

SUPPLEMENTARY FILE 1: Theory testing phase of the realist-informed process evaluation

The table below details the full analysis from the theory testing phase of the realist informed process evaluation.

Details the full analysis of the theory testing phase

THEORY AREA	PROPOSITION	CODE	QUOTE
CONTRACTUAL	If therapists could open a course of treatment (National Performers List) then it may improve the patient journey through the practice	Opening a Simple Course of Treatment or Children’s course	<p>1.13 ...at the moment everything's just...you have to have a dentist to open a course of treatment and for some of the simple examinations, especially that we've been doing on this trial, there's no reason why there needs to be a dentist to open a course of treatment....</p> <p>1.27 ...they don't have any peri issues and it's just going to be like a simple clean and it's something that we can do within our scope of practice. But yeah it still means that there has to be a dentist to open a course of treatment, then they fling that stuff back to us....</p> <p>2.54especially the therapists that I have for the last few years, I trust them, I trust their judgement; so yes, I will feel confident for them to treat or check the patient from Day One....</p> <p>2.74kids as well, that would be quite good, okay, for the kids to be seen by the therapist, especially regularly or maybe three-months time apply fluoride application and monitor kids. That would be quite good actually....</p> <p>2.378if a therapist can open a practice, provide treatment; but what they can provide so far you always need a dentist on site. And it should be the dentist that is the main person, I would say, of the treatment, and the therapist supporting that....</p> <p>3.115for instance, the dentist saw the patient at the beginning of the year, diagnosed periodontal treatment, referred to the therapist, hygienist to carry out – well therapist in this case, to carry out that course of treatment and then if there was a cavity that was being watched maybe, or a cavity has been discovered later, it would be ideal for the therapist just to say, I can do that for you...</p> <p>3.138we should be able to open a course of treatment definitely. And, it would be easier for the patient because they have the periodontal treatment with you, and then they say, and I’m going to see you next time, because you say, I’d like to see you again in three months, because you know that they are going to come back to you....</p>

			<p>3.515if we could open a course of treatment then all the UDAs would then be allocated to the therapists....whereas at the moment the associate would get probably, one UDA and two UDAs would be allocated towards the therapist for doing umpteen fillings whatever....</p> <p>4.27I can't open that course of treatment, and they've lost jobs because it's made to seem like they're being difficult. So yeah, definitely for the perio it's very hard, yeah....</p> <p>4.35so if they came for initial check-up and sent through for perio, so I'd see the course of treatment, want to review in three months' time and then they'd come back for their three months' time, they've then got to be bounced back to the dentist first so it means ten minute appointment either slightly before or on another day, so it means more journeys basically....</p> <p>4.66I've found it in this practice because the other dentists that work on my days won't open another dentist's course of treatment, so again it is wasted because they won't just open it for me and their patient is sitting in the chair....</p> <p>5.62I think that's a good idea [therapists opening a Course of Treatment], because it just makes it easier, because obviously if they're going to come in and see a therapist it's better if they can manage things themselves rather than us having to do it for them....</p> <p>5.69assuming the therapist model goes ahead, I just feel that there is a role definitely and it's just the system will need to adjust to it, to adapt to that role where if the patient comes in they can just see the therapist directly and they can open the form, manage and treat them, send the form off and do all the work that they need to do....</p> <p>5.110because we're sort of doubling the same job, to be honest. We're doing what a therapist is doing, so if the therapist is going to do the check-up anyway, it just makes sense to see the therapist and we can crack on doing what we're doing....</p> <p>6.135a simple mechanism needs to be able to, over the course of a treatment, under my name, because I am working with that therapist and taking an element of responsibility for that therapist's work, I don't see why it couldn't be internally agreed with the practice that [XXXX] works under my form number. It seems obvious to me. But it will be different from the NHS, to indemnity, to other things, so other people have reasons why that becomes more complicated or not....</p>
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		<p>Opening Course of Treatment for new or complex patients more problematic</p>	<p>2.32it would be difficult, I suppose, if it is a new patient, which is fair enough, that's why they can't always do that as well. But especially with the low-risk patients, easily they can open a course of treatment...</p> <p>2.43maybe the initial appointment, I would say just probably the dentist. And then if it's a long-established patient with really low risk, easily it can be treated and monitored by the therapist, and as soon as they've noticed something that is worrying, someone has changed medication, or habits, diet, all these things, obviously they just need to be evolved....</p> <p>2.56but when the patient has a lot of restorations, older patient with a lot of medication, I will say, a lot of health problems, in that case I would suggest definitely the dentist to get involved....</p> <p>2.673that's why I said that for low risk, if it's an established patient, and I know that he's just coming every six-month's time just to check the periodontal condition and maybe check the condition with the oral hygienist, then they can easily be seen....</p> <p>6.116I'll make a big point, and that's new patients, so they come to the practice and they're brand new, and the first experience is really important. And if they feel that they've seen somebody who's going to treat them and somebody whose decision-making appears and disappears quickly, the customer would be suspicious about that, well, how much is that person actually buying into my care. So they might trust who's looking after them very highly but some people will be less or more happy with that....</p> <p>2.91if it was a new therapist where that I don't really know, to be honest, clinical adjustment, then I would have probably a little bit of second thoughts....</p> <p>8.133...I just need to know that there's some backup for me, to go to somebody who's more experienced than I am</p>
		<p>Commissioners views</p>	<p>6.492so I think commissioners are always about what's cheapest and what's the way the NHS will survive. That's the thinking, they're pushed towards, the NHS is struggling to cope with all the general drivers of the population needing more care and the NHS is</p>

