

South Yorkshire Workforce Development Confederation
Primary Dental Workforce Study

This questionnaire aims to determine the present and future primary dental workforce in South Yorkshire. The information you provide in it will be essential to plan future dental services in this area.

We are especially interested in:

- the current number of dentists, therapists, hygienists and dental nurses working in South Yorkshire
- their training experience
- their future training needs

The principal of all General Dental Practices in South Yorkshire are being asked to complete this questionnaire, and your response is important to ensure that as complete and accurate a picture is painted from this survey.

All responses will be treated with utmost confidentiality and will be used for statistical purposes only.

We anticipate it will take the average practitioner 20 minutes to complete this questionnaire. Please do not be too concerned that this booklet looks so thick. The questionnaire is all encompassing, and it is very unlikely that all sections of it will apply to your practice.

We understand it is time consuming and a burden but please complete it as it will help the LDC use the knowledge gained to assist you.

If you have any questions about this research please contact Dr. Wendy Baird on 0114 222-0819 or myself, Professor Peter G Robinson on 0114 271 7885.

Please return it to me in the enclosed envelope by **30th July 2004**

Thank you for your help!

Professor Peter G Robinson
School of Clinical Dentistry

Unless otherwise directed please answer all questions.

Questionnaires are being sent to all practices in the region.

If you own more than one practice please complete a questionnaire for each practice.

The following terms have been used in this questionnaire:

DN	Dental nurse or Dental Surgery Assistant and refers to someone who is principally employed as a chairside dental nurse.
Receptionist	Someone who is principally employed as a receptionist.
Practice Manager	Someone who is principally employed as a practice manager.
Session	1 session is one morning or afternoon or evening. <i>If one dentist works full-time five days per week = 10 sessions</i>

Section 1 About your practice:

Q1 Which Primary Care Trust (PCT) do you currently have contracts with?

Doncaster Central PCT	<input type="checkbox"/>	North Sheffield PCT	<input type="checkbox"/>
Doncaster East PCT	<input type="checkbox"/>	Sheffield South PCT	<input type="checkbox"/>
Doncaster West PCT	<input type="checkbox"/>	Sheffield West PCT	<input type="checkbox"/>
Barnsley PCT	<input type="checkbox"/>	Sheffield East PCT	<input type="checkbox"/>
Rotherham PCT	<input type="checkbox"/>	Other	<input type="checkbox"/>

Q2 What type of practice is it?

General Dental Service	<input type="checkbox"/>
Independent contractor PDS contract	<input type="checkbox"/>
Salaried Primary Dental Care Service (CDS Trust based PDS)	<input type="checkbox"/>
Other, e.g. orthodontics, please give details	<input type="checkbox"/>

Q3 How many surgeries do you have in your practice?

Q4 Approximately what proportion of total clinical time is spent on NHS and private work in your practice by all dentists?

NHS %

Private %

Q5 Please estimate the proportion of total clinical time you intend to spend on NHS and private work in your practice by all dentists after April 2005

NHS %

Private %

Q6 What are your current arrangements for laboratory work?

Please tick

	Own Premises	Local Lab	By Post
Orthodontic appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crown and bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other work, Please specify</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 After April 2005 do you expect your laboratory work to

Increase

Decrease

Stay the same

Section 2 About the dentists working in your practice:

Q8 How many male and female dentists work in your practice?

Male	<input type="text"/>
Female	<input type="text"/>

Q9 Do you currently have any vacancies for dentists in your practice?

If you have the demand and facility to take on another dentist, (even if you are not planning to recruit)

Yes	<input type="text"/>	
No	<input type="text"/>	→ Q12

Q10 Do you plan to recruit for this vacancy?

Yes	<input type="text"/>	
No	<input type="text"/>	→ Q12

Q11 How many weekly sessions do you have available for each of the following types of dentist?

1 week = 10 sessions

Permanent partnership	<input type="text"/>
Associate with a view to partnership	<input type="text"/>
Associate	<input type="text"/>
Vocational trainees	<input type="text"/>
Assistants	<input type="text"/>
Community dentists	<input type="text"/>
PDS dentists	<input type="text"/>
Senior Community dentists	<input type="text"/>
Any of the above	<input type="text"/>

Q12 Have you had any problems recruiting dentists to your practice in the past year?

