professionals feel about their scope and how they keep up to date with changes. It covers how they deal with uncertainties about their remit and in which circumstances they might refer to the SoP guidance document.
- 3.2 This chapter also looks at the extent of dental professionals' knowledge of the scope of other dental professionals. It reflects the views of dentists, dental nurses, dental technicians, clinical dental technicians, orthodontic therapists, hygienists, and dental therapists on the scope of those they employ, are employed by and work with. It also covers stakeholder views.

Understanding and keeping up to date with own scope

Level of understanding of own scope

- 3.3 Dental professionals generally felt quite clear and confident on their own scope. Dental professionals whose scope had seen more recent change, such as hygienists and dental therapists, were particularly likely to be very aware of their scope. However, a few dental therapists reported that recent changes to their scope such as being able to diagnose a wider range of diseases left them 'doubtful' and seeking confirmation from colleagues.
- 3.4 Clinical dental technicians were most likely to report 'grey areas' where there was lack of clarity around their scope. Sometimes, due to newly developed techniques (e.g. digital impressions) which were not yet specifically assigned to particular professionals, while other situations may be more deliberate acting out of scope to retain fees (e.g. the removal of dentures or bridge screws).
- 3.5 Most dental professionals reported that their initial training had been thorough in explaining the scope of their role.

"In early days of study, it's drilled into you . . . If you're not clinically qualified do not touch the mouth . . . Not your scope and you're not covered to be in there."

Dental technician

- 3.6 Dentists frequently described their own scope in relation to that of other dentists in terms of specialities. They tended to be more focused on how their scope of practice (which they spoke about in terms of what they commonly do/feel competent to do) differs from other dentists than from those in other dental professions.
- 3.7 One stakeholder (an indemnifier) made the point that dentists may not need to be aware of their scope as they are allowed to do everything.
- 3.8 A few dentists suggested that dentists in more rural settings were more likely to knowingly go beyond their scope/competency to help provide the best service for their patients. There was a feeling that if you refer to another dental professional in a rural area you could be forcing your patient to travel long distances, and that the only way to prevent this inconvenience to your

patients was to perform a treatment that you may not feel entirely comfortable with (i.e. it may be something the dentist has been trained to do but does not do regularly).

“I think that one thing that I’d come back to is, we all work in and around London. It is relatively easy, if I don’t feel comfortable with something, to refer... If you’re out in the sticks, you are very isolated and I think you can start being, you know, trying your best for people, but possibly ending up outside your scope of practice.”

Dentist

- 3.9 In general, clinical dental technicians and dental nurses were thought to be most likely to knowingly work beyond their scope⁵, whilst other professionals such as therapists and hygienists were thought more likely to refuse requested tasks even though others thought they were in scope.
- 3.10 Many dental professionals showed confusion around whether training on ‘additional skills’ in the SoP guidance document was sufficient to extend scope. Not all current training appears to make participants feel competent to extend their practice, for example, there was uncertainty if participation in a short webinar would be adequate. Education providers and the professional body interviewed also thought dental professionals were generally unclear about expansion of scope, training and skills development or how these should be verified.

“I’m a bit unclear about whitening, so I think that’s one of the things that it mentions in the GDC as an extra, as optional... I did, a webinar... [and received] a CPD certificate and my dentist is happy for me to do it. But is that really it? Does that mean that I’m trained and now that’s within my scope?”

Dental hygienist / therapist

How dental professionals check their understanding and keep up to date with their scope

- 3.11 Dental professionals were aware that scopes evolve and that they need to keep up to date. This could be due to new roles, changing legislation or use of new technologies. Many dental professionals also proactively checked their understanding when dealing with a new task for the first time. For example, dental nurses in a hospital setting verified their responsibilities when dealing with increasing numbers of elderly or obese patients who might have additional nursing requirements (e.g. needing catheters changing).
- 3.12 Across all the roles covered in the research, the majority of dental professionals turned to colleagues or peers to discuss concerns or changes to their scope. This included colleagues at their place of work - for example dental nurses checked with more experienced dental nurses. Many dental professionals also mentioned discussion with peers outside their immediate place of work whom they are in touch with through personal networks or online discussion groups. Some more recently qualified dental professionals retained contact with their training team

⁵ This was discussed by stakeholders and dental professionals about themselves and other dental professionals. However, we must be mindful that qualitative evidence should not be taken as representative of all dental professionals and stakeholders.

through social media groups and would ask questions of the consultants or professors who delivered the original course.

“The other place that I have seen a lot of discussion of this kind of thing is on Facebook groups. So, for dentists by dentists . . . big Facebook groups. I’ve seen a lot of discussion about all aspects of dentistry, from CQC, GDC, everything about that. So, if you search within those groups and just put in ‘scope of practice’, you’ll no doubt find lots of threads with people offering an opinion.”

Dentist

- 3.13 Employers were the source of information for some, who reported that their principals or practice managers keep up to date with scopes of practice, for example at staff meetings. Those who were primarily reliant on their employer were typically positive about their relationship and trusting of the advice provided.
- 3.14 Some dental professionals in more junior positions felt it their ‘personal duty’ to know their scope. They accepted it as part of their role to make it clear if there was any confusion about the tasks they could be asked to undertake by those in more senior positions. However, others felt the responsibility for understanding their scope should be shared by their employer and would not expect to have to raise issues with them.
- 3.15 Where there was a lack of clarity reported, this was often linked to the time since more senior practitioners had trained (for some, it would be prior to the development of roles such as orthodontic therapists).
- 3.16 Those working in hospital settings were more likely to mention frequent training, usually provided in-house. Some in private practice believed that they received less training.

“If anything changes [on scope of practice] we get emails, you get training . . . there will be a discussion, ‘lunch and learn’. . . We get mandatory training . . . In [private] practice it’s altogether a different story.”

Orthodontic therapist [working at NHS training hospital]

- 3.17 It was commonly discussed that Continuing Professional Development (CPD) was a good way to keep up to date with any changes to one’s scope. Many dental professionals reported that they completed a mandatory number of CPD hours and that this covered their scope and changes to it. Online training, dental exhibitions and conferences were frequently mentioned as useful contributors to CPD and understanding of scope.
- 3.18 The annual British Dental Industry Association (BDIA) Dental Showcase trade show was reported by several dental professionals to be useful in keeping up to date and being able to question others about scope. Content in magazine and journals were also mentioned, such as those from FMC Dentistry’s Information Centre.
- 3.19 Generally, dental professionals wouldn’t go to indemnifiers to check their scope. Many dental professionals were not completely clear on the details of what they are indemnified to do. They understood that they needed it and that it was there to protect them if the GDC brought an FtP case against them. Dental nurses and dental technicians had the lowest levels of knowledge on indemnity, which appeared to be since this was predominantly applied for by their employer and they were not involved in the process.

“All I know about indemnity, is that if I’m in trouble, they will back me up, knowing that I’ve not done anything wrong. That’s all I know about indemnity, [my employer] pays for it.”

Dental nurse

- 3.20 Indemnifiers were thought of as a last resort, or ‘last word’ if an answer could not be found elsewhere. Examples of indemnifier use included checking if refusal of a task was valid, questions over direct access and resolution of a ‘grey area’ for clinical dental technicians.
- 3.21 Clinical dental technicians did not feel it would be any guarantee if an indemnifier agreed to indemnify them for a certain task and felt that the dental practitioner should themselves be sure if it was within their scope of practice. If it was later challenged as being outside their scope of practice, they thought the indemnifier might then be able to invalidate their original stance.

“Clearly you need to have indemnity if you’re going to do anything at all like that [working at the boundary of scope] ... but I think the indemnity providers can say ... ‘You will be indemnified to do it’, but ... it might still be outside my scope of practice.”

Clinical dental technician

Use of GDC resources to check understanding and keep up to date with scope

- 3.22 Many dental professionals would turn to the GDC or to professional bodies (e.g. British Society for Dental Hygiene and Therapy), if they needed to clarify if a task was within their scope. Some dental professionals regularly turn to the SoP guidance document if they are unsure if a task is within their scope, but others reported they had not looked at it for several years. Educators felt that dental professionals would typically only refer to the GDC if they were particularly proactive.
- 3.23 Dental professionals also reported turning to the GDC website if they had a query on their scope. If their query was not answered on the website, they would contact the GDC by telephone. A minority of dentists (those with their own practices) and orthodontic therapists reported that they proactively visit the GDC website at regular intervals, or when aware of changes to the standards to check for details. Dental professionals across the professions highlighted the usefulness of direct email updates (from GDC and other professional bodies) specifically notifying them of relevant changes.

“Every practice is not very great in updating things. So, I think the best thing is the GDC website and if you want a notification you can just add that to your email address.”

Orthodontic therapist

Understanding the scope of other dental professionals

- 3.24 Dental professionals commonly lack confidence on the scope of other dental professionals. There is a feeling amongst most dental professionals that it is everyone’s role to know their own scope, but not necessarily that of others.

“We just don’t get really told it [dentist’s scope] because what’s the point? . . . We know what they should be doing, but why should we need to know the ins and outs of their business?”

Dental nurse

“Each individual . . . has a better awareness of their own roles and responsibilities . . . I mean, I wouldn't, I couldn't dictate to someone, 'Oh, this is something you should be doing,' because it's obviously something I'm not aware of. . . Again, I think it comes down to communication . . . you establish who can do what.”

Dental technician

- 3.25 Employers largely did feel they should understand their employees' scope but many employees (including dental nurses, therapists and hygienists) did not feel this was the case. Educators were also sceptical as to the amount of knowledge employers (especially dentists) held.

“They [dentists] don't know what the other DCPs can undertake; very, very unaware of CDTs and what they can do, the broadened scope of the dental therapist ... some dentists don't believe that nurses can progress or do anything without a prescription.”

Education stakeholder

“I wouldn't be able to tell you the individual roles and what they can or can't do, especially the therapist ... I didn't know [there were] further details outlining particular tasks a practitioner can or can't do.”

Dentist and employer

- 3.26 Dental professionals working in hospitals appeared to be more keenly aware of the scope of other dental professionals. They felt delineation between roles were clearer and referrals straightforward.

“In the hospital, we have very clear and defined roles. So, on our medicine team, we deal specifically with . . . a couple of hundred conditions . . . We make internal referrals, we very much deal with our own defined role. . . Often, our roles can cross. . . but you know where the line is.”

Dentist

- 3.27 A minority at all levels felt understanding the scope of others led to better team-working and reported positive experiences at workplaces where this was the norm.
- 3.28 In keeping with the general belief that dental professionals have a responsibility to understand their own scope, face to face direct communication was suggested as a good way of finding out about the scope and competency of others.

“It's liaising, it's communication. On face value you're not going to really know who's made of what and what they can and can't do. I guess when you approach one another for help that then clarifies where you stand, kind of, in scope of practice. I think if you don't know something it's . . . so much easier just to talk to someone than stick your head in a book.”

Dental technician

- 3.29 CPD was also mentioned as a good way to keep up to date on others' scope.
- 3.30 Dentists had a mixed response when it came to their understanding of the roles within the dental team and whether all roles are clearly defined. They generally fell into two groups:

- Those believing that the different roles are well defined or that there is no need for them to understand the roles.
- Those believing that there needs to be great clarity around some tasks.

3.31 Those that felt there was no need for them to understand the scope of others generally were not working with a variety of DCPs and they felt they had a good understanding of the professionals they were working with (e.g. an orthodontist who works closely with an orthodontic therapist and had for a number of years commented that she would have no need to question what the OT could do).

3.32 Some dentists reported that there were some 'grey areas' in the individual scopes within the dental team and these 'grey areas' could be causes of friction and debate within the team. For example, the disposal of sharps. They reported that there were ongoing debates with dental nurses around the disposal of sharps and whether this task was outside of their scope.

"Sometimes it's quite difficult. There have been issues where it's been debated whether, who is going to dispose of the sharps. Whether it's the clinicians or the nurses can dispose of it in the practice."

Dentist

3.33 Dentists reported being asked by colleagues in other roles to provide evidence that the task they were asking them to undertake is within their scope. Dentists most commonly turn to the GDC for guidance either by calling them or referring to the SoP guidance document. They also occasionally turned to indemnifiers. These situations appear to most commonly result in the task being found outside of scope, or uncertainty which results in the task not being assigned.

3.34 Educators reported that dentists were rarely fully aware of the scope of other dental professional roles, and that it was important to ensure that DCPs feel confident on their own scope through education. Some found that dentists were surprised at the extent of tasks that dental nurses or therapists could potentially undertake.