			<p>always being accused of being so inefficient as well. So the commissioners, personally, I think have very little regard for what might be best for the patients in the process, and even less regard for what might be best for the dentist or the DCP....</p>
		<p>Important for emergencies</p>	<p>2.105from the patient's point of view, to have better access to the practice for routine examination as well, instead of waiting for long appointments, or even for emergency appointments, if it's a small fracture and something that the therapist can deal with, it's definitely working much better to be able for the therapist to open the course of treatment....</p> <p>2.118definitely the practice can run smoothly, or more smoothly, I would say, if the therapist can open, even for emergency NHS course of treatment, can open a course of treatment....</p> <p>7.48it's just the NHS have this rule where we can't open our courses, as you probably know. So I sometimes think if you have a child in who's in pain and there was no dentist that could open a course you could probably help that kid, you could take the tooth out or do a filling, but you can't because you can't open a course....</p> <p>7.80so you've got a patient who's in pain, who's a six year old kid and they've got...or baby teeth, so you know there's an issue with the baby teeth that we can deal with, before it comes to me the dentist will refer to me anyway unless it's an emergency. But they'd have to come in and see a dentist first for them to say, yeah, that needs to be extracted....</p>
		<p>Inefficiencies of current system (referral for opening a course)</p>	<p>1.39they could see us in one appointment rather than having maybe several appointments, especially if the dentist is busy doing stuff that's obviously outside my scope of practice....</p> <p>1.41it could work much easier if they can see us....</p> <p>1.49 It's not cost effective either I don't think for the practice. It would be much more effective if the patient just came once, especially if I'm free then I can see the patient and complete the treatment. The patient doesn't have to come back....</p> <p>1.532sometimes they're just like oh it's more hassle to do it and some of the associates don't necessarily want to refer some of the stuff to us because they're like well we're going to lose some of that....</p> <p>1.537if they [associate dentist] can do it really quickly then they'd rather do it than pay for our time to do that....</p>

			<p>2.147so if the patient needs to come back, we book a joint appointment with a dentist and a therapist; so basically comes only once....</p> <p>1.27they don't have any peri issues and it's just going to be like a simple clean and it's something that we can do within our scope of practice. But yeah it still means that there has to be a dentist to open a course of treatment, then they fling that stuff back to us....</p> <p>2.225it will take me more time to explain to the patient that it will take [to see a therapist], and we will make more patients unhappy, that I don't really want that, and there's no point, to be honest....</p> <p>3.59there are courses of treatment that, for example, periodontal treatments, where the therapist is more than capable of seeing the patient after three months for follow up appointments without the dentists intervention. And, that would be easier for the patient then because they have to, at the moment they have an appointment with the dentist and then an appointment with the therapist and it's not always possible to have that on the same day. So, it's two journeys....</p> <p>3.142instead of them coming back to you, they have to come back to the dentist first and then you and that really delays the patient then....</p> <p>3.179it is time consuming to the practice that something else could be done in that time....</p> <p>4.91so here it works that they pay me for my appointments, so I get paid per appointment, which is even more difficult because if the patient needs multiple treatments, then they've got to then pick, okay, do I send the perio or the restorative element to the therapist....</p> <p>4.98I know why they haven't sent it through to me as well because they don't want to pay for it. Because otherwise they're not making any money on it, UDAs obviously just work out cost efficient for them....</p> <p>4.123financially they think they can do it quicker or better. I think restorative, a lot of dentists do their treatment on the spot....</p> <p>6.30so efficiency-wise, for practice it's better, but for the patient journey, if they are going to have some of their care from that person, I feel they get better regarding making the initial relationship better by meeting that person first....</p>
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		<p>Knowledge of patients' health needs</p>	<p>1.22obviously it just means that they have to kind of see the dentist first and then they have to come back to see us for the treatment when we know say some of the patients we've been seeing probably every three to six months and we know unless anything else has happened, probably what we're going to be treating them for....</p>

