



Prevention and management of caries in general dental practice

GDP Questionnaire

September – October 2012



UNIVERSITY
OF ABERDEEN



University
of Glasgow



Section 1: Your current practice

Q1 During a routine dental visit for the following patients, I am likely to:

	Child with deciduous teeth		Child with permanent and deciduous teeth		An adult	
	Yes	No	Yes	No	Yes	No
a. Record caries risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Choose a recall interval based on caries risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Apply fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Place preventive fissure sealants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Demonstrate oral health maintenance (e.g. tooth brushing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Take bitewing radiographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2 As part of managing a child with the following presentation, I would:

	An occlusal, cavitated lesion with pulpal involvement in a deciduous tooth			An enamel-only proximal lesion in a first permanent molar		
	Never	Case dependent	Always	Never	Case dependent	Always
a. Apply fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Place preventive fissure sealants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrate oral health maintenance (e.g. tooth brushing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Take bitewing radiographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Carry out partial caries removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Carry out complete caries removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Place a stainless steel crown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Place a glass ionomer restoration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Carry out pulp therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Perform an extraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Watch and wait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional file 2
Diagnostic questionnaire

Q3 Please provide any explanation or comments for Questions 1 & 2 below:

Q4 The following members of my dental team are likely to:

Please tick all that apply

	Dental nurse	Extended duty dental nurse	Hygienist	Therapist	Dentist
a. Record caries risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Choose a recall interval based on caries risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Demonstrate oral health maintenance (e.g. tooth brushing, flossing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Apply fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Place preventive fissure sealants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Take bitewing radiographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Carry out partial caries removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Carry out complete caries removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Place a stainless steel crown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Place a glass ionomer restoration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Carry out pulp therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Perform an extraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5 Please provide any explanation or comments below:

Section 2: Your views – VERSION 1: Record risk, apply fluoride varnish

Q1	In general, when I think about caries risk assessment:						Strongly disagree	Strongly agree
		1	2	3	4	5	6	7
	a. I know how to classify each patient's caries risk	1	2	3	4	5	6	7
	b. I know how to record each patient's caries risk	1	2	3	4	5	6	7
	c. I know recording risk is advocated within current clinical guidance	1	2	3	4	5	6	7
	d. I think recording caries risk assessment is strongly supported by evidence	1	2	3	4	5	6	7
	e. Recording caries risk is not a priority for me	1	2	3	4	5	6	7
	f. It is difficult for me to assess an individual patient's caries risk	1	2	3	4	5	6	7
	g. I am confident I can correctly classify an individual patient's caries risk	1	2	3	4	5	6	7
	h. Recording caries risk improves the quality of care I provide	1	2	3	4	5	6	7
	i. I believe recording caries risk is important	1	2	3	4	5	6	7
	j. I can easily remember to record caries risk	1	2	3	4	5	6	7
	k. I think recording caries risk requires more time than I have during a routine consultation	1	2	3	4	5	6	7
	l. I think recording caries risk is an efficient use of my time	1	2	3	4	5	6	7
	m. My patient records have designated space to record caries risk	1	2	3	4	5	6	7
	n. Recording caries risk is difficult for this practice to include in record management	1	2	3	4	5	6	7
	o. I usually record caries risk	1	2	3	4	5	6	7
	p. I believe recording caries risk is an important part of my professional role	1	2	3	4	5	6	7
	q. I believe recording caries risk is an important part of the role of other dental team members	1	2	3	4	5	6	7
	r. Caries risk recording is supported by my dentist colleagues at this/other practices	1	2	3	4	5	6	7

Additional file 2
Diagnostic questionnaire

Q2 In general, I think applying fluoride varnish twice a year for my child patients:	Strongly disagree Strongly agree						
a. Is advocated within current clinical guidance	1	2	3	4	5	6	7
b. Is strongly supported by evidence	1	2	3	4	5	6	7
c. May have negative consequences for my patients	1	2	3	4	5	6	7
d. May have negative consequences for me	1	2	3	4	5	6	7
e. Is not a priority for me	1	2	3	4	5	6	7
f. Will generally improve the oral health of a patient	1	2	3	4	5	6	7
g. Has benefits which outweigh the costs	1	2	3	4	5	6	7
h. Is important	1	2	3	4	5	6	7
i. Prevents caries	1	2	3	4	5	6	7
j. Is something for which I receive appropriate financial compensation	1	2	3	4	5	6	7
k. Would increase in this practice if it was more financially rewarding	1	2	3	4	5	6	7
l. Requires more time than I have during a routine consultation	1	2	3	4	5	6	7
m. Requires more resources (e.g. staff, space, equipment) than I have available	1	2	3	4	5	6	7
n. Is difficult for this practice to include in the record management system	1	2	3	4	5	6	7
o. Is an important part of my professional role	1	2	3	4	5	6	7
p. Is an important part of the role of other dental team members	1	2	3	4	5	6	7
q. Is my responsibility	1	2	3	4	5	6	7
r. Is supported by my dentist colleagues in this/other practices	1	2	3	4	5	6	7
s. Is something children want	1	2	3	4	5	6	7
t. Is something parents want for their children	1	2	3	4	5	6	7