3.35 Dental therapists reported a lack of knowledge amongst dentists of their role, training and in which circumstances they would need permissions before acting. One example was whether they could perform examinations for children.

"She [a dentist] generally didn't know what a therapist was, but she was willing to take me on as her trainee therapist. . . My lecturer had to tell her . . . he literally had to send her, the whole scope of practice, everything . . . Even after she had read it, she was [saying] 'Yes, it's the same as hygiene, you can do some extra bits.' Then she was booking in, root canals and I was, [saying] 'I cannot do that. I cannot do root canals.' So, it definitely wasn't clear to them."

Dental therapist

3.36 One educator felt the dental therapist role was particularly unlikely to be understood by other professionals. They attributed this partly to frequent crossing of roles with hygienists, especially in Scotland where there is currently the perception that there is no training for either role (however, there are several training programmes available in Scotland currently). Hygienists themselves were thought to understand the dental therapist role well.

3.37 Orthodontic therapists also felt dentists were not always clear about the scope of therapists' work, or in some cases are aware they are asking them to undertake a task outside of their scope.

3.38 Dental professionals also raised a few concerns around the scope of dentists. Some believed that it could cover areas in which particular dentists might have little recent training or experience. They felt that some tasks which are within a dentist's remit would be better passed to professionals who might be more experienced or better trained to deliver them. One example was the making of dentures which clinical dental technicians felt better placed to provide.

"They [dentists] expect us to make dentures on these impressions . . . they use cheap materials then we make the dentures and the dentures don't fit . . . It might be in their scope of practice, but they've had very little training."

Clinical dental technician

3.39 Similarly, some professionals raised concerns that not all dentists are indemnified for all tasks which may be within their scope which led to uncertainty around who would undertake which tasks. Clinical dental technicians reported that they often checked if dentists were able to undertake specific tasks (e.g. implants).

3.40 One dental professional raised uncertainty around the scope for dentists and others who have trained outside the UK. They were unsure what the training for these individuals might have covered and what they were therefore qualified to do.

Awareness, knowledge and use of the Scope of Practice guidance document

Awareness and knowledge among dental professionals

3.41 When the SoP guidance document was first mentioned during the group discussions with dental professionals there was a mixed response. Some were very familiar with the SoP guidance document and had mentioned it before it was raised by the moderator, whereas others could not recall the document and did not immediately recognise it when shown.

3.42 Overall, DCPs were more familiar with the document than dentists. Hygienists, therapists and orthodontic therapists seemed the most familiar with the SoP guidance document. Dental technicians and clinical dental technicians' responses were more mixed. More recently trained dental technicians were more familiar with the document and discussed how the document had been covered in detail during their education.

"In the college, you pretty much learn straight away what all the scopes are because when you do the studies at college and that, they do a full unit on it, so you learn about it."

Dental technician

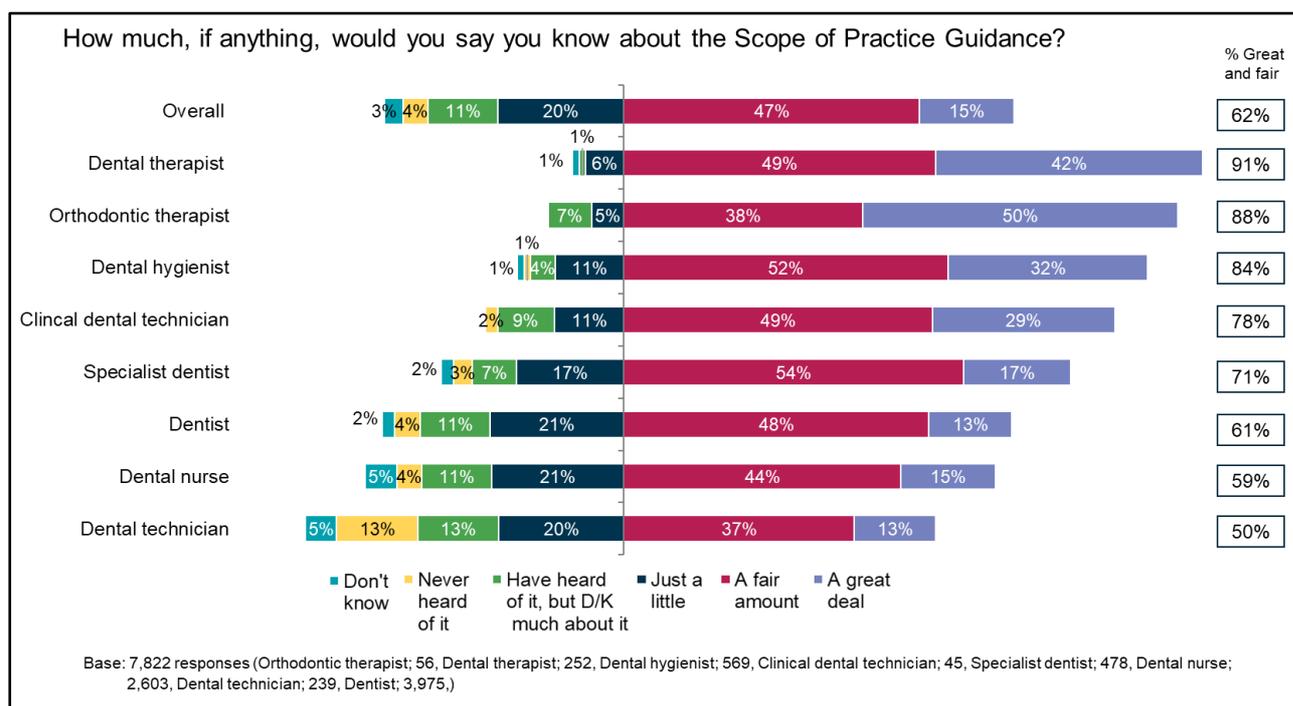
3.43 Dental nurses were the least familiar, with most of the dental nurses not recognising the name of the document. They did not appear to recall the SoP guidance document until the document was put in front of them. Once the document was provided, they mostly recalled being provided with it when they graduated, but they generally had not referred to it since.

"I think that's why we've not recognised it, until we've seen it and thought, 'Oh, yes, I've had this.' You just get given it and that's it."

Dental nurse

- 3.44 The findings from the qualitative work are broadly in line with the Dental Professionals Survey evidence, when we look at the most and least knowledgeable groups. Around 9 in 10 dental therapists (91%) and orthodontic therapists (88%) and 8 in 10 hygienists (84%) felt that they knew a great deal or fair amount about the SoP guidance document. In comparison, only around 6 in 10 dentists (61%) and dental nurses (59%) stated that they knew a great deal or fair amount about the SoP guidance document.
- 3.45 The quantitative research found that dental technicians were the least knowledgeable group, with only 50% reporting they knew 'a great deal' or 'fair amount' about the SoP guidance document. A considerably higher proportion of technicians stated they had never heard of it than amongst any other professional group (no more than 4% in any other group).
- 3.46 Overall, the quantitative data found that it was most common for dentists and other DCPs to report they knew 'a fair amount' about the SoP guidance document, with almost half (47%) saying this as shown in Figure 3.1. Around one in six (15%) felt they knew 'a great deal' about them. A fifth (20%) knew 'just a little' and a further 11% had heard of the SoP guidance document but did 'not know much about it'. A very small minority, 4% had never heard of the SoP guidance document.

Figure 3.1 Awareness and knowledge of the SoP guidance document from the GDC Dental Professional Survey 2019



Dental professional use of Scope of Practice

- 3.47 The use of the SoP guidance document varied amongst dental professionals. Some were using it on a regular basis to help shape training for other members of staff, or to clarify their own scope, whereas others were never referring to it.

- 3.48 Hygienists, therapists and orthodontic therapists were more likely than dental nurses or dental technicians to have referred to the SoP guidance document in the last 6 months. Most often they were using the SoP guidance document to educate a dentist on their scope.

“I finished in July 2019...They’re quite keen that you understand what you can do so that when you get out into your practice placement, if the dentist isn’t aware, which, in my scenario, they weren’t aware at all, they thought I was just going to scale and polish all day, you know, I did need to take the scope of practice and say, ‘Look, this is what therapists can do, this is what I’m allowed to do work on.”

Dental hygienist / therapist

- 3.49 Occasionally, they were using the SoP guidance document to check whether a task was in scope or to prove to a dentist that a task was out of scope.
- 3.50 Dental technicians were choosing not to use the SoP guidance document because they did not feel they needed to refer to it. They felt that their scope had been ‘drilled’ into them through their education, so there was no need to refer to the document to check if a task was in or out of scope.
- 3.51 The picture seemed more mixed for clinical dental technicians, however, we must be mindful that we spoke to fewer clinical dental technicians than any other dental professional group. One of the clinical dental technicians was frequently using the SoP guidance document as they also had a role as an expert witness for the GDC in FtP cases. They would access the document on a regular basis when reviewing cases. The other clinical dental technician was not using the SoP guidance document as frequently and had not referred to the document for a few years but were still familiar with the content of the SoP guidance document.
- 3.52 Dental nurses were the least aware and familiar with SoP guidance document and therefore they were not generally turning to the SoP guidance document for guidance on their scope.
- 3.53 The use of the SoP guidance document by dentists varied. Some appeared to be using it on a regular basis, whereas others were never referring to the SoP guidance document. When dentists were using the SoP guidance document, they tended to be using it to answer queries from other dental professionals working in the practice, or to prove that a treatment or task was in scope.

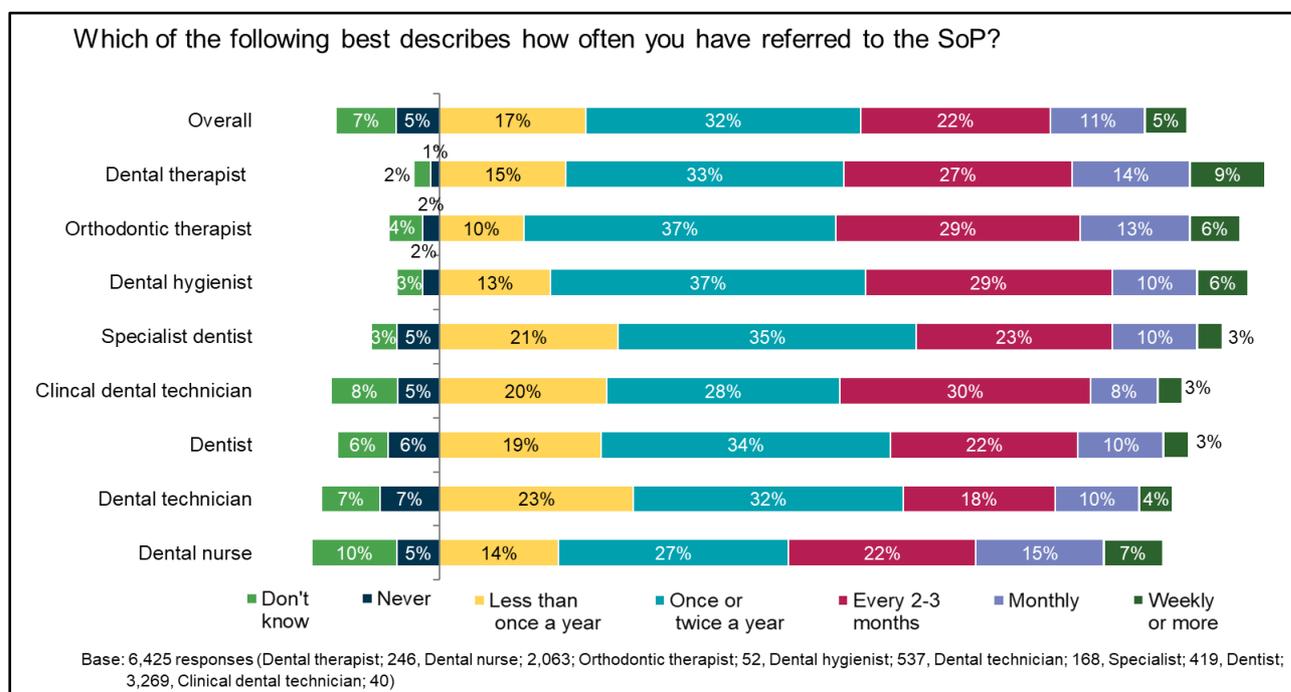
“Very often, I then find a brick wall from them [dental nurses], saying, ‘Oh, no. I’m not allowed to do it,’ and then I’m sitting there with the GDC guidelines again and say, ‘Okay, let’s go through what you’re allowed to do.”