		<p>Therapists not working to their full Scope of Practice</p>	<p>1.581if someone's doing something every single day and they're competent to do it and they're trained to do it, then yeah, how does that differ from any other person, whatever you call them. It's just a skill that they do, that they're trained to do....</p>
	<p>The UDA system inhibits the use of Therapist-Dentist role substitution</p>	<p>Constraints of UDA system</p>	<p>6.406the number of UDAs and the holder of the contract, normally the practice owner or owners, have ultimate responsibility for that. And then there's subcontracting, the self-employed dentists in a number of UDAs, and so if you did bring in a therapist, you can't say, oh, I've got another member of the team now, we'll just attract more UDAs. The NHS has stopped giving out more UDAs....</p> <p>6.421it's normally the practice owner who takes them on and the practice owners who then works out how to do that. But it might also be they've got an associate who wants to drop a day, so it's the management of those UDAs, but the UDAs are finite, so it does depend on practice to practice....</p> <p>6.427there will be practices where they struggle to get their associates to do all the UDAs, you know, give them a target, hope they do X amount, and are chronically underperforming. So they struggle to do the UDA and they get somebody else in to do some more....</p> <p>3.512if you are an associate maybe you'd have a quota of up to 6,000 UDAs, just say, and at the moment, some of them can refer out to therapists, you know, so it's divvied up...</p> <p>3.542you'd have to work out a fair system. I don't think the UDA system quite does it....</p> <p>4.447you will get some other dentists that are more interested in doing complex crowns and bridges and cosmetic things where they can make the big money and send all their NHS....</p> <p>9.255... Yeah, so a percentage of the UDA that they are receiving would go to the therapist if it was performed by the therapist.</p> <p>9.281... To alleviate that if our other team members, therapists, et cetera, were funded by an external or an additional income stream then that would remove the fee to the associates perhaps and, therefore, remove the barrier that is the finance</p> <p>8.350... because they just feel like we're stepping on their toes and I think... I think they are really worried that if we get an NHS contract we will...there will be less associate jobs and more therapist jobs available</p> <p>8.391... it's very biased towards dentists and I can't believe that in this day and age, and competitiveness and all the rest of it, that we're not allowed to tender and get... I'm allowed to have a practice of my own but I can't have an NHS contract. It just doesn't make sense.... It's protecting dentists, there's no competition.</p>
		<p>Variable Therapist Contracts</p>	<p>3.715I'm salaried, so I don't actually see the benefit of the UDAs the associates, the dentist, when the owner refers to me, then it doesn't really matter. All the UDAs are coming back to him, at the end of the day. But if the associate refers to me then it becomes a complication of divvying out the UDAs, between me, the owner to pay me and the associate only getting one UDA....</p>

			<p>2.423in my practice what I'm trying to is that I'm mainly the only person that can refer the patient to the therapist, I don't really involve my associates; so I don't have this kind of argument why to deduct UDAs or deduct....</p> <p>2.437so if an associate, my associate, needs to refer a patient to the therapist I'm not going to charge the associate their time or pay UDA....</p> <p>1.446so you've referred the work to me, you want a percentage of the work that I'm doing, which obviously is quite a lot, and we're paid on an hourly rate that way, but then they take most of the money for that private work....</p> <p>1.451you see first-hand the value of the work that's coming across your chair, but you're not getting what you consider to be a fair cut of it....</p> <p>4.764I just wish it would be a bit more secure. I think as well there's so many different types of dental practices and how they run things, so it's quite hard I think....</p>
		<p>Dentist – Therapist relationship driven by UDA (lack of autonomy)</p>	<p>1.117obviously we do a lot of the work but obviously then we don't get paid directly so we're paid through them....</p> <p>4.69I can't just go down to them and be like, can you open it, because they won't, because then it's their UDAs, isn't it, instead of the ones that it should be....</p> <p>1.532sometimes they're just like oh it's more hassle to do it and some of the associates don't necessarily want to refer some of the stuff to us because they're like well we're going to lose some of that....</p> <p>1.537if they [associate dentist] can do it really quickly then they'd rather do it than pay for our time to do that....</p> <p>1.432the dentist then holds the purse strings as well doesn't he, so we can't really generate our own income....</p> <p>1.444I get referred most of the private composite stuff that's done, but the dentist wants a percentage of the work that I'm doing because they've referred the work to me....</p>

