



University
of Glasgow



Application of Fluoride Varnish to Children's Teeth: A Follow-up Survey of Dental Practitioners in Scotland

2013

Unique Respondent Identifier to be printed here

You will not be identified, this unique identifier will be used to track responses and send out further mailings

SECTION 1: YOU AND YOUR PRACTICE

1. How would you describe yourself? *(Tick one box)*

Principal dentist Associate dentist Salaried dentist Locum assistant Vocational trainee

2. How long have you been practicing as a dentist? *(Write in numbers of years)*

3. In which setting(s) is the practice you work most frequently? *(Tick all that apply)*

General Dental Service Community Dental Service Salaried General Dental Service

Other (Please give details)

4. If you work in **another** practice(s) in which other setting(s) do you work? *(Tick all that apply)*

General Dental Service Community Dental Service
Salaried General Dental Service I work in one practice only

Other (Please give details)

5. Do you currently have any patients aged 17 years or under (at any location)?

Yes → *Please continue to Question 7.*

No → *You have completed all relevant questions. Please turn to the instructions for returning the questionnaire on the back page.*

6. **Approximately** what % of **your** patients (at all locations) are in the following age groups? *(Write % in each box)*

2 - 5 years of age 6 - 12 years of age 13 - 17 years of age

7. Is the practice you work at **most** frequently currently, or has it ever been, a Childsmile practice? *(Tick one box)*

No, never Yes, currently a CS Practice Yes, but not currently a CS Practice

8. If you answered 'yes' to question 7, in what year did the practice you work at **most** become a 'CS Practice'? *(Write in year)*

9. If you work in **another** practice(s), are they or have they ever been a Childsmile practice? *(Tick one box)*

No, never Yes, currently a CS Practice Yes, but not currently a CS Practice

I work in one practice only

SECTION 2: CURRENT PRACTICE

All children are at risk of developing dental caries, some are at increased risk. An assessment of increased risk is based on previous caries experience, residency in an area of deprivation, healthcare workers opinion and/or your knowledge of the child and history taken (including caries incidence in siblings, toothbrushing and dietary habits). Children who do not have increased risk are defined as 'standard risk'.

Thinking of all your child patients (in all locations if you work in more than one)

1. Children with increased risk of caries:

a) How often is fluoride varnish applied to the teeth of **your** child patients with **increased** risk of caries: (Please tick one box for each age-group. Not applicable should **only** be ticked if you do not have **any** child patients within this age group with **increased** risk of caries).

	At every appointment	At most appointments	At some appointments	At very few appointments	Never	Not Applicable
i) 2-5 years						
ii) 6-12 years						
iii) 13-17 years						

b) In the last year, approximately what percentage of **your** child patients with **increased** risk of caries received fluoride varnish at least twice? (Write in percentage. Please estimate as accurately as you can)

%

c) For **my** child patients with **increased** risk of caries: (Please circle one number for each row)

	Strongly Disagree.....	Strongly Agree
i) In the next year , I intend to increase the number who receive fluoride varnish at least twice.	1 2 3 4 5 6 7	
ii) I already know how I can increase the number who receive fluoride varnish at least twice in the next year .	1 2 3 4 5 6 7	

2. Children with standard risk of caries:

a) How often is fluoride varnish applied to the teeth of **your** child patients with **standard** risk of caries: *(Please tick one box for each age-group. Not applicable should **only** be ticked if you do not have **any** child patients within this age group with **standard** risk of caries).*

	At every appointment	At most appointments	At some appointments	At very few appointments	Never	Not Applicable
i) 2-5 years						
ii) 6-12 years						
iii) 13- 17 years						

b) In the last year, approximately what percentage of **your** child patients with **standard** risk of caries received fluoride varnish at least twice? *(Write in percentage. Please estimate as accurately as you can)*

	%
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c) For **my** child patients with **standard** risk of caries: *(Please circle one number for each row)*

	Strongly Disagree.....					Agree Strongly
i) In the next year , I intend to increase the number who receive fluoride varnish at least twice.	1	2	3	4	5	6	7
ii) I already know how I can increase the number who receive fluoride varnish at least twice in the next year .	1	2	3	4	5	6	7