Yes	<input type="text"/>
No	<input type="text"/>

Q13 How long was the post vacant?

If you had more than one post please provide details for each

months	<input type="text"/>
months	<input type="text"/>
months	<input type="text"/>

Q14 Do you anticipate any recruitment problems in the future?

Yes	<input type="text"/>
No	<input type="text"/>

 → Q16

Q15 If you do anticipate problems recruiting dentists how do you plan to do to overcome them?

Q16 How many years until the dentists in your practice plan to retire?

Please enter the number of dentists in each category

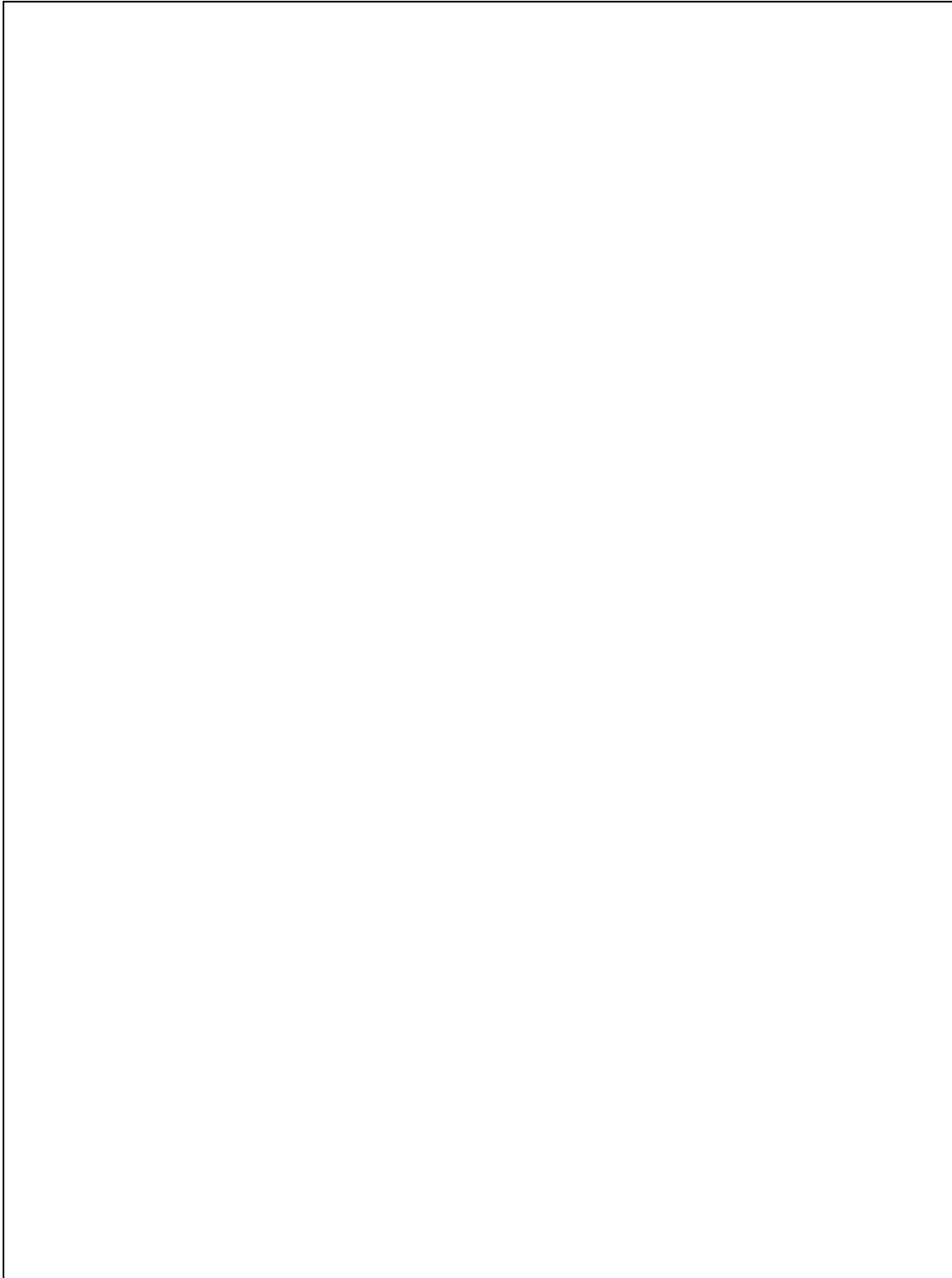
- less than 1 year
- 1 – 2 years
- 3 – 5 years
- 6 – 10 years
- 11 – 20 years
- more than 20

Q17 Do any of the dentists who work in your practice have any specific training needs?