			<p>1.420most of the work then that we're going to do...say for example you've got your three UDAs, the dentist is still going to want that one UDA from you....</p> <p>1.471there's the lack of autonomy over your own work, there's the fact that it quite simply doesn't seem like you're getting a fair cut and also that the system....</p> <p>1.493so anything that's referred to me, they've done the examination, they want the money for the referral that they're going to send to me, they want the money for the referral for the local anaesthetic that they're going to ask me to administer....</p> <p>1.511that's [profit from therapist work] going into reinvestment, it's going into keeping marketing, lights on, those sorts of things, but if it's going straight to an associate dentist that's just a colleague....</p> <p>3.515if we could open a course of treatment then all the UDAs would then be allocated to the therapists....whereas at the moment the associate would get probably, one UDA and two UDAs would be allocated towards the therapist for doing umpteen fillings whatever....</p> <p>8.153... At the minute, because of the way that the NHS runs, it's hard to make an NHS therapist work and pay, and I think that's why some dental practices just don't have us all together, because they are having to pick and choose what patients we see rather than... What it should be, it should be the other way round. They should come for a check-up with me, and if it goes beyond my scope, I refer on, whereas at the minute, it goes to the top first and works its way down.</p> <p>8.527... We were specifically assigned to so many dentists and it was for us to get the work off the dentists. So I think if you're quite a bold character, you can do that. I had friends who weren't quite as outgoing as me, who struggled to get their dentists on board, but I always had a full book and loads of patients, but it definitely has to be that way.</p>
<p>INSTITUTIONAL LOGICS (CULTURE)</p>	<p>If therapists work to their full Scope of Practice they pose a professional threat/challenge</p>	<p>Change to Dentist work pattern (positive and negative)</p>	<p>1.114some of the dentists are actually working as therapists anyway, so they find that that might be a little bit of a threat to their model....</p> <p>1.248I think that some dentists are actually just working as therapists anyway and referring a lot of the things that dentists...that's outside of my scope of practice, that a dentist does, they're referring those on anyway....</p> <p>1.251I think that if they see somebody who comes in with the same skill mix, well the same skill mix that they're using, then yeah I do think that they....</p>

			<p>3.467historically dentists have always been at the top of the tree in the practice and they feel that the gap is closing. There is also that if the therapists are doing all the general dentistry then it's only complicated stuff that's left to them, so they have a hard day every day....</p> <p>3.472I think the dentist needs to get over that. Their job is still secure, we are still going to be needing dentists, they have a broader scope of practice than therapists and they are going to be needed. I don't think therapists are here to take over the dentist role....</p> <p>3.564a [dentist] gets a really broad spectrum of work comes across their desk, some of it's routine, some of its highly skilled, and there is some diversity in there and introducing or optimising therapists more, possibly narrows the scope of work that they are doing to the possibly more stressful, maybe more involved work. And that might in itself be a reason not to want that change....</p> <p>3.586the dentists: they could get burnout just doing complicated and difficult every day....</p> <p>4.379I think it's only natural for anyone to feel threatened by someone else and to doubt their work, I think maybe dentists are this kind of breed of like humanity where it's very professional, very conscientious of what they're doing. And they go through university for five years where it's very competitive as well to get into dental schools as well, I think maybe it's just one of those traits that's kind of within that profession....</p> <p>4.385I don't know, wh[y] they need to always be kind of top dog, so that's quite common as well, that they need to know what to do in a certain situation clinically or whatever. Which is silly because nobody knows everything....</p> <p>4.406I think some dentists can be quite competitive and – don't know what the right word is, braggy....</p> <p>4.424they think they're better and they don't need your help, that kind of mentality....</p> <p>5.371under the NHS I think it's a case of just getting the treatment done, getting the right people to do it, having more support as you can from the people around you. But I think under private, I think dentists might be a bit more possessive of their patients, because they probably want to make sure things are done properly and time is spent and things like that....</p> <p>6.179tradition combined with some protectionism, for sure, from some parts of dentistry where, you know, if you let them do more, well, we'll lose what dentists are in control of. Some people may suggest there's a safety issue and a training issue. It's ridiculous. If</p>
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		<p>Challenging for associate dentist payments</p>	<p>1.261sometimes the stuff that they...obviously if we did the same kind of thing they'd get paid more than we would yeah. So, it's bad for us in some respects and then obviously the dentist see it as a threat so it's like a loser on both parts....</p> <p>2.400the associate feel a bit more threat because they have to pay for the therapist as well, so they can see their income less; and of course they feel that it can replace their jobs....</p> <p>4.354maybe that's why it's taken a long time for therapists to take off as much, because the dentists feel like they're coming after your jobs and things....</p> <p>5.286the only slight conflict probably has been with the associates, and that's probably just a financial way of how it works and how they're rewarded and what the therapist costs. It's a little bit different with me being practice-owner, because I...I think that's the thought process the dentists will have to get their head round....</p> <p>5.296the associates are probably thinking if they do the treatment themselves they'll earn more money. Whereas if they've got someone else to do it, it comes out of their share of that treatment. So their UDA rate, they're thinking they're giving that part of UDA rate to the therapist, whereas if they do it themselves they get to hang on to it....</p> <p>5.310it is just a financial thing. I don't think they're seen as a threat or anything like that. I think as long as they do stay within their remit. I know one concern they do have is if things get forgotten....not forgotten, if things get missed, like a white spot or a potential cancerous lesion or something like that....</p> <p>5.355I think it's just the associates who are always wary. It's purely because of the financial aspect....I think because they've got targets and things, it's a bit hard for them. So I think once you overcome the financial thing then I think they would definitely be up for it....</p>