Dentists

- 3.54 A few recent graduates also mentioned using it to help them prepare for interviews.
- 3.55 Dentists that were not referring to the SoP guidance document did raise the question as to why they would need to refer to the document, as they did not feel that they needed to know the roles of DCPs. They were more commonly referring to specialist dentists, rather than DCPs, so they did not see why they would need to know the role of DCPs. In addition, they assumed that DCPs would know their own scope.

- 3.56 The findings around frequency of use of the SoP guidance document (shown Figure 3.2) support the previous awareness findings from the Dental Professionals Survey, as very few dental professionals were 'never' referring to the SoP guidance document (5 %). Overall, just under half (49%) were referring to the SoP guidance document once or twice a year or less. Just over one in five (22%) were referring to the SoP guidance document every 2 to 3 months and one in six (16%) were referring to the SoP guidance document more often (at least once a month).
- 3.57 The quantitative research did not find a great deal of variance in frequency of SoP guidance document use between different DCP groups. This lack of variance differs from the qualitative findings, which found that some groups were using the SoP guidance document more regularly. However, dental therapists were using the SoP guidance document most often, with just under a quarter using the SoP guidance document at least once a month (23%)⁶.

Figure 3.2 Frequency of dental professionals referring to the SoP guidance document from the GDC Dental Professional Survey 2019



Stakeholder use of Scope of Practice

- 3.58 The SoP guidance document was being used in a variety of ways by stakeholders and they were more likely to be regularly using the SoP guidance document than dental professionals.
- 3.59 Stakeholders within education were turning to the SoP guidance document to help them design new training courses or to update the content of current courses. They were also turning to the SoP guidance document when discussing developmental opportunities with dental professionals and how they may want to consider expanding their role in the future. The frequency of use fluctuated from once a month to a few times a year.

⁶ This is statistically significant when compared with the overall figure for dental professionals.

“Two or three times a year... I look at the guidance whenever we are preparing courses or when we're trying to think of things that would be of interest to people.”

Education stakeholder

“To recommend, or to check a fact, or to see where they might take themselves with their education.”

Education stakeholder

3.60 Some of the dental professionals that were also employers and managers noted that they were also using the SoP guidance document for developmental reasons for staff. They were using it to see how their staff could progress and whether any additional training would be of interest or helpful for them.

3.61 Professional bodies and indemnifiers reported (within the scoping stage and mainstage interviews) that they regularly turn to the SoP guidance document when providing advice and guidance to their members about whether a task is within their scope. In some instances, these queries are around elements which DCPs think are outside of their scope but in fact they are skills that they can develop within their scope.

“[There are] a lot of things they think they can't do, but actually they can do if they're being supervised.”

Professional body

3.62 During the scoping stage of the research the internal stakeholder interviews (with GDC staff) showed that the SoP guidance document was being used internally by the GDC during the Fitness to Practice (FtP) process. The SoP guidance document is being used in several ways during the FtP process:

- It is being used during the initial assessment of the case to determine if the dental professional has acted outside of their scope,
- If it is deemed that the dental professional has acted out of scope, the legal team will then refer to the SoP guidance document during the hearing, to support their argument as to how the dental professional conducted a treatment outside of their scope.
- When expert witnesses are called upon during the FtP process, they are also using the SoP guidance document to help determine if a dental professional has acted out of scope.

“Every case, I have to refer back to the scope of practice.”

Clinical Dental Technician (also acts as an expert witness)

3.63 Indemnifiers use the SoP guidance document in a similar way to the GDC when building a legal or regulatory case to support one of their members:

- They will use the SoP guidance document to ensure they are clear on whether the member acted outside of their scope.
- The document will then also be used during the hearing when the indemnifier is arguing on behalf of their members.

3.64 Indemnifiers felt that SoP guidance document helps them to insure dental professionals accurately as it means they can use it to see what is likely to lead to an FtP case, however, they would like more detail on diagnosis by hygienists and the types of impressions dental nurses with training can take.

4 Impact and perceptions of Scope of Practice

- 4.1 The following chapter covers the impact of the SoP guidance document in terms of out of scope working, and on the skills mix and career pathways within the dental team. It also covers perceptions of the SoP guidance document itself.
- 4.2 This chapter will cover findings from the dental professional groups and interviews. It will also include findings from the interviews with stakeholders.

Impact on out of scope working

- 4.3 Dental professionals were largely wary of going beyond their scope, and keen to ensure they operated within it. Most educators were also confident that dental professionals wanted to stay within their scope. Situations in which they undertook tasks outside their scope were usually not due to their own lack of knowledge but because they were trying to provide the best service possible to the patient by not referring them to another professional who may be some distance away or because they were being asked by a senior colleague to undertake the task.

Power imbalance in the relationship between dentists and DCPs

- 4.4 DCPs feel that dentists have a major impact on the tasks they undertake daily. There is a perception that they are the 'boss' or the person that controls the flow and type of work that is prescribed to them. There is a feeling amongst some DCPs that dentists have all the control and that they are unable to influence the tasks they undertake.
- 4.5 In general, DCPs believe that dentists do not fully understand their scope. A number of DCPs discussed being asked to undertake out of scope tasks by a dentist, which they sometimes feel pressured to undertake because the dentist has requested them to and does not agree that the task is out of scope. In addition, they are aware, or believe, that other DCPs will be willing to undertake the task so if they decline they are concerned that it may lead to them losing work in the future.

"I think sometimes maybe they don't know what your scope of practice is, and it seems it's sometimes a bit of an issue, they make you feel uncomfortable saying sorry, I can't do that. Then they'll just get someone else to do it and then you feel obliged to do it to keep your job. So, because some other therapist will do it and take your job. So, you, kind of, have to try and balance of saying no I can't, and this is not right."

Orthodontic therapist

- 4.6 It appeared that some DCPs felt more comfortable pushing back and making clear to the dentist that the requested task was out of scope. This confidence appeared to be due to the type of DCPs being asked or the setting they worked in:
- Hygienists, dental therapists and clinical dental technicians seemed to feel more confident in outlining to the dentist that a task was out of scope.
 - Those that worked in a hospital setting (including dental nurses) also appeared to feel more comfortable in declining tasks that were out of their scope.
- 4.7 Dental nurses in general practice settings (NHS and private) reported that it was difficult to challenge the dentist if they believed a task was out of scope. A common task that dental nurses

performed but that they felt was out of scope was being asked to press the buttons on an x-ray machine.

"I know it's wrong because it's not in the scope. In my own head, I know it's not right.... [but] I don't particularly like getting shouted at... It's easier to just get on with it and let them do what they want."

Dental nurse

Role of the SoP guidance document in minimising out of scope working

- 4.8 There were a few instances of DCPs using the SoP guidance document to help support their case to the dentist that the task that had been requested was out of scope. In these instances, the SoP guidance document may be playing a role in ensuring the DCP does not act out of scope and may therefore be contributing to public protection and protection of the individual DCP from a claim or complaint being made against them.

Impact on skills mix and career pathways

Skills mix within dental teams

- 4.9 The scoping stage of the research revealed a fear that an unintended consequence of the SoP guidance document could be to inhibit skills mix and development of DCPs where they are reluctant to do anything that is not explicitly stated within the SoP guidance document.
- 4.10 There were some examples of this given during the mainstage - a few dentists reported that the SoP guidance document is being used by some DCPs to prove that tasks are not in their scope because they are not listed in the document. In these cases, dentists felt that DCPs were taking an *overly* cautious approach to interpreting the SoP guidance document. The difficulty is knowing when any member of the dental team is being appropriately cautious (to ensure public protection) and overly cautious (impeding flexible use of skills within the team). For some, defining where this line lies requires adding detail to the SoP guidance document and frequently updating it so that the list is as comprehensive as possible. In this way, fewer areas would be left up to individual judgement.

Enabling DCPs to work to their full scope

- 4.11 For DCPs to work to their full scope/capabilities, it is necessary for dentists to allow them to do this through referrals and/or giving them opportunities to take on particular tasks. The SoP guidance document has a role to play here in facilitating dentist awareness of different roles but there are also further contextual factors to note.
- 4.12 Hygienists, therapists (dental and orthodontic) and clinical dental technicians believe that dentists are not currently referring enough, and they felt that a key reason for this was that dentists are not aware of the treatments that they can undertake. This appeared to arise most frequently with dental therapists and orthodontic therapists, which may be in part due to the role not existing when more experienced dentists undertook their training. The perception of lack of awareness suggests that dentists may not be using the SoP guidance document to understand the scope of DCPs (in sufficient numbers/in a comprehensive manner) and that the document may not currently be facilitating DCPs being able to work to their full scope.

- 4.13 In terms of wider contextual factors, dentists and DCPs noted practical difficulties of sharing work within the team and financial considerations/incentives.
- 4.14 Dentists outlined the difficulties of handing over work within a practice setting, especially when a patient may have a more complex issue that the therapist may be unable to resolve. For example, if decay within a tooth is near the nerve, there is a risk that the therapist may be able to start but not complete treatment. It appeared that this was more of an issue within a practice rather than hospital setting, as it was believed that patients expected to be referred more within a hospital setting, however, in a practice setting there is an assumption that the professional you see will be able to undertake all the treatment needed.

“Having the hygienists, especially in hospital is really useful for us, just to refer across to. So, it works well there, and there are therapists there. I think patients come into hospital expecting to see one person for one thing and someone else for another thing, so I think they’re, kind of, okay with it.”

Dentist

- 4.15 Some DCPs that can be seen through ‘direct access’ in England, felt that the NHS contract and remuneration system does not incentivise them to utilise their full scope and expand it further. In England, for example, DCPs are not provided with a performer number so they are unable to generate a Unit of Dental Activity (UDA) which means the dentist generates the UDA, even when they refer the treatment to another professional. This means that the professional referred to undertakes the work, but the dentist owns the UDA and therefore the payment for the work undertaken. In some instances, this can lead to a dentist taking a proportion of the UDA payment. Stakeholders agreed that the current system was restrictive and does not incentivise DCPs.

“That’s the other thing, yes, are they going to pay? Are they going to pay you per UDA, but then do you only get half the UDA, because you can’t open a course of treatment?”

Dental hygienist / therapist

“I think, for me, the problems that we are having as dental hygienists and therapists isn’t the scope of practice, it’s the business models in dentistry, it’s the NHS contracts, it’s the law that isn’t up-to-date....”

Dental hygienist / therapist

- 4.16 Dentists also reported that they are not incentivised to refer to DCPs because even if they make a referral, they believed they would still be held accountable if the work was not undertaken to the right standard.
- 4.17 In addition, if the work is undertaken privately and not through the NHS contract, there is no benefit to dentists referring as they would lose the payment for that work but still be responsible for the work provided.

“You hand over work, you hand over your income to someone else but you’re still responsible for the work provided.”

Dentist

- 4.18 Given the significant contextual factors around referral behaviour, it may be unrealistic to expect the SoP guidance document, in its current or an improved form, to play a transformative role in enabling DCPs to work to their full scope. However, dentists having an increased awareness of DCP roles could help in some cases given that, as previously mentioned, some felt that a greater understanding of the scope of others can lead to better team-working.

Encouraging DCPs to expand their scope

- 4.19 Educators felt many dentists were not able to 'maximise the potential' of staff, whilst often staff 'trust' that the dentist is aware of their full scope when prescribing their duties. They felt there is a gradual shift to larger, more diverse dental teams, reflecting the training of a new generation of dental professionals but many dentists still wish to retain full control.

"There's a big push to make sure that undergraduate dentists and therapists are not just aware of each other but provide care in tandem."

Education stakeholder

"Dentists are often surprised at the capacity of dental nurses."

Education stakeholder

- 4.20 Dental nurses in particular do not generally feel that there are progression opportunities within their role. They discussed dentists not understanding their full capabilities or how they may be able to expand their scope. They reported that when this is discussed with a dentist, they recommend for them to undertake a new course to expand their skill set, but unfortunately, once they have acquired the new skill the dentist does not always provide opportunities for them to utilise it.

"All you get told is, 'Go on courses,' and then you go on the course and the dentist doesn't let you do it anyway, so what is the point in going on the course?"