- Yes
- No

→ Q 19

Q18 Please provide details below of any specific training needs the dentists working in your practice have.

A large, empty rectangular box with a thin black border, intended for the respondent to provide details of specific training needs for dentists in their practice.

Q19 Please indicate the number of sessions worked per week and any areas of special interest for dentists in your practice

	Indicate the number of <u>sessions</u> worked <u>per week</u> by <u>each dentist</u> in the appropriate category below							What areas to they specialise, please specify	If their work is restricted to this speciality
	Partner	Associate	Vocational Trainee	Assistant	Community	PDS	Senior Community	E.g. Orthodontics, Oral Surgery, Endodontics, Paedodontics, Prosthodontics, Periodontics	Please tick
<i>E.g.</i>		2 sessions						<i>Endodontics</i>	<input checked="" type="checkbox"/>
Dentist 1									
Dentist 2									
Dentist 3									
Dentist 4									
Dentist 5									
Dentist 6									

Please ignore this page, peculiarity of Word when changing page layout mid document and page numbers!

Section 3 About the Dental Nurses (DNs) working in your practice:

Q20 What is the total number of DN's in your practice?

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Q21 What is the total number of sessions worked by all DN's in a usual week?

e.g. 2 nurses working 10 sessions each = 20 please fill in total number of sessions

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Q22 How many DN's in your practice are in each of the following age groups?

No of Dental Nurses

16 – 18 years	
19 – 23 years	
24 – 30 years	
31 – 40 years	
41 – 50 years	
Over 51 years	

Q23 How many years have each of the DN's been working in your practice?

No of Dental Nurses

less than 1 years	
1 – 2 years	
3-5 years	
6 – 10 years	
11 – 20 years	
21 – 30 years	
more than 30 years	

Q24 Please indicate the number of DNs in your practice with the following certificates

	Please enter the number in each group with the qualification	Please enter the number in each group who use this qualification
None		
National Certificate for Dental Nurses		
Oral Health Education		
Dental Conscious Sedation Nursing		
Dental Radiography Nursing		
NVQ Oral Health Care Dental Nursing		
BADN Special Care Nursing		
Diploma in Dental Hygiene		
Diploma in Dental Therapy		
Combined Diploma in Dental Hygiene and Therapy		
Practice management		
Teaching Certificate		

Q25 How many of your DNs are currently receiving formal training leading to registration?

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Q26 Where are your DNs receiving this formal training from, please specify below

Q27 At the end of 2004 Dental Nurses will need to register with the GDC. In order to register Dental Nurses will need to have a formal qualification or have nursing experience of 4 years full time equivalent,

a, How many of the DN working in your practice will not be eligible to register at the end of 2004?

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b, Using the same criteria, please think ahead. How many of the DN working in your practice will not be eligible to register when the transitional arrangements end at the end of 2006?

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Q28 Have you had any vacancies for DN staff during the past year?

Yes

No

→ Q30

Q29 Have you had problems recruiting DN staff during the past year?

Yes

No

Q30 Do you have any current vacancies for DN staff?

Yes

No

→ Q32

Q31 How many weekly sessions do you have vacant for DN staff?

1 week = 10 sessions

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Q32 Do any of the DNs who work in your practice have any specific training needs?

Yes

No



Q34

Q33 If yes, please provide details below of the specific training needs of the DN staff working in your practice.

Section 4 About the Hygienists working in your practice:

If you do not employ a Hygienist please go to question 49 on page 18

If you employ a dually qualified Hygienist/Therapist as you complete this questionnaire please consider that person as a Therapist and provide information for that Therapist in the questions starting at Question 49

Q34 Do you currently have any Hygienists working in your practice?