			<p>6.374is my UDA going to be cut because I can replace with a therapist, get somebody in that's cheaper to do this. Or job security. Again, if my current job doesn't work out, then I'll find somewhere else and the therapist can do that role. And what's resisting that at the moment, what's resisting that change is the formal [sic – performa] list and being to open treatment plans and work competitively. And the therapist model is currently barely efficient because of these problems. And make it more efficient so that the dentists are not as competitive in the job market, and maybe we'll be driven down on price is the thinking....</p>
		Misconceptions surround skills-mix	<p>2.386a person who can support our job, not replace our job....</p> <p>3.495in a busy practice, NHS practice like this, there is people coming through the door all the time, there is enough for everybody....</p> <p>3.537this is a high needs area anyway. And there is a lot of patients that don't pay for treatment and we're turning patients away, we can't fit them all in. So, I don't think we'd have an issue about vying for business, in competition....</p> <p>3.645there is the job threats, they think you are bringing in a therapist to do the dentists job, there is that. Until you've actually worked in a smooth running skills mix then you don't really understand it....</p>
		Dentists have become deskilled	<p>1.270I just think they're unskilled, so they've kind of like...either they don't want to do the stuff that...they don't want to do the things that are within their scope and not within my scope, or they're deskilled or they feel uncomfortable or they've just got comfy....</p> <p>1.248I think that some dentists are actually just working as therapists anyway and referring a lot of the things that dentists...that's outside of my scope of practice, that a dentist does, they're referring those on anyway....</p> <p>1.270I just think they're unskilled, so they've kind of like...either they don't want to do the stuff that...they don't want to do the things that are within their scope and not within my scope, or they're deskilled or they feel uncomfortable or they've just got comfy....</p>
	If therapists are seen to be endorsed by the GPs and the dental team, then patients are more likely to	Therapists need the endorsement of the dentist and team	<p>1.191I suppose if you did have the endorsement of maybe a [dentist] explaining the differences then maybe yeah they would gradually understand it is a different model and understand what he did....</p> <p>1.207but because it's been explained by the dentist who they've always seen...it does have to sometimes be then explained by me just to say what we do. But once they've seen you once they're like okay, well yeah you do...you're the person....</p>