Dental nurse

- 4.21 A lack of opportunities is not the only barrier to enabling skill-mix - dental nurses also noted that there is no financial reward for using new skills. However, this is of course not linked to the SoP guidance document and is wider context on the nature of the industry.
- 4.22 As previously discussed in chapter 3, very few DCPs were using the 'additional skills' sections of the SoP guidance document to understand how they could expand their scope. Many believed there needed to be greater clarity around how the 'additional skills' could be achieved. If this detail was provided around the level of experience or qualifications needed, this could help to encourage DCPs to expand their scope.

Perceptions of Scope of Practice

- 4.23 In the scoping stage, stakeholders reported that the SoP guidance document is consistently seen by DCPs as a set of tasks they can and cannot do, rather than a guidance document. They equally noted that the introduction which says 'It is not a list of tasks that someone can do' is confusing, given that the document does then go on to list tasks. The mainstage research with dental professionals also supported this, as dental professionals were continually describing the SoP guidance document as being a document that lists tasks they can and

cannot do. As previously discussed, the document was also being used by a few DCPs to prove that a task was out of their scope because it was not clearly outlined in the document.

- 4.24 Generally, dental professionals and stakeholders agree that the SoP guidance document clearly outlines the different roles within the dental team. They feel it clearly outlines what treatments and tasks each professional should and should not be undertaking within their role.

“The roles are very well defined, clear guidelines are given to how far we can go.”

Clinical dental technician

- 4.25 The format of the document is well liked, as stakeholders and dental professionals feel that the bullet point approach makes the content easy to comprehend and digest. It was also noted as a relatively concise document at only 11 pages.

“I think it's really clear. I actually like the way it's laid out, and it's easy to read.”

Education stakeholder

- 4.26 However, some dental professionals and stakeholders feel the document is too vague and contains too many ‘grey areas’. As mentioned, the conciseness was well liked but, in some instances, it was felt that more information was needed to clarify exactly what was meant by some of the elements listed. Without this clarification they felt that some of the elements were ‘subject to interpretation’. For example:

- The use of the statement ‘under the direction of, another dental professional’ was questioned. Does this mean the dentist has to be in the same room, or can they explain what the individual has to do, and leave them to undertake the treatment?
- Another example was around dental nurses and taking impressions. Once they have undertaken training what kind of impressions are they allowed to undertake?
- Orthodontic therapists also raised some queries around tooth whitening and inter-postural reduction and whether these treatments were within their scope.

- 4.27 Generally, dental professionals and stakeholders felt that the initial list of tasks was clear but the ‘additional skills’ needed greater clarity. Stakeholder and dental professionals felt that there needed to be more information on how a dental professional was to obtain the experience or qualification to undertake the ‘additional skills’ listed. The document does not provide any guidance on how the skills can be achieved.

“I think the starting point is quite well defined ... I just question the progression.”

Education stakeholder

The future of the Scope of Practice

- 4.28 When the scenario of the SoP guidance document no longer existing was put to dental professionals and stakeholders they were generally fearful of what would happen. Dental professionals and stakeholders generally do not feel that the SoP guidance document should be removed as they are concerned that this could lead to dental professionals acting out of scope and the lines between roles would become less clear.

“Yes, I think people doing things that they can’t really do well, or that they’re not trained in.”

Dental hygienist / therapist

“Everyone would be running everywhere, that’s dangerous.”

Dental nurse

“We’d effectively have deregulation. It would be catastrophic for patients.”

Indemnifier

- 4.29 Dental professionals and stakeholders commonly felt that the SoP guidance document should be updated more regularly. There was a feeling that the industry had changed a lot since 2013 when the last SoP guidance document was published, and it is also ever changing. If the SoP guidance document is to remain useful it will need to be updated on a regular basis to ensure it covers technological advancements and new treatments. Several treatments not included in the SoP guidance document were consistently raised by stakeholders and dental professionals, as they were unsure as to whether these new treatments were in scope. These new treatments were Botox, skin therapies and fillers.

“It’s out of date...especially looking at the additional skills..., it’s moved on from that.”

Dental nurse

“The failing is sometimes it’s very woolly... because technology and techniques have made things very different ... Fillers, botoxes, the skin therapies; things that have crept into dentistry because a lot of dental professions have taken up that...”

Education and corporate stakeholder

- 4.30 Dental professionals and stakeholders were also keen for the document to be more comprehensive, so it reflected the continuous changes in the industry and provided further information on how the ‘additional skills’ could be achieved.
- 4.31 While it could be argued that dental professionals would not need to use the SoP guidance document if the necessary knowledge of scope was instilled through their initial education and ongoing CPD, educators are using the document to design these courses. In addition, internal stakeholders at the GDC noted that the loss of the SoP guidance document could mean the FtP team may need to seek expert opinion on more cases, as they would be unable to refer to the document for guidance on whether a dental professional had acted out of scope.

“In terms of case presentation and bringing allegations against dental professionals for acting outside of their scope it would mean in every case we would have to seek expert opinion which obviously incurs a cost every time we do that, rather than just relying on the document itself.”

Internal GDC stakeholder

- 4.32 Dental professionals and stakeholders generally felt that if the document is to continue to exist it needs to be the responsibility of the GDC. They felt that as this document is outlining the scope of dental professionals it needs to be owned by their regulator. Some DCPs added that the GDC should however involve all professional bodies and educators as they felt the GDC has a heavy focus on dentists and does not consult enough with other dental professionals.

“It has to be the GDC. They are where everyone is registered with, they know how many of each specialism registered, I can't imagine that there would be any other body to produce a scope of practice for that industry.”

Professional body

6 Public perceptions

6.1 This section reports the findings from groups conducted with the general public. It will cover public awareness and understanding of the different roles within the dental team. It will also discuss awareness and understanding of the SoP guidance document and whether the public would use the document in the future.

Awareness and understanding of roles within the dental team

6.2 Recent dental appointments for most people who participated in the research were routine check-ups. Most participants reported seeing the dentist more than once a year. Several had visited for more specific treatments including extractions and brace consultations. Generally, they were positive about their most recent experience.

6.3 The public are aware of dentists, dental nurses and hygienists but rarely any other members of the dental team. Many people struggled to recall any other roles or were confused about terminology. Therapist and technician roles appear to be the least well-known or understood. Some people spoke of being referred by their dentist to others but were unclear of their roles and tended to use a catch-all term of 'specialist'.

6.4 Many people have not had any contact with professionals in many of the discussed roles or indeed visited a setting where they might be present. This is perhaps especially the case amongst younger people who are less likely to need dentures.

"I didn't realise that there were this many designated jobs because my practice, I don't think, has all of these people . . . actually it's quite confusing."

Public, Male, Edinburgh

6.5 The term 'dental team' can be confusing for the public, some thought of it as including receptionists and administrators.

6.6 In terms of the remit of different roles, people are not aware of the degree of cross-over for many tasks – for example that a number of different dental professionals can take impressions.

6.7 Dentists were thought of as being similar to GPs, providing a mix of services and treatments. It was assumed they were able to undertake 'everything' if necessary and that they would be 'the boss'. People understood they had lengthy training. Specific treatments mentioned included check-ups, fillings, polishing, crowns and extractions.

6.8 Some were clear that dental nurses were responsible for taking notes during examinations by the dentist, assisting the dentist with equipment during appointments and minor procedures. However, there was some confusion with one person calling them 'dental assistants'. Many assume professionals other than dentists to all be dental nurses and were unaware of the existence of roles such as therapist or technician.

6.9 The public were generally aware that hygienists' clean teeth, and some also knew they could whiten and provide advice on dental care. They were surprised that hygienists can also take impressions.

6.10 The difference between orthodontic therapists and orthodontists was not understood, and few had an idea of their roles. Although one person was aware of new team members at her

orthodontist practice, she was unsure of the correct title for the professional she called the 'orthodontist assistant'. Participants guessed that orthodontic therapists might provide cosmetic fixes (corrective measures) or advice or information about what to expect if you are getting orthodontic treatment.

- 6.11 Dental technicians were thought to possibly make 'moulds', crowns etc or, in laboratories, some thought they were 'dental surgeons' or dealt with x-rays.
- 6.12 Clinical dental technicians were thought to be more specialised than dental technicians, possibly working in hospitals, dealing with x-rays, extractions or gum treatments.

"I thought it [role of clinician dental technician] might have been hospital-based...

when I got my wisdom teeth taken out, it might have been them?"

Public, Female, London

- 6.13 People were least likely to be aware of the role of a dental therapist. They were variously thought of as providing advice, exercises or post-surgery recuperation (like a physiotherapist) or assisting those with phobias of visiting a dentist (like a counsellor). People were unsure about their remit and only guessed at the tasks they might undertake. When explained, people were particularly surprised about the extent of tasks a dental therapist could undertake. They expected many of their possible tasks to be duties for dental nurses or dentists.

"Looking at the dental therapist, a lot of those things, I thought were more, sort of, carried out by technicians or the dental nurses. So, I'm, sort of, a little bit confused between the differences there."

Public, Male, London

- 6.14 Use of direct access is rare and people expressed concern about self-diagnosis if they went direct to professionals other than a dentist. The exception is making direct appointments with hygienists for simple cleaning procedures. Those who were happy to go direct to a hygienist did expect they would check for any 'issues' which a dentist should see. Some would rather go to a dentist for cleaning as they are then reassured that they have also had a full check.

"You'd hope that the hygienist would, kind of, say, 'Actually, there's a filling there that needs some attention. You do need to go and see someone else'."

Public, Female, London

- 6.15 Most preferred their dentist to provide all services (e.g. providing cleaning rather than directing them to a hygienist) and felt that it made most sense to visit them as they could offer more treatments than others.

"I'm thinking you go to the dentist. The dentist is the person who assesses your mouth, and then, you know, often, they'll outsource you depending on what you need."

Public, Female, London

- 6.16 There was uncertainty around whether seeing a professional other than a dentist would reduce costs. Some assumed they would visit the dentist first and then need a second appointment.

Private patients appear to be more willing to consider direct access, if it could save them money.

"I was a bit annoyed that she [dentist] wasn't willing to do it and she was sending me somewhere else, to another specialist."

Public, Female, Edinburgh

6.17 There was concern that they might see a practitioner who was less well-trained than a dentist, and uncertainty about the extent to which other professionals might be supervised. People questioned why they would choose to visit a dental technician for a treatment which a more highly qualified dentist could provide.

6.18 Some people were happy to be directed to a professional other than a dentist and thought the receptionist (or possibly a dental professional) should decide who they should see, as they would at a GP surgery. Building on this, a suggestion of longer telephone consultations was made, although some people thought a consultation should be in person.

"I have no objection to seeing any of these people, but it's not my decision to make, in a sense. I phone up and, as you say, there's a triage that could be run by the receptionist or somebody else and they say, 'We think the best thing is for you to speak to this person or that person in the first instance.'"

Public, Male, Edinburgh

6.19 Despite low awareness and knowledge levels, people struggled to think of reasons why they might need more information about the capabilities of others in the dental team. Their assumption was they would always initially go to the dentist who could then advise or refer them. If they required further information about roles most said they would search online. A minority did consider they might seek further information about relative costs of seeing different professionals.

6.20 There were mixed views about what format of information on different roles would be most helpful. Online information was thought to be the most easily accessible for all ages. Reactions to the suggestion of a video were varied, some said regardless of the content they would not watch a video online. Some felt booklets or posters in the dental surgery would be useful, more so than information provided by a receptionist.

6.21 In terms of content it was thought important to initially show quite basic information, so it does not appear overwhelming. Suggestions included description of the different members of the dental team or a flow chart of standard symptoms or issues which could indicate the best dental professional to see.

Awareness and understanding of Scope of Practice

6.22 The public are generally unaware of the SoP guidance document and did not see that it would impact patients directly if it was no longer in place.

6.23 Once people were introduced to the SoP guidance document, they did not feel it was a document aimed at them. Patients assumed it would be used by dental professionals when newly qualified, feeling it was like a 'job description' for them.

“In a way this is quite an interesting document once you start looking through it, but, again, it’s a technical document, it’s not really helping me decide what I need.”

Public, Male, Edinburgh

- 6.24 The SoP guidance document language was thought technical, it was very long and detailed - not accessible for the general public. Adding a glossary of technical terms was suggested to improve it.
- 6.25 The presentation and layout of the document was thought clear - a bulleted list of what different dental professionals can and cannot do. A point was raised about why dentists appear last when they are able to undertake all the tasks listed, it was suggested it would make more sense for them to be listed first.
- 6.26 People suggested that a poster, app or infographic would be more suitable to convey this type of information to the general public. They emphasised the need for it to be concise, clear and engaging (for example using pictures) to address confusion around the different roles and types of treatments that each dental professional can offer. For example, it could say ‘seek this person if you have this issue’.
- 6.27 Providing some indication of how prices might vary between different professionals was also suggested to help improve the document’s usefulness to the public.

