

Therapist Refresher Pilot Scheme

It was my principle that encouraged me back into therapy, and I'm grateful he did. But in truth, I was nervous at the prospect of dusting off skills I'd learned at Greater Manchester DCP School, Salford, but hardly used in the years since.

Like so many dually qualified hygienist / therapists, I've worked almost solely as a hygienist since qualifying. Promises that my therapy skills would be put to good use were often left unfulfilled. There's a clear need for therapy in the UK and the knowledge that my skills were slowly fading was sometimes frustrating.

I even spent two years commuting between my home in Bristol and a practice in Reading that had made similar noises. But in the nine years I've been practicing, not so much as a GIC was referred to me, and I'd become resigned to the fact of life solely as a hygienist.

Which was fine. Dental hygiene is a great job. I was happy and settled being a hygienist.

So when the practice I'd happily worked in for six years was acquired by a new principal with big plans, and part of that plan included me getting back into therapy, I had mixed emotions. My first reaction was excitement, but I'll admit to feeling anxiety, reluctance, even a touch of dread.

Our new principal Dr Johnny Cochrane was eager for me to use my therapy skills. But I was nervous. Nine years is a long time and before I could agree to take on therapy work, I knew I needed to refresh my training, re-sharpen my skills, and regain the confidence I had lost over the years.

An LA refresher, composite, theory and hands on, the list of separate courses I felt I needed would take the best part of a year to complete, but would also, I hoped, acquaint me with the theory. The practical elements, actually performing a restoration, an extraction or an ID block, might take longer still.

It was during this research that I stumbled upon a post in the Dental Hygienists & Therapists Network Facebook Group about a new pilot scheme run by Thames Valley Deanery; a Therapy Refresher Return to Work Scheme.

I hesitated. A pilot scheme sounded like it might be disorganised.

But upon investigation, the Deanery's reputation was good, and the course content: Theory, practical in a phantom head suite, four days in practice with an educational supervisor and ongoing support from a mentor. It sounded like exactly what I needed. I successfully applied.

Whatever worries I'd had were unfounded. The days were thoughtfully planned, the first two began covering restoration and a refresh on theory, but the enthusiasm of the trainers meant that we were all eager to put what we discussed into practice on the phantom head.

The teaching was excellent, discussion, demonstration and theory. The equipment was first rate. Even the support staff seemed to go above and beyond. There was Alan, the technical support in the phantom head suite who came in on his holiday to make sure our machines were working. Then the former A&E nurse, whose name I've shamefully forgotten, but who provided an inspirational impromptu session on the NHS's SABAR communication toolkit.

I also had the opportunity to undertake a placement at a dental surgery in Portsmouth for four days, where myself and a fellow course-member could put theory into practice under the instruction of an educational supervisor.

The first morning, we were shown the practice, policies, surgery, equipment and computer systems, then the afternoon was filled with patients, which I shared equally with my clinical partner, a fellow course member.

Our supervisor was incredibly understanding and supportive. At the end of day one, we mentioned that we would appreciate more time with patients, so the next day, our appointments were extended.

Initially, the supervisor stayed in the room so she could offer tips and answer questions, but as the placement went on, she would just be there at the beginning and pop in at the end to assess our work and offer feedback. We both also did a case presentation, a direct observation of procedural skills assessment (DOPS) and ADEPT, a dental evaluation of performance to really enhance our training and gain valuable insight.

I saw many interesting referrals over the four days, cases I could've only dreamed about during my enforced layoff from therapy; extractions, restorations, and administering local anaesthetic on a three-year-old who was so relaxed and tired after nursery he tried to fall asleep in the chair during the procedure and had to be woken to open his mouth, I felt guilty waking him but I managed to complete the treatment, happy child, happy parent.

For reinforcing reacquired skills and knowledge, I couldn't have asked for a better experience.

The placement days and training days were interspersed. And I remember the moment I rediscovered my confidence, concentrating over my phantom head in the relaxed, informal training environment.

There were eleven other participants on the pilot. We were all fully qualified peers, which made it easy to ask questions and provoke interesting and valuable conversation. We'd just had a lively, informal discussion about our fears, about how to conquer them and approach our work with self-assurance. And as I performed my first pulpotomy in years, albeit on a phantom head, I remember thinking, 'yes, I can do this'. Credit goes to Sarah Barber, clinical lecturer and Alan technician, who created a plastic tooth to resemble a pulpotomy like no other I have ever witnessed!

The course took four months to complete. I went in with intense trepidation and came out with so much more than refreshed skills. It was more than a newfound sense of confidence. What I also found was an excitement and hunger that I'd forgotten. An excitement for new things and a hunger to be better.

This course has shown me that the personal barriers to getting back into therapy were nowhere near as insurmountable as I thought.

It's reconfirmed what I realised during my first years of practice, that there are thousands of dual qualified practitioners like me whose training is completely underutilised.

I'm lucky to work in a practice with a principle who supports therapy, but across the vast majority of our industry I know this is not the case.

I feel like it's time this changed. When professionally qualified therapists are working in practices around the country, training funded by the public purse, and isn't actually accessible to the public, you have to ask the question. Why?

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September 2019