	<p>trust being treated and managed by hygiene-therapists</p>		<p>1.458you then find that a part of your career success or your capacity to earn money is your relationship with the dentist, because you're relying on him so much....</p> <p>2.262in my practice I know both of them, I trust both of them, I know which are the better skills of each of them....</p> <p>2.266as soon as I mention to the patients, yes, it's a restoration and a filling or something, that a treatment or scaling, that the therapist can do with a really good success rate, or they are qualified, the patient they are happy to go in to the therapist....</p> <p>2.276they feel more confident to be seen by the dentist, because in their mind the dentist obviously is more qualified, I would say, I don't know, if you compare it with therapists; so if they're not get used to the idea of be seen by the therapist then they feel a little bit uncomfortable....</p> <p>2.315I say the therapist they are qualified, they know what they're doing, they can do that within the scope of the treatment that they can provide; so they are happy with that....</p> <p>2.721I know that the patient trusts me, and if I refer someone to a [patient 0:28:16] that I don't really know how I can get the trust back from the patient if they're not happy with that....</p> <p>2.730the patient feels okay and secure that when I refer to them, because this is my team and I can trust them....</p> <p>3.324if the whole team is behind you then absolutely because they are advocates for each other. We have nurses who can give oral health education as well, so we've got the whole skill mix. Everybody who has got further qualification we are trying to get the best out of it here....</p> <p>3.331[dentist] will say, and I'll leave you in the capable hands of our therapist and that's just adding those few little words in there....</p> <p>3.384and they are seeing the same person every time, that person does everything. And, there are still some patients that only ever see, the old man, because he's been here from time began....</p> <p>3.410but those that have come in at the beginning and had everything, they just want to stay with that one person that they trust....</p>
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			<p>3.458 ...good communication as well. So, they do endorse each other, but I think if, like in all work places, if you have got a weak link – if you've got a good one, the team are behind you. So, I think that just applies to all work places....</p> <p>4.126I don't trust them, what if it fails and I've got to redo it again. And actually it could have just been the type of filling it was that was actually really tricky to do....</p> <p>4.327because a lot of therapists are self-employed, there's always this constant niggling in the back of their heads, okay, I need to prove myself....</p> <p>4.331because we are self-employed and we are disposed of as well quite easily I think, because especially in the North West there's a lot of therapists looking for work. So you always know that they can get someone in cheaper than you, so you've always got to prove yourself....</p> <p>4.464I think it's almost the [practice] manager as well that doesn't want to get that meeting together and can be quite a challenge....</p> <p>4.469I think some therapists are quite scared to speak out and try and make a change because obviously I said before, it's job security. Things like that they don't really want to upset the dentist because the dentist is the one that's going to be filling their books....</p> <p>4.496it just depends on the attitude of the owner as well and what they want to do. I think some dentists open up practices and want to grow it nice and big and be like really involved, whereas some kind of just look at it as an easy life....</p> <p>4.510he obviously controls the financial side as well, the other associates would pay him to use his therapist or whatever, so I think that's a big part of it....</p> <p>5.200a lot of my experience where we send patients to the therapist we have to endorse them, we have to show that we've got faith in what they're doing, just so the patient has the same faith as well....</p> <p>5.207even down to the reception team as well, because we can treatment plan something, and then we can say they can see me or the therapist, whoever's got an appointment sooner, and this guy would see that the patient's going to go to reception and say how good's the therapist or what can a therapist do, because it's new to them, and you need the reception team on board to say, well, yeah, they're almost as good as a dentist for the straightforward stuff and just say to them they know what they're doing....</p>
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			<p>5.219I think it's just the hierarchy of terminology where people are always seeing a dentist as being more qualified and more trained compared to a therapist, so they'll always want to see the person who's more trained and more qualified....</p> <p>6.25if you're already sort of positive about using a therapist, the patient will value and regard the therapist in a better light if it's the first person they meet. So when you're being referred to someone, the dentist is quite traditional and the patient then thinks why are you not doing this....</p> <p>6.243at that point where the receptionist asks them to sign a form to say, you're not seeing a dentist....so if the receptionist is presenting that in a positive way, then: yeah, we've got an availability of our dentist today, [XXXX] who does these treatments, or the dentist tomorrow or the next day, do you have any preference....</p> <p>6.270I'm booked [up until] five weeks, [XXXX] has got availability in the next week. My normal spiel is: he does all my routine fillings, he's really good at it, and really nice as well, and we work closely together. I normally don't ask if they'd like to book in with [XXXX], I'm always telling them that's who does my routine stuff....</p> <p>6.280so there's a strange business model sometimes to sort of push your customer away from you almost, but then there's also the realisation that if I am booked up five weeks and [XXXX] is booked up a week or two, there's simplicity to that....</p> <p>7.260I think a lot of it though is the unknown, a lot of dentists don't know our skill, they don't know our skill, they'd just rather not get involved....I don't know why it's a threat, I think it's better for patients. I think it's better for patients, I think it's...I'm biased obviously but...</p> <p>7.568it's hard really because even some dentists, I said this earlier, they don't know what a therapist does even now and they've been practising for years. I think that's a shame....</p> <p>8.244... I've been very lucky because the two big practices that I work for really do endorse me and I've a good following of patients that come back, three months, six months, yearly, and the dentists have already jumped on board that they do get the skill mix</p> <p>8.262...If we can get as many people understanding the therapist's role, then the receptionist will go, go and see Lorraine, she can do a filling for you, she's ace at injections, and then that way you're building up trust within the general public, because they don't really know the difference between a hygienist therapist and a dentist</p>
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		<p>Lack of knowledge amongst dentists about what a therapist can do</p>	<p>4.708a lot of dentists don't really know what we are or who we are, what we do...</p> <p>4.715and then I think as well it's the foreign dentists that are coming in as well, especially in corporate because obviously there's a lot of dentists coming in, so I think they don't really know either. It's a lot of the English dentists that are aware I think, younger English dentists....</p> <p>4.364I've had quite a few dentists say, what is a therapist, oh no, and be standoffish and, can you do that, like....</p>
	<p>There is a difference in between practice owners, associate dentists and DCPs in opinions of skills-mix in practice</p>	<p>Practice Owner support</p>	<p>5.338I personally think practice owners will be all for it. Everyone who I know who is a practice owner are all using the skill mix where possible, are all using the therapists where possible....</p> <p>3.731occasionally I will get somebody with high needs, they need some extra time spent with them, but it's still band one. So, the owner will refer that to me, the associates don't refer that because they lose everything then....</p>
		<p>Associate financial conflict (linked with 'challenge for associate dentist payments' above)</p>	<p>2.400the associate feel a bit more threat because they have to pay for the therapist as well, so they can see their income less; and of course they feel that it can replace their jobs....</p> <p>2.413it can be a little bit different and difficult for them [associate] to accept the point of having a therapist....</p> <p>4.536if you've got a dentist that is doing on the spot treatment, then they're not interested in patient care prevention, overall therapists are a lot more into prevention. Because it's put on a lot more in our course, the prevention, and communication as well, like that's a really, really big thing. But then a lot of the newer dentists that you see coming through, some of them are amazing. It just depends on the person and their whole ethics of why they're doing the job....</p> <p>5.286the only slight conflict probably has been with the associates, and that's probably just a financial way of how it works and how they're rewarded and what the therapist costs. It's a little bit different with me being practice-owner, because I...I think that's the thought process the dentists will have to get their head round....</p> <p>5.296the associates are probably thinking if they do the treatment themselves they'll earn more money. Whereas if they've got someone else to do it, it comes out of their share of that treatment. So their UDA rate, they're thinking they're giving that part of UDA rate to the therapist, whereas if they do it themselves they get to hang on to it....</p>