Yes	<input type="checkbox"/>	→ Q49
No	<input type="checkbox"/>	

Q35 What is the total number of Hygienists in your practice?

<input type="text"/>	<input type="text"/>
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Q36 What is the total number of sessions worked by all Hygienists in your practice?

<input type="text"/>	<input type="text"/>
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Q37 Approximately what proportion of total clinical time is spent on NHS and private work in your practice by all hygienists?

NHS	<input type="text"/>	%
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Private	<input type="text"/>	%
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Q38 How many Hygienists in your practice are in the following age groups?

Please enter the number of Hygienist in each category

	<i>No of Hygienists</i>
20 – 24 years	<input type="text"/>
25 – 30 years	<input type="text"/>
31 – 35 years	<input type="text"/>
36 – 45 years	<input type="text"/>
46 – 55 years	<input type="text"/>
Older than 56 years	<input type="text"/>

Q39 How many years has each of the Hygienists been working in your practice?

Please enter the number of Hygienists in each category

	<i>No of Hygienists</i>
less than 1 year	<input type="text"/>
1 – 2 years	<input type="text"/>
3 – 5 years	<input type="text"/>
6 – 10 years	<input type="text"/>
11 – 20 years	<input type="text"/>
21 – 30 years	<input type="text"/>
more than 30 years	<input type="text"/>

Q40 Please indicate the number of Hygienists in your practice with the following qualifications

No of Hygienists

BDS/LDS	<input type="text"/>
Diploma in Dental Hygiene	<input type="text"/>
Diploma in Dental Therapy	<input type="text"/>
Combined Diploma in Dental Hygiene & Therapy	<input type="text"/>
Other	<input type="text"/>

Q41 How many years until the hygienists working in your practice plan to retire?

Please enter the number of Hygienists in each category

- less than 1 year
- 1 – 2 years
- 3 – 5 years
- 6 – 10 years
- 11 – 20 years
- more than 20

Q42 Have you had any vacancies for Hygienists during the past year?

- Yes
- No

→ Q44

Q43 Have you had problems recruiting Hygienists during the past year?

- Yes
- No

Q44 Do you have any current vacancies for Hygienists?

- Yes
- No

→ Q46

Q45 How many weekly sessions do you have available for a Hygienist?

1 week = 10 sessions

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Q46 Please estimate the proportion of total clinical time you intend to spend on NHS work in your practice by all Hygienists after April 2005

NHS %

Private %

Q47 Do any of the Hygienists who work in your practice have any specific training needs?

Yes

No

→ Q49

Q48 If yes, please provide details below of the specific training needs of the Hygienists working in your practice have

Section 5 About the Therapists working in your practice:

If you do not employ a Therapist please go to question 65 on page 22

Q49 Do you currently have any Therapists working in your practice?

Yes

No



Q65

Q50 What is the total number of Therapists in your practice?

Q51 How many are part-time, in your practice?

Q52 What is the total number of sessions worked by all Therapists in your practice?

Q53 Approximately what proportion of total clinical time is spent on NHS and private work in your practice by all therapists?

Private

%

NHS

%

Q54 How many Therapists in your practice are in the following age groups?

		<i>No of Therapists</i>
<i>Please enter the number of Therapists in each category</i>	20 – 24 years	
	25 – 30 years	
	31 – 35 years	
	36 – 45 years	
	46 – 55 years	
	Older than 56 years	

Q55 How many years has each of the Therapists been working in your practice?

		<i>No of Therapists</i>
<i>Please enter the number of Therapists in each category</i>	less than 1 year	
	1 – 2 years	
	3 – 5 years	
	6 – 10 years	
	11 – 20 years	
	21 – 30 years	
	more than 30 years	

Q56 Please indicate the number of Therapists in your practice with the following qualifications

	<i>No of Therapists</i>
BDS/LDS	
Diploma in Dental Hygiene	
Diploma in Dental Therapy	
Combined Diploma in Dental Hygiene & Therapy	
Other	

Q57 How many years until the therapists working in your practice plan to retire?

*Please enter the number of
Therapists in each category*

- less than 1 year
- 1 – 2 years
- 3 – 5 years
- 6 – 10 years
- 11 – 20 years
- more than 20

Q58 Have you had any vacancies for Therapists during the past year?