Section 2: Your views – VERSION 2: Use risk-based recall intervals, place fissure sealants

Q1	In general, I think selecting a follow up interval based on individual caries risk:						Strongly disagree	Strongly agree
		1	2	3	4	5	6	7
	a. Is advocated within current clinical guidance	1	2	3	4	5	6	7
	b. Is strongly supported by evidence	1	2	3	4	5	6	7
	c. Will improve the quality of care I provide	1	2	3	4	5	6	7
	d. Will generally improve the oral health of my patients	1	2	3	4	5	6	7
	e. Is not a priority for me	1	2	3	4	5	6	7
	f. Is something I can easily remember to do	1	2	3	4	5	6	7
	g. Requires more time than I have during a routine consultation	1	2	3	4	5	6	7
	h. Is an efficient use of my time	1	2	3	4	5	6	7
	i. Is important	1	2	3	4	5	6	7
	j. Is difficult to incorporate into the scheduling system at this practice	1	2	3	4	5	6	7
	k. Is something I usually do	1	2	3	4	5	6	7
	l. Is an important part of my professional role	1	2	3	4	5	6	7
	m. Is reliant on other dental team members' contributions to caries risk assessment	1	2	3	4	5	6	7
	n. Is reliant on my ability to correctly classify caries risk	1	2	3	4	5	6	7
	o. Is something I am confident doing	1	2	3	4	5	6	7
	p. Is supported by my dentist colleagues in this/other practices	1	2	3	4	5	6	7
	q. Is something I know how to do	1	2	3	4	5	6	7
	r. Is something I can easily explain to my patients	1	2	3	4	5	6	7
	s. Is something about which I am comfortable answering patient questions	1	2	3	4	5	6	7

Additional file 2
Diagnostic questionnaire

Q2 In general, I think placing preventive fissure sealants for my patients:	Strongly disagree						Strongly agree
a. Is advocated within current clinical guidance	1	2	3	4	5	6	7
b. Is strongly supported by evidence	1	2	3	4	5	6	7
c. Is not a priority for me	1	2	3	4	5	6	7
d. Will generally improve the oral health of patients	1	2	3	4	5	6	7
e. May have negative consequences for my patients	1	2	3	4	5	6	7
f. Has benefits which outweigh the costs	1	2	3	4	5	6	7
g. Prevents the development of caries	1	2	3	4	5	6	7
h. Is important	1	2	3	4	5	6	7
i. Is something for which I receive appropriate financial compensation	1	2	3	4	5	6	7
j. Would increase in this practice if it was more financially rewarding	1	2	3	4	5	6	7
k. Requires more time than I have during a routine consultation	1	2	3	4	5	6	7
l. Requires more resources (e.g. staff, space, equipment) than I have available	1	2	3	4	5	6	7
m. Is an important part of my professional role	1	2	3	4	5	6	7
n. Is an important part of the role of other dental team members	1	2	3	4	5	6	7
o. Is supported by my dentist colleagues in this/other practices	1	2	3	4	5	6	7
p. Is something children want	1	2	3	4	5	6	7
q. Is something parents want for their children	1	2	3	4	5	6	7
r. Is something adults want	1	2	3	4	5	6	7
s. Is my responsibility	1	2	3	4	5	6	7
t. Is something I find difficult to know when is indicated	1	2	3	4	5	6	7
u. Is something I find difficult to do	1	2	3	4	5	6	7

Section 2: Your views – VERSION 3: Demonstrate OH maintenance, take bitewing radiographs

Q1	In general, I think demonstrating oral health maintenance (e.g. tooth brushing, flossing):	Strongly disagree						Strongly agree
		1	2	3	4	5	6	7
	a. Is advocated within current clinical guidance	1	2	3	4	5	6	7
	b. Is strongly supported by evidence	1	2	3	4	5	6	7
	c. Is an effective way for me to encourage good oral health maintenance for my patients	1	2	3	4	5	6	7
	d. Is something I find difficult to do	1	2	3	4	5	6	7
	e. Is not a priority for me	1	2	3	4	5	6	7
	f. Will generally improve the oral health of a patient	1	2	3	4	5	6	7
	g. Prevents caries	1	2	3	4	5	6	7
	h. Is something I am able to demonstrate effectively	1	2	3	4	5	6	7
	i. Has benefits which outweigh the costs	1	2	3	4	5	6	7
	j. Is important	1	2	3	4	5	6	7
	k. Is something for which I receive adequate financial compensation	1	2	3	4	5	6	7
	l. Would increase in this practice if it was more financially rewarding	1	2	3	4	5	6	7
	m. Requires more time than I have during a routine consultation	1	2	3	4	5	6	7
	n. Requires more practice resources (e.g. staff, space, equipment) than I have available	1	2	3	4	5	6	7
	o. Makes me feel uncomfortable	1	2	3	4	5	6	7
	p. Is an important part of my professional role	1	2	3	4	5	6	7
	q. Is an important part of the role of other dental team members	1	2	3	4	5	6	7
	r. Is supported by my dentist colleagues at this/other practices	1	2	3	4	5	6	7
	s. Is something children and parents I see want	1	2	3	4	5	6	7
	t. Is something adults I see want	1	2	3	4	5	6	7
	u. Is something I am responsible for ensuring is provided to patients	1	2	3	4	5	6	7