			<p>5.310it is just a financial thing. I don't think they're seen as a threat or anything like that. I think as long as they do stay within their remit. I know one concern they do have is if things get forgotten....not forgotten, if things get missed, like a white spot or a potential cancerous lesion or something like that....</p> <p>5.355I think it's just the associates who are always wary. It's purely because of the financial aspect....I think because they've got targets and things, it's a bit hard for them. So I think once you overcome the financial thing then I think they would definitely be up for it....</p> <p>8.327... that they'll panic about we're possibly taking away the easier work from them, which is probably their bread and butter. I do get that, but for the NHS to survive in dentistry, we're going to have to make it cheaper to do what we're doing</p>
	<p>If a dentist decides to support the use of skill-mix at the practice, they often favour the use of hygienists compared to therapists</p>	<p>Dentists find it easier to work with hygienists</p>	<p>1.552a lot of the work's private, as a hygienist sorry...it's private and it's much more kind of...it just an easier to understand isn't it....</p> <p>1.555they don't want to see the dentist for the cleaning, I don't know why, they just want to see the hygienist, so then they'll come in expecting to see a hygienist. The person that they go through, that's the hygienist, they're going to do the cleaning, they're going to pay for the cleaning, it's going to be a private clean....</p> <p>2.531it's easier because you pay per hour or whatever agreement that you decide for the hygienist; but a hygienist can't really do everything that a therapist can do....</p> <p>3.791but I think it might just be easier to employ a hygienist and do the restorative work yourself as a dentist. It's more clearly defined, straightforward and the pay is straightforward....</p> <p>3.862because most of the hygiene appointment, a very large part of it is the prevention and educating the patient, so you don't need perhaps assistance for that....</p> <p>5.270it's just it's new as well, like I said they've not seen a therapist before, they're not sure what a therapist means. Everyone knows what a hygienist means. So it's just a new situation for them....</p>

			<p>6.608so [historically under fee-for-service] Mr X only works three days a week and an empty room, so that room will be doing nothing, if you then put a hygienist in, and all the patients who would have had a clean with the dentist will go next door and have the clean with the hygienist. Because it had an additional fee allocated to it, it was a viable model....</p> <p>6.626then the UDAs came in and immediately you got a check-up and a scale and polish for the same rate as a check up on its own, so it was a flat rate, and now it didn't pay any more to have a scale and polish and the dentist didn't get any more income. At which point the business man says, right, we need patients to get the scale and polishes privately and we need to just do the basics on the NHS....</p> <p>7.388you can charge a lot for a hygienist visit, especially in London, half an hour you could charge 60 quid or something like that. So I think, at the end, it's a good income stream for dentist practices, that might be for the...obviously it's the dentist that makes the decision who they employ or what not but if you're going to get an income stream that's constant that's good for them. Whereas therapy's more treatment and...it's hard, isn't it...</p> <p>8.432... the dentist will have to take more time out of their diary to make sure my diary's full. They will have to write a prescription and it's more time and effort to do that.</p>
		<p>Therapists as hygienists</p>	<p>4.580they [patients] just want a clean, I think as well in some cosmetic places then they just want a clean and obviously then they come in and they haven't had a check-up in ages or anything. But that's really just obviously advising to book in for a check-up. I've had a few that have just come through for scales, but our hygienist here just does scale and polish, she doesn't do perio treatment....</p> <p>4.619I think it's easier for a lot of therapists to get jobs as just hygiene, hygienist because it's so difficult to face the rest of the barriers on the therapy side. And at least they know when they take a job under hygiene, you're bringing them back for review, the periodontal disease mainly obviously every few months so they know at least they've got a regular income. Whereas there's so many different ways on the therapy side where you can lose your diary, so therefore it's not a stable income unless the practice is decent or therapists are employed instead of being self-employed....</p> <p>6.471and I do also know there are quite a lot of therapists who don't particularly want to work as a therapist, they're quite happy working as a hygienist or keeping things simpler, or having more of the responsibility left with the dentist and happy with that model....</p> <p>7.394although a lot of therapists don't want to be therapists, they want to just do the hygiene side of it as well, and that's another thing where they prefer to be just doing the hygiene. It's easier, it's less responsibility and you can earn sometimes more just doing the hygiene than....</p>

