Optimising skill mix in dentistry: dental therapists, direct access and the future

RATIONALE
Urgent action is required to address problems arising from an ageing population retaining their teeth, high levels of avoidable tooth decay in children and poor access to NHS dental services in parts of Wales.

Our study will inform the new skill mix dental service contract and is the logical start to a programme of research on the effects (including cost-benefit) of contract changes.

AIMS
Our aim is to better understand how to make the best use of the dental team. This includes identifying what tasks, by whom, and in what circumstance. We will develop an initial trial teaching course and self-evaluation tool to help dental practitioners work out how modest they are for skill mix changes and set action plans.

OBJECTIVES
1. Develop an “official” theory (logic model) to describe the conditions or context (C) under which the mechanisms (M) operate to produce desired outcomes (O).
2. Undertake a set of case studies of dental practices with and without a dental therapist, collecting patient treatment and cost analysis data and interviewing the dental team.
3. Present a “real” theory which describes the features required for optimisation of skill-mix service delivery in the SDD.
4. Develop a skills-optimisation self-evaluation tool (SOSSET) for practices to assess their readiness for skill-mix optimisation and provide guidance on best practice.
5. Develop and pilot test training for dental therapists to support the full use of their skills.
6. Develop and pilot test training for general dental practitioners in the optimisation of skill mix.
7. Disseminate SOSSET, training and recommendations.

PLAN OF INVESTIGATION
This study is in two parts:

- Part One is a 3-step realist evaluation using mixed methods:
  - Step 1: we develop an “official” programme theory from policy documents and the literature (literature) to describe and explain how skill optimisation is meant to enhance and healthcare in Wales.
  - Step 2: we test this theory against what actually happens in practice by collecting quantitative and qualitative data from 6 case study dental practices, 3 with a D7 and 3 without.
  - Step 3: we develop a “real” programme theory to explain mechanisms and contexts by which skill optimisation can achieve its intended outcomes.

- Part Two concerns the development and evaluation of a skills-optimisation self-evaluation toolkit (SOSSET) for practices to judge their readiness for skill-mix developments and two training courses. We will use a modified Kirkpatrick’s framework for the course evaluation.

The project is organised into six work packages (WP) (Figure 1)

Figure 1: Work packages and recruitment overview

- Work Package 1 - Project set-up
  - Obtain ethics, governance approvals and advisory group set up

- Work Package 2 - Review Evaluation
  2.1 Theory development & logic models
  2.2 Case studies
  2.3 Theory testing and refinement

- Work Package 3 - Recruitment of 10-20 participants to 2 courses, each running in 2 centres

- Work Package 4 - Develop, pilot and evaluate skill-mix optimisation training for GDPs

- Work Package 5 - Development and pilot testing of skills-optimisation self-evaluation tool (SOSSET) and guidance

- Work Package 6 - Dissemination

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Recruitment: to case studies (C)

- 3 with GDP (35,2,3)
- 3 with GDP and D7 (15,15,0)

- Recruitment to case studies (D)

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