- Yes
- No

→ Q60

Q59 Have you had problems recruiting Therapists during the past year?

- Yes
- No

Q60 Do you have any current vacancies for Therapists?

- Yes
- No

→ Q62

Q61 How many weekly sessions do you have available for a Therapist?

1 week = 10 sessions

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Q62 Please estimate the proportion of total clinical time you intend to spend on NHS and private work in your practice by all Therapists after April 2005

NHS %

Private %

Q63 Do any of the Therapists who work in your practice have any specific training needs?

Yes

No

→ Q65

Q64 If yes, please provide details below of the specific training needs of the Therapists working in your practice

Section 6 Plans for after April 2005:

This section enquires about your future plans for your practice after April 2005. You may not yet have firm plans for that time, but please give an indication of what they might be.

Based on your present knowledge, please give an indication of what your current thinking is on the below questions.

Q65 Do you plan to change the total number of patients seen in your practice?

A lot more	<input type="checkbox"/>
More	<input type="checkbox"/>
About the same/ uncertain	<input type="checkbox"/>
Less	<input type="checkbox"/>
A lot less	<input type="checkbox"/>

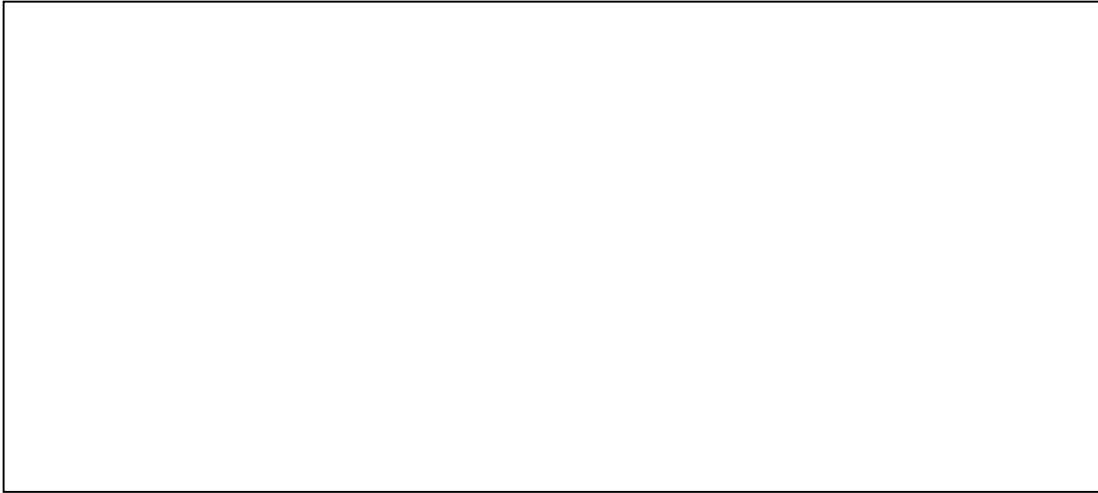
Q66 Do you plan to change the proportion of your time dedicated to NHS and private patients?

A lot more private	<input type="checkbox"/>
More private	<input type="checkbox"/>
Uncertain	<input type="checkbox"/>
More NHS	<input type="checkbox"/>
A lot more NHS	<input type="checkbox"/>

Q67 Do you plan to change the number of staff you employ?

Staff type	Plans for changes to the number of staff employed				
	<i>Please select one category for each staff type</i>				
	A lot more	More	Uncertain	Less	A lot less
Dentists					
Therapists					
Hygienists					
DN					

Q68 What changes, if any, are you planning to make to the way you run your Practice after April 2005?



Q69 What factors do you think may influence your plans for the future?



Q70 Please use this space to tell us any other information or concerns you may have about your practice in the future.



Q71 Do feel you know enough about the proposed changes to answer the above questions?

Q72 Have you already converted you practice to PDS. Field Site Status?

Yes

No

Thank you for taking the time to complete this questionnaire.

Please return in the envelope provided to

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SchARR
University of Sheffield
Regents Court
30 Regents St
Sheffield
S10 4DA**

0114-222-0819