			8.419... I think they get bogged down with the NHS and they've got a tunnel vision and forget we're here half the time. I think they push – oh, they don't push – private hygiene probably pays more than a NHS therapist. I think that's probably it. I think it's cost
	Therapists get de-skilled if work to hygienist Scope of Practice		1.439if you went, to do your private hygiene you then de-skill as a therapist.... 5.343because they didn't want to lose their skillset. They didn't want to go to just doing hygiene altogether, knowing full well that trying to do therapy at a later date is going to be a problem. So I think they still want to stay wet-fingered in terms of therapy.... 8.450... And I panic a little bit because there are skills there that I've not used for a long time, so then when you do get something, like a pulpotomy or something that's few and far between, you're having to read up again about it to make sure that you're up to date about everything.
Inequity	Hygienists get paid more than therapists		1.413hygienist will probably be paid more than the work of a therapist because most of the hygienist's work, they're done privately and they're on a percentage.... 1.415trying to get paid a percentage for therapy work is really difficult, especially if you work under the NHS, because they'll be like well do you want me to pay you via this UDA system.... 1.437you end up getting paid on an hourly rate most of the time for therapy, which is less than that if you were going to do private hygiene somewhere.... 3.778I know hygienists that earn so much more than therapists; it varies so much practice to practice really. It's one of those negotiate your rate of pay....
	Dentists get paid more		1.406I think therapists are massively underpaid for doing the same work that the dentist does. That would have to be...I think the way that we're paid would have to be sorted out. The way that we're remunerated.... 4.420I think financial is a big thing, dentists are obviously on a larger wage and a lot of dentists want to earn more and more and more. I think as well it's part of the trust in you and having to think you've got to redo your work or whatever.... 1.454the dentist will get most of the money for the referral that they've done to me, which I could have done myself....

			<p>1.464I have income spreadsheets in both the practices that I work at and I generate like maybe four times what I will get paid in income for that day. Even probably, in some ones, even more.....whereas the dentist will get 50% of that most of the time. I get what, a quarter of it sometimes....</p> <p>1.435for example three UDAs, one third of that money is going to go to the dentist, so it's not cost effective to be paid that way either....</p> <p>1.519I'm the one that's actually doing the work, the materials are very minimal cost. Also I'm the one that's then gone on the courses and paid for the courses to do the composites that then I'm producing, that the patient's paying 350 quid for, that I'm getting nothing of....</p> <p>8.187... I would be able to pay for myself and more. Plus, it's also frustrating that in the NHS in dentistry, dentists are the only people who get a pension, they get paid when they're off. I am self-employed, I don't get any other perks, yet I do a lot of NHS contracts</p>
		<p>Therapists get the treatment that the dentist doesn't want</p>	<p>1.540I do find that sometimes as well that it'll be the worst stuff that we get referred to us. It's the upper eights and the like restorations that we do or the perio's going to be like cut fours everywhere that's going to take multiple....</p> <p>4.440the dentist will cherry-pick what they want to do and what they don't want to do. So they'll use a therapist for all the really anxious children, all the crappy fillings that are going to expose which is not an appropriate referral, or the patients that are difficult, and yeah, they'll keep all the simple things for themselves so they've got an easier day....</p> <p>4.552....a lot of dentists don't want to do periodontal treatment, so a lot of therapists are just used as NHS perio, for use of that. And again that comes down to cherry-picking what they want to treat and who they want to treat, instead of just being fair I think and sending a bit of everything....</p> <p>6.341I know a lot of dentists would look at my day list and go, oh, no, no, no, I would not want to work like that. I enjoy some straightforward fillings, some straightforward dentures, as well as the complex. So if I'm going to be a dentist who's doing that, I will need to be paid to a level of working at the high complexity all day....</p> <p>1.490I [Therapist] could be like back to back with fills all day and extractions for kids and a lot of kids work, so I'm actually doing a lot of the work....</p>
		<p>Therapy needs nurse support (akin to dentist)</p>	<p>1.598nurse support, so having a nurse and a therapist work without...they're sometimes asked to work without a nurse....</p>

			<p>1.607just patient safety because I've also had like a nurse that...we've also been short staffed at one point and I've had to like clean down in-between stuff and it's not just patient safety. Patient safety is obviously the number one thing but I would kill myself doing it....</p> <p>1.623a nurse enables you to work properly. A nurse enables you to be able to manage the patient effectively, cross-infection, is obviously great, as well, you'll be able to do your...everything, it just makes you be able to do the job properly. I wouldn't work without a nurse....</p> <p>3.848if you've got your skill mix around you, you've got the right support, you'll work more effectively, confidently, and the patients as well. If you are fumbling one handed behind you, the patient is so much more secure when you have got a supportive nurse....</p> <p>4.784totally think we should definitely have a nurse, it's ridiculous to not have a nurse....to have someone in the room in case of medical emergencies or charting, if you need another opinion on something, to physically do like, you know, suction, the job and things like that, the time as well, like how are you supposed to get your instruments through clean, do your notes, everything....</p> <p>7.450they say it's not right for us to work without a nurse and I personally would never work without a nurse because it's not good for a patient, in my opinion, but some jobs out there, I had a look, they said without nurse support. So that's saying to me....</p> <p>7.547so nursing support is really important especially if you've got things like filling as well. If a dentist needs nurse support for fillings [...] so does a therapist....</p> <p>8.502... I do, and I would not work anywhere without it, and, again, that goes back down to the General Dental Council that it's one rule for the dentists and a different rule for us, and it is totally wrong and I feel really strongly about that... It's just wrong, dangerous, insulting</p>
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