Additional file 2
Diagnostic questionnaire

Q2 In general, for the following patients, I think taking bitewing radiographs:

	Child with deciduous teeth						Child with permanent and deciduous teeth						An adult								
	Strongly disagree			Strongly agree			Strongly disagree			Strongly agree			Strongly disagree			Strongly agree					
a. Is advocated within current clinical guidance	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
b. Is strongly supported by evidence	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
c. Is something I find difficult to do	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
d. Improves my ability to manage caries	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
e. Does not produce images of consistently adequate quality	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
f. Is not a priority for me	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
g. May have negative consequences for my patients	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
h. May have negative consequences for me	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
i. Does not influence the way I manage caries	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
j. Is important	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
k. Is something for which I receive appropriate financial compensation	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
l. Would increase in this practice if it was more financially rewarding	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
m. Requires more time than I have during a routine consultation	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
n. Is supported by my dentist colleagues in this/other practices	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
o. Is something children want	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
p. Is something parents/adults want	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
q. Makes me feel anxious	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
r. Makes my patients feel anxious	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
s. Would have helped me identify past caries at an earlier stage	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
t. Is difficult to include in the record management system	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
u. Is difficult to know when to do	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7

Section 3: About this practice

Please answer the following questions in relation to the practice/clinic where you received this questionnaire.

- Q1** Is this the only practice where you work? Yes No
- Q2** Is this a vocational training practice? Yes No
- Q3** How many sessions (0.5 days) per week do you work at this practice? Sessions
- Q4** What is your approximate list size at this practice? Patients
- Q5** What approximate percent of your patients at this practice are under age 16? Percent
- Q6** What is the approximate ratio of NHS to private pay patients at this practice? : NHS:Private
- Q7** How many other dentists are at this practice? Dentists
- Q8** Does this practice employ a dental hygienist? Yes No
- Q9** Does this practice employ a dental therapist? Yes No
- Q10** Does this practice employ an extended duty dental nurse? Yes No
- Q11** Does this practice employ a practice manager? Yes No
- Q12** If there is no practice manager, does someone else fill the same role? Yes No N/A
- Who (e.g. dental nurse, GDP)?
- Q13** Is this practice, or has it ever been, a Childsmile practice? Yes No
- Q14** When did this practice become a Childsmile practice? Month/Year
- Q15** Does this practice have computerized records? Yes No Mix
- What software system?
- Q16** In this practice, is there an established system other than a complaints log to gather patient feedback? (e.g. satisfaction surveys, feedback forms, suggestion box, etc) Yes No
- Q17** In this practice, is there routine (at least every 2 years) evaluation or quality assurance of caries related prevention and/or management? (e.g. internal data review, radiograph audit, guidance review, etc) Yes No
- Q18** In general, is available guidance for the prevention and management of caries applicable in this practice:
- a. For care of children?
- b. For care of adults?
- | Strongly disagree | | | | | Strongly agree | | |
|-------------------|---|---|---|---|----------------|---|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | |

Section 4: About you

Please answer the following questions in relation to all the practices/clinics where you work.

Q1 How would you describe yourself?

Principal Associate Salaried Vocational trainee Other: _____

Q2 Are you currently a vocational trainer?

Yes No

Q3 How many sessions (0.5 days) per week do you work in total?

Sessions

Q4 What is your approximate list size for all the practices where you work?

Patients

Q5 In which setting do you work the most?

General Dental Community Dental Salaried GDS Private Other: _____

Q6 Do any of the other practices where you work claim for preventive dental services delivered to children 2-5 years old?

Yes No

Q7 Were any of the other practices where you work Childsmile demonstration practices (before October 2011)?

Yes No

Q8 Please tell us your age:

Years

Q9 Please tell us your gender:

Male Female

Q10 Please tell us when you qualified:

Month/Year

Q12 Please provide any additional comments in relation to any part of this questionnaire:

**Thank you very much for your time completing this questionnaire.
Please return by 19 September 2012 in the Freepost envelope marked SURVEY.**