3. How often do the following dental team members apply fluoride varnish to **your** child patients: *(Please tick one box for each professional group. Only tick the last column if this professional group is not employed at **any** location in which you work)*

	Always	Mostly	Sometimes	Rarely	Never	Not employed by the practice(s) I work in
a) You						
b) Other GDPs						
c) Dental Hygienists						
d) Dental Hygienist Therapists						
e) Childsmile Trained Extended Duty Dental Nurses						
f) Locum Assistants						
g) Vocational trainees						

4. What influences which dental team member applies fluoride varnish to your child patients? *(Please circle one number for each row)*

	Strongly Disagree.....						Strongly Agree
a) Age of patient	1	2	3	4	5	6	7
b) How cooperative the patient is	1	2	3	4	5	6	7
c) Attendance record of patient	1	2	3	4	5	6	7
d) Who is free at the appointment time	1	2	3	4	5	6	7
e) Who has the necessary knowledge	1	2	3	4	5	6	7
f) Other (please specify below)							

SECTION 3: YOUR VIEWS

1. What are your views about applying fluoride varnish *(please provide an answer to all 4 items (a to d) for each age group)*

Applying FV to 2 to 5 yr olds is	a) Important	1	2	3	4	5	6	7	Unimportant
	b) Necessary	1	2	3	4	5	6	7	Not at all necessary
	c) Difficult	1	2	3	4	5	6	7	Not at all difficult
	d) Practical	1	2	3	4	5	6	7	Not at all practical
Applying FV to 6 to 12 yr olds is	a) Important	1	2	3	4	5	6	7	Unimportant
	b) Necessary	1	2	3	4	5	6	7	Not at all necessary
	c) Difficult	1	2	3	4	5	6	7	Not at all difficult
	d) Practical	1	2	3	4	5	6	7	Not at all practical
Applying FV to 13 to 17 yr olds is	a) Important	1	2	3	4	5	6	7	Unimportant
	b) Necessary	1	2	3	4	5	6	7	Not at all necessary
	c) Difficult	1	2	3	4	5	6	7	Not at all difficult
	d) Practical	1	2	3	4	5	6	7	Not at all practical

2. How strongly do you agree or disagree with the following? (Please circle one number for each age group)

<i>In general, applying fluoride varnish to the teeth of my child patients at least twice yearly ...</i>	For 2-5 year olds		For 6-12 year olds		For 13-17 year olds	
	Strongly Disagree	Strongly Agree	Strongly Disagree	Strongly Agree	Strongly Disagree	Strongly Agree
a) is an important part of my professional role.	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
b) is an important part of the role of other members of the dental team.	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
c) has benefits which outweigh the costs.	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
d) is something I really want to do.	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
e) will prevent caries.	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
f) will generally improve the oral health of a patient.	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
g) is <u>not</u> 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	
h) may have undesirable consequences for the patient.	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
i) may have undesirable consequences for me.	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
j) is strongly supported by research evidence.	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
k) is advocated within current clinical guidelines for GDPs.	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
l) is something I receive appropriate financial compensation to do.	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
m) would increase in my practice(s) 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	
n) requires more time during a routine consultation than I have available.	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
o) requires more practice resources (staff/space) than I have available.	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
p) is <u>not</u> supported by my colleagues in my practice(s).	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
q) is difficult for my practice(s) to include in record management systems.	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
r) is something that is my responsibility to ensure is provided.	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
s) is something that children I see want.	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	
t) is something that parents I see want for their children.	1 2 3 4 5 6 7		1 2 3 4 5 6 7		1 2 3 4 5 6 7	

3. Are you aware of any guidance that relates to the application of fluoride varnish to children's teeth? *(Please write the name of the guidance below, if none please write "none")*

4. What are your main concerns in relation to applying fluoride varnish to children's teeth? *(Please specify)*

5. What are your main motivators to apply fluoride varnish to children's teeth? *(Please specify)*

6. Please add any further comments in relation to your survey responses.

Thank you for completing this survey. Your contribution is greatly appreciated.

Please return the questionnaire in the FREEPOST envelope provided by **1st March 2013**.

If you have any questions or require further information please contact John McHugh:

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THANK YOU!