Would the public use the Scope of Practice in the future?

- 6.28 There were mixed views on whether members of the public would now turn to the Scope of Practice if they wanted more information on the roles within the dental team. Most felt that they were unlikely to turn to the SoP guidance document for information in the future. They felt the document was not designed for use by the general public and it was suggested that it would be quicker to use a search engine as a source of information, rather than use the SoP guidance document.

“I think googling it yourself would be quicker than looking through this.”

Public, Female, Edinburgh

- 6.29 However, some suggested that, now they knew it existed, they may turn to the SoP guidance document if they knew they needed a specific treatment, so they could check who may be the best dental professional to book an appointment with.

“I think that for me it’s something I would read if, say, in three months’ time, I needed a mouth guard because I’m grinding my teeth, and then ‘Okay, I know I don’t need to go to my dentist, I can go directly to someone else.”

Public, Male, London

- 6.30 Overall, they felt that the SoP guidance document would need to be made more patient friendly, if the GDC were to expect members of the public to use it and digest the information. They felt the language was very dental professional focused and would not be well understood by members of the public. They equally felt that at 11 pages it was a bit long, and if the public were to use the document it would need to be more concise. As discussed earlier, a poster,

infographic or app that contained information on the different dental professional roles were felt to be more patient friendly alternatives.

"I think a poster's more effective, because you're sitting there [in the practice] looking at the walls and looking around anyway."

Public, Female, London

7 Conclusions: the future of the Scope of Practice

7.1 This section summarises the key findings from the research and outlines the key factors to consider when deciding the future of the SoP guidance document.

Key findings

Dental professionals

- 7.2 Dental professional awareness of their own scope was high and had mainly been acquired through their education before they qualified as a dental professional. The SoP guidance document is not generally being used regularly by dental professionals to aid them in understanding their scope. The majority of dental professionals were commonly turning to colleagues or peers to discuss concerns or changes to their scope. This included colleagues at their place of work or peers outside of their immediate place of work which they kept in touch with through personal networks or online discussion groups. In instances where it was being used for this purpose, the users were predominantly dental professionals with 'direct access' capabilities (e.g. hygienists, therapists and orthodontic therapists). This check on their scope appeared to be due to them needing to check if a task was in fact now in scope, to educate another professional on their full scope or to prove to another professional that a task was not in their scope.
- 7.3 Dental technicians and dental nurses appeared to be turning to the SoP guidance document the least. In the case of dental technicians, they felt that their scope had been 'drummed' into them from their education and therefore they had no need to refer to the SoP guidance document. Dental nurses equally felt clear on their scope, however, it seemed that they predominantly rely on the dentist to shape the work they undertake daily. Even in cases where dental nurses were aware of a task being out of scope, they tended to undertake the task regardless as it had been requested by a dentist and they were reluctant to act against the wishes of their more senior colleague.
- 7.4 A few dentists reported that the SoP guidance document was occasionally being used by some DCPs to prove that a task was out of scope because it was not listed. In these cases, dentists felt that DCPs were taking an overly cautious approach to their interpretation of the SoP guidance document. However, it is difficult to know whether DCPs were being appropriately cautious (to ensure public protection) or overly cautious (impeding flexible use of skills within the team).
- 7.5 Very few DCPs were utilising the 'additional skills' sections of the SoP guidance document. They felt there needed to be greater clarity around how the 'additional skills' could be achieved, if the SoP guidance document was to be used in this way in the future. The training currently available did not always make DCPs feel confident and competent to extend their practice. For example, there was uncertainty if participation in a short webinar would be adequate before they undertook an 'additional skills' task. DCPs believed that if details around the level of experience or qualifications needed was provided, this could help to encourage DCPs to work to their full scope.
- 7.6 While DCPs indicated that the SoP guidance document should provide information on how to obtain additional skills and what 'counts' as having achieved these, this would not necessarily have to be comprehensive information within the document itself but could perhaps be clear signposting to another source. Training may also be able to play a role in disseminating this knowledge – for example, it may be covered in more detail in pre-registration training or provided through employers when discussing CPD.
- 7.7 Dental professionals are not generally confident when it comes to the scope of other dental professionals in the dental team and they do not believe it is their place to know the scope of other professionals. However, there is one exception, DCPs believe that dentists should know the scope of all DCPs to ensure that they can refer and

work with them appropriately. The findings from this research suggest that dentists are not always clear on the scope of DCPs. In some instances, DCPs are using the SoP guidance document to reiterate to dentists that the request is out of their scope. However, dentists do not always agree with the position of the DCP and the interpretation of the SoP guidance document. This suggests that the SoP guidance document is not always achieving its key objective of clarifying every role within the dental team.

- 7.8 Dentists and DCPs noted that there were several practical difficulties which impacted on the sharing of work within the team. Dentists discussed the difficulties in handing over work within a practice setting, especially when a patient may have a more complex issue that another dental professional may be unable to address. Dentists and DCPs also discussed financial barriers: in a private setting, dentists could see little benefit in referring, as they would be losing work and money to the individual referred to. DCPs (in England) also mentioned that the NHS contract and remuneration system did not incentivise them to utilise their full scope and expand it further, as they were unable to open a Unit of Dental Activity and therefore the dentist would be in control of the payment for the treatment undertaken.
- 7.9 Given the substantial contextual factors around referral behaviour, it may be impractical to expect the SoP guidance document in its current or future form to play a significant role in enabling DCPs to work to their full scope. However, as previously mentioned dentists having an increased awareness and understanding of DCP roles could help in some instances to lead to better team-working.
- 7.10 Some dentists suggested that reinforcing/improving knowledge of the scope of DCPs among dentists would be best undertaken through CPD. One hospital dentist suggested that where this CPD could be made compulsory by an employer it would have the best take-up but acknowledged that this would be more difficult to implement among dental practices.

The public

- 7.11 The revised document in 2013 was expected to benefit patients by increasing understanding of the roles of dental professionals, especially for the 'direct access' dental professionals. The SoP guidance document has not achieved this expected benefit, as the public are not aware of, or using, the document. They do not feel the SoP guidance document is constructed in a way that means it is digestible for the general public. Therefore, they assume that the SoP guidance document is not for them and it has been designed with dental professionals and stakeholders in mind.
- 7.12 A separate, tailored approach would be needed to get the messages of the SoP guidance document over to the general public. Any information would need to be either significantly shorter and interactive or be produced in a simple poster format with pictures for each member of the team and a very short summary of their role. However, it is important to note that the public did not generally feel that the information contained in the SoP guidance document is something that they needed or would be likely to look for in the future. Given the lack of appetite among the public for additional information on dental team roles, it can be concluded that there is little value in redesigning the SoP guidance document to be public-facing.

Stakeholders

- 7.13 While the original intention may have been focused on dental professionals and the public, it is currently stakeholders who are using the document most frequently. Education stakeholders are using it to inform the design and content of courses. Educators are also using it to help dental professionals develop more advanced skills. Employers and managers are also using the SoP guidance document for developmental reasons. Professional bodies and indemnifiers are using it to help answer scope queries from their members. Finally, the GDC and indemnifiers are using the SoP guidance document to assess FtP cases and to prosecute or defend dental professionals in FtP hearings.

7.14 Stakeholders are using the document in unforeseen ways, but it is something they are regularly using, and they were concerned about how they would continue to advise dental professionals or assess and prosecute or defend FtP cases without the SoP guidance document.

The future of Scope of Practice document

7.15 There was fear from dental professionals and stakeholders around what would happen if the SoP guidance document no longer existed. Dental professionals and stakeholders generally do not feel that the SoP guidance document should be removed as they are concerned that this could lead to dental professionals acting out of scope. They believe it needs to continue to exist, but it should be more comprehensive (to reduce differing interpretations) and updated more regularly so it reflects the ever-changing nature of the industry. The GDC needs to consider how feasible it is to regularly and comprehensively update the SoP guidance document (and whether it can do so frequently enough to keep up-to-date with technological changes).

7.16 While it is arguable that dental professionals do not need to use the document itself if the necessary knowledge of scope can be instilled through initial education and CPD, those designing courses are currently using the SoP guidance document in this process. In addition, if the FtP team within the GDC were unable to refer to the SoP guidance document they may need to seek expert opinion on cases more often. The fact that educators, professional bodies, indemnifiers and the FtP team at the GDC are the main audiences actively using the SoP guidance document should be taken into account during any redesign/updating of the document to ensure it meets their needs.

7.17 Stakeholders and dental professionals commonly felt that if the document is to continue to exist it needs to be the responsibility of the GDC, as the body responsible for regulating members of the dental team. DCPs felt that more consultation with their professional bodies would be important in the updating of the SoP guidance document, but overall responsibility would need to lie with the GDC. Thinking wider than the document itself, arguably, all stakeholders, including professional bodies, educators, employers and indemnifiers, along with the GDC, should (continue to) consider their role in helping to embed knowledge of scope and how they may best work together to do so.

Appendix A – Discussion Guides

Mainstage Discussion Guide for Dental Care Professionals

Introduction (5 mins)

Introduce self and thank participants for agreeing to take part in this group discussion.

Background to the research: IFF Research have been commissioned by the General Dental Council (GDC) to conduct some research on their behalf around the scope of practice of dental professionals. The focus group today will discuss your experience and understanding of your own scope and the scope of other dental professionals.

This group will last 1 hr and 30 minutes.

There are no right or wrong answers and you don't have to agree with each other. We are really keen to hear from everyone today.

MRS Code of Conduct and Confidentiality: IFF Research is an independent market research company, operating under the strict guidelines of the Market Research Society's Code of Conduct. IFF Research will not disclose to the GDC who has taken part in the research and your responses will be completely anonymous and used for research purposes only.

GDPR: You have the right to have a copy of your data, change your data, or withdraw from the research at any point. You can find out more information about your rights under the new data protection regulations by going to www.iffresearch.com/gdpr. We can also email this to you if you'd like.

Permission to record: We would like to record the discussion today, so we can ensure we capture everything that is being talked about. The recording will be used for analysis purposes and will not be passed back to The General Dental Council (GDC). The recording will be stored securely on our systems and will only be used by the research team. All recordings will be securely deleted 6 months after the project is completed. Are you happy to be recorded?

Introduction and warm up (10 mins)

We are going to spend a few minutes getting to know each other, so I'd like everyone to pair up and I'll give you 5 minutes to have a chat and find out the following about each other:

- Name
- How long you've worked as a [INSERT APPROPRIATE DENTAL PROFESSIONAL]
- FOR GROUPS WITH MORE THAN ONE TYPE OF PROFESSIONAL IN, ASK THEM TO CONFIRM THEIR ROLE
- The type of organisation that you work for (private practice vs NHS vs hospital etc)
- The type of treatment that is on offer (Exclusively NHS treatment vs private vs a mix)
- And something you enjoy doing in your spare time

After 5 minutes I'll bring everyone back together and you can introduce your partner to the group.

MODERATOR NOTE: AFTER 5 MINUTES BRING EVERYONE BACK TOGETHER AND GET PARTICIPANTS TO INTRODUCE THEIR PARTNER.

Understanding Your Own Scope/ Scope of Dental Care Professionals (DCPs) (15 mins)

Now we are going to move on and start talking about your scope, as a [INSERT RELEVANT DENTAL CARE PROFESSIONAL].

How do you ensure you are up to date and clear on your scope of practice?

- PROBE
- What information sources do you turn to? IF NECESSARY: What do you use? Who do you speak to?
- Which/ Who do you turn to most?

And where would you go for information or advice if you were unsure about whether a specific task or practice was within your scope?

- PROBE
- Who would you speak to?
 - Colleague or peer?
 - Educator?
 - Employer?
 - GDC?
 - Indemnifier?
 - Professional Body?
- Anywhere else?
- Can anyone give me a real-life example? PROBE TO FIND OUT HOW MANY HAVE HAD THIS SITUATION, HOW MANY TIMES IN LAST 12 MONTHS

How do you ensure you are up to date and clear on the scopes of Dental Care Professionals?

- PROBE FOR EXAMPLES OF WHAT THEY USE
- Do you use or access anything else?

And where would you go for information or advice if you were unsure about whether a specific task or practice was within scope of a Dental Care Professional?

