

ID:

DENTAL TEAM QUESTIONNAIRE

This is a questionnaire that has been designed to help us understand how dental teams work and the types of activity that they undertake. The questionnaire has been piloted with fellow practitioners to ensure that it is fit-for-purpose, whilst being sensitive to the commercial interests of the practice. It has received full ethics approval (University of Manchester Research Ethics Committee reference number 14028). *Given the type of questions that are asked, either the practice owner or the practice manager should complete the questionnaire.*

It will not be possible for the research team to identify persons who complete this questionnaire. All the data recorded on the form will be *anonymised independently* from the research team so it will not be possible to identify the practice to which the data belongs:

- The answers to the questionnaire will be entered onto a password protected Excel file, totally independent to the research team. Upon receipt of the questionnaire you will be sent a £75 voucher to thank you for your participation;
- Your contact details will then be sent to the relevant NHS Information Centre to link the Excel file to your activity data, again independent to the research team;
- Your contact details will then be removed from the Excel file and destroyed, before the NHS Information Centre sends the linked, anonymised data to the research team;
- All of the data collected in the questionnaire will be held in compliance with the Data Protection Act 1998 and will be processed in accordance with the rights under this Act;
- The data will only be used for the analyses that have been approved by the Ethics Committee;

Please complete the questionnaire and return it in the envelope provided. You will be sent a £75 voucher for your practice *when the fully completed* questionnaire is returned (this includes the full completion of the consent form).

SECTION 1

Please answer all of the following questions:

1. Is your practice a dental body corporate? **Y / N** (please circle)

2. How many surgeries are typically in operation (for at least 3 days / week)?

3. Has your practice been awarded the British Dental Association's Good Practice Award? **Y / N** (please circle)

- If yes, what is your most recent award status: gold, silver, bronze?

4. Please describe your practice by detailing the number of *full time equivalent* staff that you have (you'll get to describe the number of clinicians in Section 2):

- Nurses
- Practice managers
- Other administrative staff

5. How long (in minutes) do you tend to book for a routine examination?

- For a regular patient:
- For a new patient (non-emergency):

6. As a proportion of total annual income, what do you typically spend on:

- Consumables and materials per year?%
- Laboratory fees per year?%

7. What would be a typical remuneration rate for a session for the following members of staff (either that you actually pay or what you'd be prepared to pay)?

- Hygienist £ per session
- Hygiene-therapist £ per session
- Therapist £ per session

SECTION 2

Please complete the table below, with each row representing a separate **dentist** at your practice:

Dentist number	Please indicate whether each dentist is a principal (P), an associate (A), a salaried dentist (S), assistant (As) or Dental Foundation Trainee (DF)?	Please indicate the dentist's UDA target for the year 2013/14?	Please indicate how many sessions* the dentist works in the practice in a typical week?	Please indicate the approximate proportion of this time that is spent on treating NHS patients?
1				%
2				%
3				%
4				%
5				%
6				%
7				%
8				%

*session = half-day

Please complete the table below, with each row representing either a hygienist, hygiene-therapist or therapist that you employ in your practice (**we do not require information on dental nurses**). Please leave the table blank if you employ none of these types of staff.

DCP number	Please indicate the type of DCP that works at your practice: hygienist (H), hygiene-therapist (H-T) and therapist (T)?	Please indicate how many sessions* the DCP works in the practice in a typical week?	Please indicate the approximate proportion of this time that is spent on treating NHS patients?
1			%
2			%
3			%
4			%
5			%
6			%
7			%
8			%
9			%
10			%

*session = half-day

THANK YOU FOR YOUR TIME, IT IS VERY MUCH APPRECIATED

PLEASE RETURN THIS QUESTIONNAIRE IN THE ENCLOSED ENVELOPE

**THE DATA RECORDED ABOVE REPRESENTS IMPORTANT INFORMATION THAT
WILL BE TREATED ANONYMOUSLY AND WILL HELP US UNDERSTAND HOW
DIFFERENT DENTAL TEAMS ARE UTILISED.**

**WE'D ALSO LIKE TO COLLECT RELEVANT AND ANONYMISED ACTIVITY
DATA FOR THE PRACTICE. THIS WILL BE SOURCED FROM THE RELEVANT
NHS INFORMATION CENTRE FOR A SINGLE ANNUAL PERIOD.**

**ON RECEIPT OF THE FULLY COMPLETED QUESTIONNAIRE (including the
consent form), YOU WILL RECEIVE YOUR £75 VOUCHER BY POST**