



The UK National Cohort Study Evaluating Dental Vocational Training

**Dental Vocational Training Years
2003/04, 2004/05, 2005/06**

Northern Deanery Executive Summary: March 2007

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behalf of the DVT Evaluation Group



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BACKGROUND

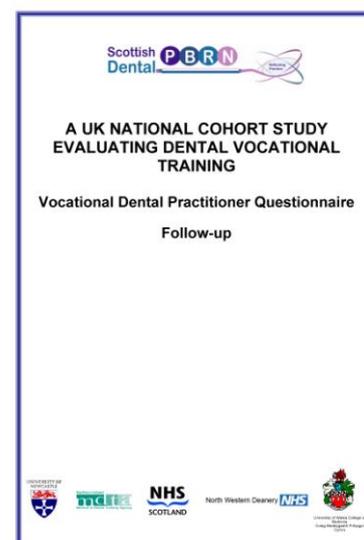
In August 2003 Scotland became the first UK country to introduce formal assessment as a mandatory part of the VT year. Legislation requiring 'satisfactory' completion was enacted in 2004.

Little is known about the impact of mandatory assessment and satisfactory completion on VDP outcomes from VT. The purpose of the UK National Cohort Study was to address this gap by conducting a longitudinal, comprehensive, comparative outcomes evaluation of VT in areas of the UK with and without a mandatory system of assessment. The study was conducted by the Scottish Dental Practice Based Research Network in collaboration with the VT teams in the Northern and North Western Deaneries in England, Scotland, Wales and Northern Ireland.

The overall aims were to:

- evaluate VDP outcomes from the VT programme;
- investigate if outcomes differ in areas of the UK with and without formal assessment.

Outcomes were assessed by means of self-administered questionnaires completed during the 2003/04, 2004/05 and 2005/06 VT years. This document presents a summary of the results for VDPs in the Northern Deanery.



RESULTS

Psychological Health

Psychological health was measured using the twelve-item version of the General Health Questionnaire. The majority of VDPs in the Northern Deanery exhibited a 'low' GHQ-12 score. There was no statistically significant difference between VDPs in the Northern Deanery and VDPs in either Scotland or the other deaneries.

Clinical and Non-Clinical Confidence

The majority of VDPs in the Northern Deanery were confident in their clinical practice. There is evidence that VDPs in the Northern Deanery were significantly less confident than VDPs in Scotland in several areas of clinical practice. The direction of significant differences in clinical confidence between VDPs in the Northern Deanery and the other deaneries was less consistent. In their non-clinical practice VDPs were confident in their professional interactions with other members of the dental team, but were less confident in areas concerning NHS legislation, rules and regulations, and business development. There were a number of statistically significant differences in non-clinical confidence between VDPs in the Northern Deanery and VDPs in both Scotland and the other deaneries.

Clinical Decision Making

Clinical decision making was evaluated using a scenario format in which VDPs were presented with a situation where they had to decide whether or not to follow a described course of clinical behaviour. In no scenario was there a unanimous decision across VDPs as to whether they would proceed or not with the described course of clinical behaviour. In two scenarios – rubber dam and non-sterilised instruments – there was a 'correct' course of action. Results suggest some VDPs are unaware of or misunderstand the potential implications of following the incorrect course of action in these situations. There were a number of statistically significant differences between VDPs in the Northern Deanery and VDPs in Scotland.

Professional Identity

The majority of VDPs in the Northern Deanery agreed being a caring, competent and ethical dentist was important and easy. VDPs thought they were not being ethical dentists if they were to provide a treatment the patient wanted, even if they did not believe the patient was right, or if they

were to provide a treatment that was best for their practice, no matter what anyone else thought. There were a number of statistically significant differences between VDPs in the Northern Deanery and VDPs in Scotland and VDPs in other deaneries.

Continued Professional Development

VDPs clearly intended to keep up CPD and the majority were confident they could do so, but there was awareness that this may be stressful and difficult. At this stage in their career the GDC, their trainers and their peers had the greatest influence on CPD behaviour while patients had the least influence. Study days and conference attendance were highlighted as one of the most useful aspects of VT for keeping up with CPD.

Attitudes to Dental Vocational Training

VDPs exhibited a positive attitude towards many aspects of VT including their tutorials and the study day programme. They exhibited a less positive attitude towards formal assessment than VDPs in Scotland, but thought this type of assessment was more useful than VDPs in the other deaneries. There were a number of other statistically significant differences between VDPs in the Northern Deanery and VDPs in both Scotland and the other deaneries.

Organisation and Management of Training Practice

VDPs' perceptions of the organisation and management of their training practices were generally positive. Practices and practice staff were thought to be well prepared for their arrival. Trainers' clinical and teaching skills were considered excellent or very good. Tutorials were considered relevant and well structured and trainers viewed difficulties as a chance for VDP learning. There were statistically significant differences between the responses of VDPs in the Northern Deanery and the responses of VDPs in Scotland. In these instances VDPs in the Northern Deanery tended to give the less positive response. In contrast, when there were statistically significant differences between VDPs in the Northern Deanery and VDPs in the other deaneries, the Northern Deanery's VDPs tended to give the more positive response.

Attitudes to Work

Attitudes to work were mixed. The majority of VDPs agreed that they had been properly trained for their work, were useful most of the time, were developing new skills and used their skills to the full. Most were satisfied with their choice of dentistry as a career, but a minority did not see themselves continuing in dentistry. VDPs were afraid of making mistakes, afraid of litigation and agreed that patients could be too demanding. There were a number of statistically significant differences between VDPs in the Northern Deanery and VDPs in Scotland and VDPs in the other deaneries.

Career Intentions

More than three quarters of the Northern Deanery's VDPs intend to practice within the area of the Northern Deanery on completion of their VT year. The majority intend to work full-time and provide NHS care, but a small minority intend to enter private practice (with no NHS commitment) or leave the profession.

SUMMARY

This study has provided the first UK wide, comparative, longitudinal outcomes evaluation of VT. In general the results show that VDPs in the Northern Deanery are confident in their clinical and non-clinical abilities, make considered treatment decisions, and have positive intentions and attitudes towards keeping up their continued professional development. Whilst there were differences in outcomes between VDPs in the Northern Deanery, who are not subject to any formal assessment and VDPs in Scotland who are subject to mandatory formal assessment, there were also differences between VDPs in the Northern Deanery and the other deaneries (who, also, are not subject to mandatory formal assessment). VDPs in all participating deaneries felt confident and prepared at the end of their DVT year. However, there is some evidence that mandatory formal assessment has beneficial effects and this study is, therefore, an important step forward in understanding its impact in VT.

Acknowledgements

The UK DVT Evaluation Group would like to thank NHS Education for Scotland and the Postgraduate Dental Deanery in Wales for the provision of supportive co-funding for the study. We would also like to thank all vocational dental practitioners who gave their time in the completion of the questionnaires, their trainers and their advisers. Particular thanks are given to the administrative staff in all participating DVT deaneries for their help in the initiation and continuation of the study.

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ISBN 978 1 906117 07 8

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