- PROBE
- Who would you speak to?
 - Colleague or peer?
 - Educator?
 - Employer?
 - GDC?
 - Indemnifier?
 - Professional Body?
- Anywhere else?
- Can anyone give me a real-life example? PROBE TO FIND OUT HOW MANY HAVE HAD THIS SITUATION, HOW MANY TIMES IN LAST 12 MONTHS

How well defined do you think roles are within the dental team?

- How clear is it what different members of the dental team are allowed to do?
- Where do you think this definition comes from?
- Does this definition differ across practices/roles/settings?

IF AT ALL UNCLEAR: **What's not clear?**

IF AT ALL UNCLEAR: **How do you think what is within each role's Scope of Practice could be made clearer?**

How much would you say you understood about your scope before you became a registered professional?

- How much of your understanding came once you were registered and working?

Can you talk me through the types of Scope of Practice issues that you tend to experience?

And how do you think these Scope of Practice issues could be addressed?

Whose role is it to determine the Scope of Practice of a [INSERT RELEVANT DENTAL CARE PROFESSIONAL]?

- Who else could take on this role?

Scope of Practice Use (20 mins)

Now we are going to move on and discuss the Scope of Practice Guidance.

How familiar is everyone with the Scope of Practice guidance?

How aware do you all think Dental Care Professionals are of the Scope of Practice guidance?

And what about Dentists? How aware are they?

IF NOT AWARE/ NOT VERY AWARE: What do you think is the best way to raise awareness of the Scope of Practice guidance going forwards?

Can everyone recall when they were first made aware of the Scope of Practice guidance? When was this?

What would you say is the purpose of the Scope of Practice guidance?

How often, if at all, does everyone use the Scope of Practice guidance?

- In what form do you access it? Online? Printed?

And what do you tend to use the Scope of Practice guidance for?

- Anything else?

What would you say is the most common reason that you use/ turn to the Scope of Practice guidance?

MODERATOR NOTE: USE FLIPCHART TO RECORD WHAT'S GOOD OR NOT GOOD:

How useful, if at all, does everyone find the Scope of Practice guidance?

- What's good about it?
- What's not so good?

How clear do you find the Scope of Practice guidance?

- What is clear?
- What is not clear?

How could the Scope of Practice guidance be made clearer?

How clear do you think your role is within the Scope of Practice guidance?

- What is clear?
- What is not clear?

How clear do you feel about your scope, without referring to Scope of Practice guidance?

- When would you tend to refer to it?
- Can anyone give me a real-life example? PROBE TO FIND OUT HOW MANY HAVE HAD THIS SITUATION, HOW MANY TIMES IN LAST 12 MONTHS

Do you ever use the Scope of Practice guidance to help you make decisions about whether to focus on or develop any of the additional skills listed?

- Why/ Why not?

How clear do you think Scope of Practice guidance is on how you can achieve the additional skills listed?

- IF NOT CLEAR: How could this be made clearer?
- What other information do you need?
- How would you like to be made aware/ provided with this information?
- Anything else?

How often do dentists refer to you?

- Do you think this happens frequently enough?
- When does this tend to happen?
- Are there any tasks in your scope that are rarely referred? Why do you think this is?
- What impact does this have on you utilising your full scope on a daily basis?
- Why do you think this is the case?
- IF NOT REFERRING ENOUGH: Do you think the NHS contract and remuneration system has any impact on being able to fully utilise your scope of practice?
 - Does this differ across different types of practices, settings? How?

Impacts of Scope of Practice Guidance (20 mins)

I'd now like us to move on and discuss the impact of the Scope of Practice guidance.

How do you feel about the Scope of Practice guidance? Do you see the current guidance as 'limiting' or 'enabling'?

- IF LIMITING: In what way is it limiting?
- IF ENABLING: In what way is it enabling?
- PROBE AROUND IMPACT ON CONFIDENCE AND MAKING DCPS MORE RISK AVERSE. WHY DO THEY THINK IT IS HAVING THIS IMPACT?

IF LIMITING: How, if at all, could the Scope of Practice guidance be changed to encourage rather than hinder Dental Care Professionals development?

How willing would you say you are to undertake tasks which you are 'trained, competent and indemnified' to do but are not listed in the Scope of Practice guidance?

- What makes you say that?
- Anything else?

How clear do you feel about what indemnifiers do?

- How clear do you feel about what you are indemnified to do?
- How does this impact on what you feel comfortable doing/not doing?

How, if at all, could the Scope of Practice guidance be changed to be better suited to the needs of [INSERT RELEVANT DENTAL CARE PROFESSIONAL]?

- Why would this be better for you?
- Are there any other ways this could be changed?
- Anything else?

IF STATED SOP GUIDANCE DOCUMENT USED TO UNDERSTAND ADDITIONAL SKILLS: Earlier you mentioned that you use the Scope of Practice guidance to understand what additional skills you can build. Are there any other ways that you help build this understanding?

- What do you use?
- Who do you speak to?
- Anything else?

- What alternative ways to building understanding *could* there be?

Whose responsibility would you say it is to ensure you work within your scope of practice?

- Dental professional's?
- General Dental Council?
- Anyone else?

What impact, if any, do you think the Scope of Practice guidance has had on patients?

- What positive impacts, if any, has it had?
- What negative impacts, if any, has it had?

PROBE AROUND: IMPACTS ON PATIENT EXPERIENCE (SERVICE RECEIVED) AND PATIENT SAFETY (QUALITY OF CARE)

The Future of the Scope of Practice Guidance (10-15 mins)

Now we are going to move on and talk about the future of the Scope of Practice guidance. I'd like everyone to get into pairs and I'm going to give you 5 minutes to discuss and come up with some ideas for the following:

- *Where do you think the General Dental Council should go from here in relation to the Scope of Practice guidance?*
- *In what form, if at all, should the Scope of Practice guidance continue to exist?*
- *Who should have responsibility for the Scope of Practice guidance going forwards?*

Please make sure to write down any notes or idea suggestions on the sheets I am passing round. The sheet has one row per question. We will come back together in 5 minutes and discuss everyone's thoughts and suggestions.

MODERATOR NOTE: AFTER 5 MINUTES AND ASK PARTICIPANTS TO EXPLAIN WHAT THEY HAVE BEEN DISCUSSING. USE THE REMAINING QUESTIONS IN THIS SECTION TO PROBE AROUND THE IDEAS/ SUGGESTIONS.

IF DO WANT IT TO CONTINUE:

Why do you think the Scope of Practice should continue to exist?

- What makes you say that?

What form should it take going forwards?

- What would this look like?
- Should it continue to be public facing or purely for professionals and stakeholders?

How often would it need to be updated?

- What makes you say this?

Who could be responsible for it and why?

- General Dental Council?
- Anyone else?

What role should other organisations play? For example, Indemnifiers, Training providers, Professional bodies, Employers.

- What should their involvement be?

IF DON'T WANT IT TO CONTINUE:

Why don't you think the Scope of Practice should continue to exist?

- What makes you say that?

What, if anything, should replace it?

- What would this look like?
- What and who would be involved?

Who could be responsible for this replacement and why?

What do you think would happen if it no longer existed?

- PROBE AROUND: Impacts on dental professionals, impacts on patients, impacts on whole workforce, impacts on dentistry as whole.
- Why do you think this would happen?
- How could these risks be addressed?

Could education be used to replace the Scope of Practice guidance? If so, how?

- Could the learning outcomes replace the guidance?
- Could further education once on the register replace the guidance?

In the absence of Scope of Practice guidance, who would provide support for Dental professionals?

- PROBE AROUND: Indemnifiers? Training providers? Professional bodies? Employers?
- Anyone else?

MODERATOR NOTE: ASK FOR A SHOW OF HANDS AS TO WHETHER GUIDANCE SHOULD CONTINUE TO EXIST.

Summing up (5 mins)

We are now coming to end of the discussion, and I have a few final questions.

What do you think is the most important thing that the General Dental Council (GDC) should consider when deciding the future of the Scope of Practice guidance?

Finally, before we finish does anyone have anything else that they want to mention before we finish that they haven't already had a chance to?

Thank you for your time today and for taking part in the research. Just to confirm, none of your answers will be attributed to you. GDPR: You have the right to have a copy of your data, change your data, or withdraw from the research at any point. If you'd like to do this, you can consult the IFF Research website. (www.iffresearch.com/gdpr, or I can provide contact details).

Mainstage Discussion Guide for Dentists

Introduction (5 mins)

Introduce self and thank participants for agreeing to take part in this group discussion.

Background to the research: IFF Research have been commissioned by the General Dental Council (GDC) to conduct some research on their behalf around the scope of practice of dental professionals. The focus group today will discuss your experience and understanding of your own scope and the scope of other dental professionals.

This group will last 1 hr and 30 minutes.

There are no right or wrong answers and you don't have to agree with each other. We are really keen to hear from everyone today.

MRS Code of Conduct and Confidentiality: IFF Research is an independent market research company, operating under the strict guidelines of the Market Research Society's Code of Conduct. IFF Research will not disclose to the GDC who has taken part in the research and your responses will be completely anonymous and used for research purposes only.

GDPR: You have the right to have a copy of your data, change your data, or withdraw from the research at any point. You can find out more information about your rights under the new data protection regulations by going to www.iffresearch.com/gdpr. We can also email this to you if you'd like.

Permission to record: We would like to record the discussion today, so we can ensure we capture everything that is being talked about. The recording will be used for analysis purposes and will not be passed back to The General Dental Council (GDC). The recording will be stored securely on our systems and will only be used by the research team. All recordings will be securely deleted 6 months after the project is completed. Are you happy to be recorded?

Introduction and warm up (10 mins)

We are going to spend a few minutes getting to know each other, so I'd like everyone to pair up and I'll give you 5 minutes to have a chat and find out the following about each other:

- Name
- How long you've worked as a [INSERT APPROPRIATE DENTAL PROFESSIONAL]
- The type of organisation that you work for (private practice vs NHS vs hospital etc)
- The type of treatment that is on offer (Exclusively NHS treatment vs private vs a mix)
- And something you enjoy doing in your spare time

After 5 minutes I'll bring everyone back together and you can introduce your partner to the group.

MODERATOR NOTE: AFTER 5 MINUTES BRING EVERYONE BACK TOGETHER AND GET PARTICIPANTS TO INTRODUCE THEIR PARTNER.

Understanding Your Own Scope/ Scope of Dental Care Professionals (DCPs) (15 mins)

Now we are going to move on and start talking about the scopes of Dental Care Professionals (DCPs).

How do you ensure you are up to date and clear on the scopes of Dental Care Professionals?

- PROBE FOR EXAMPLES OF WHAT THEY USE
- Do you use or access anything else?

And where would you go for information or advice if you were unsure about whether a specific task or practice was within scope of a Dental Care Professional?

- PROBE
- Who would you speak to?
 - Educator?
 - Colleague?
 - GDC?
 - Indemnifier?
 - Professional Body?
- Anywhere else?
- Can anyone give me a real-life example? PROBE TO FIND OUT HOW MANY HAVE HAD THIS SITUATION, HOW MANY TIMES IN LAST 12 MONTHS

How well defined do you think roles are within the dental team?

- How clear is it what different members of the dental team are allowed to do?

IF AT ALL UNCLEAR: **What's not clear?**

IF AT ALL UNCLEAR: **How do you think each Dental Care Professional's Scope of Practice could be made clearer?**

Can you talk me through the types of Scope of Practice issues that tend to frequently arise among Dental Care Professionals?

- Does this differ at all between different Dental Care Professionals?
- PROBE ON: Dental nurses, Dental hygienists, Dental therapists, Dental technicians, Clinical dental technicians.

And how do you think these Scope of Practice issues could be addressed?

Whose role is it to determine the Scope of Practice of Dental Care Professionals?

- Who else could take on this role?
- Do you think this should differ at all between different Dental Care Professionals?
- PROBE ON: Dental nurses, Dental hygienists, Dental therapists, Orthodontic Therapists, Dental technicians, Clinical dental technicians.

Scope of Practice Use (20 mins)

Now we are going to move on and discuss the Scope of Practice guidance.

How familiar is everyone with the Scope of Practice guidance?

How aware do you all think the Dental Care Professionals that you work with are of the Scope of Practice guidance?

IF NOT AWARE/ NOT VERY AWARE: What do you think is the best way to raise awareness of the Scope of Practice guidance going forwards?

Can everyone recall when they were first made aware of the Scope of Practice guidance? When was this?

How often, if at all, does everyone use the Scope of Practice guidance?

- How do you use it?
- What do you use it for?
- In what form do you access it? Online? Printed?

MODERATOR NOTE: USE FLIPCHART TO RECORD WHAT'S GOOD OR NOT GOOD:

How useful, if at all, does everyone find the Scope of Practice guidance?

- What's good about it?
- What's not so good?

How clear do you find the Scope of Practice guidance?

- What is clear?
- What is not clear?

How could the Scope of Practice guidance be made clearer?

How clear do you think your role is within the Scope of Practice guidance?

- What is clear?
- What is not clear?

When do you tend to refer to a Dental Care Professional?

How do you make a decision on whether to refer or not?

- What do you consider?
- What information do you use to help make this decision?
- Who else is involved in this decision-making process?
- Do you think the NHS contract and remuneration system has any impact on these decisions? How?

Do you use the Scope of Practice guidance when making these decisions?

- Why?
 - How do you use the guidance?
 - How often do you use the guidance when making these decisions?
- Why not?
 - Why don't you use the guidance?
 - What, if anything, would encourage you to use the guidance?

Do you ever use the Scope of Practice guidance when thinking about or advising Dental Care Professionals on building additional skills or development opportunities?

- IF USE: How do you use the guidance?
- IF USE: How often do you use the guidance when thinking about development opportunities?
- IF USE: Does this differ at all between different Dental Care Professionals?
 - PROBE ON: Dental nurses, Dental hygienists, Dental therapists, Orthodontic Therapists, Dental technicians, Clinical dental technicians.
- IF NOT USED: Why don't you use the guidance for this purpose?
- IF NOT USED: What, if anything else, do you use?

Impacts of Scope of Practice Guidance (20 mins)

I'd now like us to move on and discuss the impact of the Scope of Practice guidance.

How do you feel about the Scope of Practice guidance? Do you see the current guidance as 'limiting' or 'enabling'?

- IF LIMITING: In what way is it limiting?
- IF ENABLING: In what way is it enabling?
- PROBE AROUND IMPACT ON CONFIDENCE AND MAKING DCPS MORE RISK AVERSE. WHY DO THEY THINK IT IS HAVING THIS IMPACT?

IF LIMITING: How, if at all, could the Scope of Practice guidance be changed to encourage rather than hinder DCP development?

How willing would you say Dental Care Professionals are to undertake tasks which they are 'trained, competent and indemnified' to do but are not listed in the Scope of Practice guidance?

- What makes you say that?
- Does this differ at all between different Dental Care Professionals? How?
 - PROBE ON: Dental nurses, Dental hygienists, Dental therapists, Orthodontic Therapists, Dental technicians, Clinical dental technicians.

How clear do you think Dental Care Professionals are about what indemnifiers do?

- Does this differ at all between different Dental Care Professionals? How?
 - PROBE ON: Dental nurses, Dental hygienists, Dental therapists, Orthodontic Therapists, Dental technicians, Clinical dental technicians.
- How does this impact on what they feel comfortable doing/not doing?

How clear do you feel about what indemnifiers do?

- How clear do you feel about what you are indemnified to do?

How, if at all, could the Scope of Practice guidance be changed to encourage Dental Care Professionals to develop and undertake the additional skills?

- Are there any other ways this could be changed?
- Anything else?

Are there any other ways to encourage additional skills development outside of Scope of Practice guidance?

- What are these?
- Who would be best placed to develop this?

Whose responsibility would you say it is to ensure Dental Care Professionals work within their scope of practice?

- Dental professional's?
- General Dental Council?
- Anyone else?

What impact, if any, do you think the Scope of Practice guidance has had on patients?

- What positive impacts, if any, has it had?
- What negative impacts, if any, has it had?
- PROBE AROUND: IMPACTS ON PATIENT EXPERIENCE (SERVICE RECEIVED) AND PATIENT SAFETY (QUALITY OF CARE)

The Future of the Scope of Practice Guidance (10-15 mins)

Now we are going to move on and talk about the future of the Scope of Practice guidance. I'd like everyone to get into pairs and I'm going to give you 5 minutes to discuss and come up with some ideas for the following:

- *Where do you think the General Dental Council should go from here in relation to the Scope of Practice guidance?*
- *In what form, if at all, should the Scope of Practice guidance continue to exist?*
- *Who should have responsibility for the Scope of Practice guidance going forwards?*

Please make sure to write down any notes or idea suggestions on the sheets I am passing round. The sheet has one row per question. We will come back together in 5 minutes and discuss everyone's thoughts and suggestions.

MODERATOR NOTE: AFTER 5 MINUTES AND ASK PARTICIPANTS TO EXPLAIN WHAT THEY HAVE BEEN DISCUSSING. USE THE REMAINING QUESTIONS IN THIS SECTION TO PROBE AROUND THE IDEAS/ SUGGESTIONS.

IF DO WANT IT TO CONTINUE:

Why do you think the Scope of Practice should continue to exist?

- What makes you say that?

What form should it take going forwards?

- What would this look like?
- Should it continue to be public facing or purely for professionals and stakeholders?

How often would it need to be updated?

- What makes you say this?

Who could be responsible for it and why?

- General Dental Council?
- Anyone else?

What role should other organisations play? For example, Indemnifiers, Training providers, Professional bodies, Employers.

- What should their involvement be?

IF DON'T WANT IT TO CONTINUE:

Why don't you think the Scope of Practice should continue to exist?

- What makes you say that?

What, if anything, should replace it?

- What would this look like?
- What and who would be involved?

Who could be responsible for this replacement and why?

What do you think would happen if it no longer existed?

- **PROBE AROUND:** Impacts on dental professionals, impacts on patients, impacts on whole workforce, impacts on dentistry as whole.
- Why do you think this would happen?
- How could these risks be addressed?

Could education be used to replace the Scope of Practice guidance? If so, how?

- Could the learning outcomes replace the guidance?
- Could further education once on the register replace the guidance?

In the absence of Scope of Practice guidance, who would provide support for Dental professionals?

- PROBE AROUND: Indemnifiers? Training providers? Professional bodies? Employers?
- Anyone else?

MODERATOR NOTE: ASK FOR A SHOW OF HANDS AS TO WHETHER GUIDANCE SHOULD CONTINUE TO EXIST.

Summing up (5 mins)

We are now coming to end of the discussion, and I have a few final questions.

What do you think is the most important thing that the General Dental Council (GDC) should considering when deciding the future of the Scope of Practice guidance?

Finally, before we finish does anyone have anything else that they want to mention before we finish that they haven't already had a chance to?

Thank you for your time today and for taking part in the research. Just to confirm, none of your answers will be attributed to you. You have the right to have a copy of your data, change your data, or withdraw from the research at any point. If you'd like to do this, you can consult the IFF Research website. (www.iffresearch.com/gdpr, or I can provide contact details).

Mainstage Stakeholder Discussion Guide

Introduction

- **Introduce self and thank respondent for agreeing to participate**
- **Background to the research:** IFF is an independent research company, working on a study for The General Dental Council (GDC) to explore and understand whether the Scope of Practice guidance is fit for purpose and to what extent it is achieving its objectives. The research will also be investigating whether there have been any unintended consequences of the guidance being issued.
- This interview will last up to 45 minutes.
- **MRS Code of Conduct and Confidentiality:** IFF Research is an independent market research company, operating under the strict guidelines of the Market Research Society's Code of Conduct. The information you provided will not be attributed to you. However, due to the nature of the discussion it may be possible for people to identify your contributions.
- **GDPR:** You have the right to have a copy of your data, change your data, or withdraw from the research at any point. You can find out more information about your rights under the new data protection regulations by going to iffresearch.com/gdpr. We can also email this to you if you'd like.
- **Permission to record:** We would like to record the interview, so we can ensure we capture the entire discussion – the recording will be used for analysis purposes. The recording will be stored securely and will not be passed back to The General Dental Council (GDC). All recordings will be securely deleted 6 months after the project is completed. Are you happy for the interview to be recorded?

Background and context

First, can you give me a brief overview of the organisation you work for?

ENSURE TO PROBE AROUND ALL OF THE DENTAL PROFESSIONALS THAT ARE RELEVANT TO THEIR ORGANISATION IF NOT CLEAR.

- PROBE ON: Dentists, Dental nurses, Orthodontic therapists, Dental hygienists, Dental therapists, Dental technicians, Clinical dental technicians.

What is your role within the organisation?

Scope of Practice Guidance Own Use

How familiar are you with the Scope of Practice guidance?

How often, if at all, do you use the Scope of Practice guidance?

- How do you use it? What do you use it for?

How useful, if at all, do you find the Scope of Practice guidance?

How clear, if at all, do you find the Scope of Practice guidance?

- Any areas less clear?
- Are any elements confusing? What elements?
- Anything else?

How clear do you think the different Dental Care Professionals (DCPs) roles are within the Scope of Practice guidance?

- Is anything less clear?
- Anything else?

Scope of Practice Guidance Dental Professional Use

How aware do you think Dental Care Professionals and dentists are of the Scope of Practice guidance?

At what point(s) in Dental Care Professionals and dentists (s) are *they* made aware of the Scope of Practice guidance?

- And how systematically does this happen?

How well do you think Dental Care Professionals and dentists know their own Scope of Practice?

- What do they know?
- What don't they know?
- Why do you think that is?

How well do you think Dental Care Professionals and dentists know the Scope of Practice of other dental professionals?

- What do they know?
- What don't they know?
- Why do you think that is?

How clear do you think Scope of Practice guidance is on how Dental Care Professionals can achieve the additional skills listed?

- How could this be made clearer?
- Anything else?

What do you think is the best way to raise awareness of the Scope of Practice guidance amongst dental professionals?

Impacts of Scope of Practice Guidance

What do you think the original purpose of the Scope of Practice guidance was, when it was put in place in 2009? What did it aim to do?

- PROBE AROUND: clarity over the scope of different DCPs (for understanding of own scope and scope of others), encourage DCP development, encourage direct access

To what extent do you think the Scope of Practice guidance is working?

- In what way(s) is it working? What has helped facilitate this success?
- In what way(s) is it not working? What barriers have been experienced? How can these be overcome?

To what extent, if at all, has the Scope of Practice guidance had any unintended consequences?

- What are these unintended consequences?
- PROBE AROUND: whether actual or potential consequences
- IF NEGATIVE CONSEQUENCE: How could these be mitigated?

Do you see the current guidance as being 'limiting' or 'enabling' for Dental Care Professionals?

- IF LIMITING: In what ways is it limiting? What is the impact of this?
- IF ENABLING: In what ways is it enabling? What is the impact of this?
- PROBE AROUND IMPACT ON CONFIDENCE AND MAKING DCPS MORE RISK AVERSE. WHY DO THEY THINK IT IS HAVING THIS IMPACT?

How clear do you think Dental Care Professionals are about what indemnifiers do?

- Does this differ at all between different Dental Care Professionals? How?
 - PROBE ON: Dental nurses, Dental hygienists, Dental therapists, Orthodontic Therapists, Dental technicians, Clinical dental technicians.
- How does this impact on what they feel comfortable doing/not doing?

How confident do you think Dental Care Professionals are that they are not undertaking any out of scope tasks?

- What makes you say that?

- IF CONFIDENT: And how much of this confidence do you think comes from the use of the Scope of Practice guidance? Where else does this confidence come from?

How willing do you think Dental Care Professionals are to undertake tasks which they are 'trained, competent and indemnified' to do but are not listed in the Scope of Practice guidance?

- What makes you say that?
- Anything else?

What impact, if any, do you think the Scope of Practice guidance has had on the tasks Dental Care Professionals undertake?

- Do you think it's encouraged or discouraged additional skills development?
- Why do you think this is the case?

IF DISCOURAGED DEVELOPMENT: How, if at all, could the Scope of Practice guidance be changed to encourage rather than inhibit Dental Care Professional development?

- Are there any other ways this could be changed?

Are there alternative options for encouraging additional skills development outside of Scope of Practice guidance?

- What are these?
- Who would be best placed to develop this?

What, if any, impact do you think the Scope of Practice guidance has on use of professional judgement?

- PROBE AROUND: USE OF THEIR OWN JUDGEMENT AND DCPS PROFESSIONAL JUDGEMENT IN GENERAL
- What makes you say that?
- Why do you think this has played a role?

What difference, if any, do you think the Scope of Practice guidance has made to patients?

- What positive impacts, if any, has it had? What makes you say that?
- What negative impacts, if any, has it had? What makes you say that?
- PROBE AROUND: IMPACTS ON PATIENT EXPERIENCE (SERVICE RECEIVED) AND PATIENT SAFETY (QUALITY OF CARE)

Do you think the impact of the Scope of Practice guidance differs between the four nations?

- How do you think it differs?
- What makes you say that?

What role, if any, do you think the NHS contract and remuneration system has had on determining who does what within the dental team?

- Why do you think this is the case?

What impact do you think the NHS contract has on the dental team being able to utilise their full scope on a daily basis?

- Why do you think this is the case?

The Future of the Scope of Practice Guidance

Where do you think the General Dental Council should go from here in relation to the Scope of Practice guidance?

- What makes you say that?

In what form should the Scope of Practice guidance continue to exist?

- Should it continue to be public facing or purely for professionals and stakeholders?

Would it need to be regularly updated?

- How often would it need to be updated?
- What makes you say this?

IF SHOULD BE UPDATED: What should the process for updating the Scope of Practice guidance look like?

- Who should be involved?
- Anyone else?

Who could have responsibility for the Scope of Practice guidance going forwards?

- General Dental Council?
- Anyone else?
- Could it be shared or co-owned? IF SO: By who?

What role should other organisations play? For example, Indemnifiers, Training providers, Professional bodies, Employers.

- What should their involvement be?

Whose responsibility would you say it is to ensure dental professionals work within their own scope of practice?

- Dental professionals?
- General Dental Council?
- Anyone else?

What would be the impact of not having the guidance in its current form? For example, if it was no longer a list of tasks that professionals may do if they are trained, competent and indemnified.

- What impact would this have?
- PROBE AROUND: IMPACT OF LISTS OF TASKS BEING REMOVED.
- PROBE AROUND: Impacts on dental professionals, impacts on patients, impacts on whole workforce, impacts on dentistry as whole.
 - Why do you think this would happen?
 - How could these risks be mitigated?

If the Scope of Practice guidance was to change to more of an outcome-based approach, to what extent do you think Dental Care Professionals would be happy with this?

- MORE INFO IF NECESSARY: For example, this could be modelled on the GDC's learning outcomes in undergraduate education.
- What makes you say that?

Could education be used to replace the Scope of Practice guidance? If so, how?

- Could the learning outcomes replace the guidance?

IF INTERVIEWEE INVOLVED IN EDUCATION: How is Scope of Practice guidance used in undergraduate education currently?

In the absence of Scope of Practice guidance in its current form, who would provide support for Dental professionals?

- PROBE AROUND: Indemnifiers? Training providers? Professional bodies? Employers?
- Anyone else?

Summing up

We are now coming to end of the interview and have a few last questions.

What do you think is the most important thing that the General Dental Council (GDC) should considering when deciding the future of the Scope of Practice guidance?

And is there anything else you'd like to add on the discussion of the Scope of Practice guidance that you haven't already had a chance to?

Thank you for your time today and for taking part in the research. Just to confirm, none of your answers will be attributed to you or your organisation unless you give explicit permission for us to do so.

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Mainstage Patients and Public Discussion Guide

Introduction (5 minutes)

Introduce self and thank respondents for agreeing to participate in group discussion.

Background to the research: IFF is an independent research company, working on a study for The General Dental Council (GDC) to conduct research into the roles of different types of dental professionals. As part of this, we are conducting focus groups with the general public.

Today's group will discuss: your recent experiences of visiting a dental practice, how you feel about visiting different members of the dental team and what you know about who does what within a dental team.

This group will last 1 hr and 30 mins.

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Permission to record: We would like to record the interview, so we can ensure we capture the entire discussion – the recording will be used for analysis purposes. The recording will be stored securely and will not be passed back to The General Dental Council (GDC). All recordings will be securely deleted 6 months after the project is completed. Are you happy for the interview to be recorded?

Background and context (10 minutes)

First, we are going to spend a few minutes getting to know each other. I'd like everyone to pair up and I'll give you 5 minutes to find out the following about each other:

- Name
- What you do day-to-day
- How you travelled here today
- Something you enjoy doing in your spare time.

In 5 minutes, I'll bring everyone back together and you can introduce your partner to the group.

MODERATOR NOTE: AFTER 5 MINUTES BRING EVERYONE BACK TOGETHER AND GET PARTICIPANTS TO INTRODUCE THEIR PARTNER.

Accessing dental care (10 minutes)

To start off, I'd like to discuss your experiences of dentists and Dental Care Professionals, and the way you access dental care.

I'd now like everybody to think about the last time they went to the dentist. When was your last visit to the dentist?

What type of appointment was it?

- Routine or something different?

Can I ask what type of treatment you received?

And how did you access this treatment?

- Thorough the NHS?
- Private care?
- Mix of private and NHS?

Who was the appointment with?

How did you find this last visit?

And when you booked the appointment, did you ask/book to see a particular dental professional?

How regularly do you tend to visit the dentist?

- Every few months?
- 6 months?
- Yearly?
- Every few years?

Roles of Dental Care Professionals (15 minutes)

We're now going to move on to discuss the roles of dentists and Dental Care Professionals. A Dental Care Professional is any member of the dental team who is not a dentist.

What other roles within a dental team are you aware of?

How confident do you generally feel about who does what / which member of the dental team to book an appointment with?

- Do you generally ask for a person / job role or just say what service you want and let the receptionist decide?

To get into a bit more detail, I'm going to hand out some sheets with different job titles on them.

In pairs, I'd like you to write down the different tasks you think these different dental professionals might do. For example, you might write 'teeth cleaning' as a task that dental hygienists might do.

SHEETS TO BE HANDED OUT WITH THE FOLLOWING JOB TITLES:

1. Dental nurses
2. Orthodontic therapists
3. Dental hygienists
4. Dental therapists
5. Dental technicians
6. Clinical dental technicians
7. Dentists

MODERATOR TO GIVE PAIRS 5 MINUTES TO WORK THROUGH TASK AND THEN GO THROUGH WHAT EVERYBODY HAS WRITTEN DOWN

Great, thank you everyone. I'm now going to go through each job role and ask you to feedback which tasks you have come up with. Don't worry if you're not sure whether they are correct or not. There's a lot of different tasks and we are just keen to get a sense of which tasks you might typically consider these Dental Care Professionals doing!

MODERATOR TO PUT UP SHEET WITH JOB TITLES ON AND WRITE UP TASKS GIVEN BY EACH PAIR

Okay, now I'd like to hand out some cards with different Dental Care Professional roles on them, as well as cards with different tasks that different Dental Care Professionals can do. I'd like you to try to match the tasks with the different job roles in your pairs.

MODERATOR TO GIVE PAIRS 5 MINUTES TO WORK THROUGH TASK AND THEN GO THROUGH THE CORRECT 'ANSWERS'

What is surprising?

Direct access (10 minutes)

Due to something called ‘direct access’, patients are now able to go directly to a dental hygienist or dental therapist or clinical dental technician as opposed visiting a dentist first and being referred by them. This means you can call the dental surgery/ practice and book an appointment directly with a dental hygienist or dental therapist. Has anybody here ever done this?

IF YES:

How did you find the experience of going directly to [INSERT RELEVANT DENTAL CARE PROFESSIONAL]?

- How did you feel about the treatment you received? PROBE IF NECESSARY: How satisfied were you?
- How did you feel about going to them directly?
 - What, if anything, was good about it? What benefits could there be of this approach?
 - What, if anything, was bad about it? What drawbacks could there be of this approach?
- And before you attended the visit, did you have any concerns about doing this? What concerns did you have?
- Would you go directly to them again? Why/ why not?

IF NO: How would you feel about going directly to a Dental Care Professional, such as a dental hygienist or dental therapist, as opposed to being referred by your dentist?

- What makes you say that?
- Do you have any concerns about doing this? What concerns do you have?
 - Anything else?
- What, if any, benefits do you think there would be of going to them directly?
 - Anything else?

Some people might say it’s [INSERT FROM BELOW IF NOT ALREADY DISCUSSED]. How do you feel about this?

- More convenient to go direct
 - ADD IF NECESSARY: E.g. easier to get an appointment with a DCP / one appointment rather than two
- Saves them money to go direct
 - ADD IF NECESSARY: Fewer appointments overall
- Worrying not to see a dentist

IF ANY CONCERNS:

Under what circumstances would you be comfortable / less comfortable going direct to a dental hygienist or therapist? PROMPT WITH PARTICULAR TASKS IF NECESSARY

Information needs (15-20 minutes)

Who has ever wondered who to go to (which dental professional to see) for a particular issue?

- What was the issue? What were you unsure about? Which different dental professionals did you think you might be able to go to?
- Are there any other scenarios in which you can imagine needing to know more information around dental team roles?

If you wanted or needed to know more about who does what within the dental team, what would you do?

- How would you go about finding out?
- Who would you ask? PROBE
- Where would you look? PROBE

What information might you need?

In what kind of format would this be most useful?

- RANKING EXERCISE: Video / poster in practice / booklet in practice / online article or document / word of mouth from practice receptionist
- SHOW EACH AND ASK HOW USEFUL EACH WOULD BE AND WHY (WHAT WOULD MAKE IT MORE / LESS USEFUL), THEN RANK FROM MOST TO LEAST

How detailed would it need to be?

- A portrait of what each role is at a high level / a list of tasks / both?

Scope of Practice (15-20 minutes)

*Okay, now we've got a sense of the different tasks you think the different **Dental Care Professionals** do, we are going to move on and discuss a document called *Scope of Practice*.*

Has anyone heard of **Scope of Practice**?

- How did you hear about it?

IF YES: What do you know about it?

IF YES: What's it for?

IF YES: Have you ever used it? IF SO: What for?

IF NOT HEARD OF IT OR NOT SURE WHAT IT IS:

Scope of Practice sets out the skills and abilities each member of the dental team *should have*. It is not a list of tasks that someone *can* do. The guidance also describes additional skills that members of the dental team might develop after registration to increase their scope of practice.

I'm going to hand out some copies of **Scope of Practice** for you to have a look at. There's no need to read it cover-to-cover, but please do have a look through it. Feel free to discuss it with the person sitting next to you. We'll talk it through in a bit more detail once you've had a chance to have a more detailed look at it.

MODERATOR TO HAND EACH PARTICIPANT A COPY OF THE SCOPE OF PRACTICE AND ALLOW 5 MINUTES TO GIVE IT A SKIM.

How clear do you find this document?

- What's clear?
- What's unclear?

How could this document be made clearer or easier to understand?

If you wanted to know a bit more about what different members of the team do, would you look at this document?

- Why/ Why not?

Would you feel confident after looking at this document that you understand what different members of dental team do?

- Why/ Why not?

How likely would you be to look at this document to see which dental care professional you could visit?

- What makes you say that?

How do you think dentists and other Dental Care Professionals might use this document?

And what do you think could happen if a document like this did not exist?

Summing up (5 mins)

We are now coming to the end of the discussion, and I have a few final questions.

Now that you know that the Scope of Practice Guidance exists, is this something that you think you might use in the future?

- How might you use the guidance in the future?

And in the future, do you think you might go directly to other members of the dental team (instead of straight to your dentist)?

Finally, before we finish does anyone have anything else that they want to mention before we finish that they haven't already had a chance to?

Thank you for your time today and for taking part in the research. Just to confirm, none of your answers will be attributed to you. GDPR: You have the right to have a copy of your data, change your data, or withdraw from the research at any point. If you'd like to do this, you can consult the IFF Research website. (www.iffresearch.com/gdpr, or I can provide contact details)

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IFF Research illuminates the world for organisations businesses and individuals helping them to make better-informed decisions.”

Our Values:

1. Being human first:

Whether employer or employee, client or collaborator, we are all humans first and foremost. Recognising this essential humanity is central to how we conduct our business, and how we lead our lives. We respect and accommodate each individual's way of thinking, working and communicating, mindful of the fact that each has their own story and means of telling it.

2. Impartiality and independence:

IFF is a research-led organisation which believes in letting the evidence do the talking. We don't undertake projects with a preconception of what "the answer" is, and we don't hide from the truths that research reveals. We are independent, in the research we conduct, of political flavour or dogma. We are open-minded, imaginative and intellectually rigorous.

3. Making a difference:

At IFF, we want to make a difference to the clients we work with, and we work with clients who share our ambition for positive change. We expect all IFF staff to take personal responsibility for everything they do at work, which should always be the best they can deliver.



IFF Research

Contact details:

5th Floor
St. Magnus House
3 Lower Thames Street
London
EC3R 6HD
Tel: +44(0)20 7250 3035
Website: iffresearch.com