



The UK National Cohort Study Evaluating Dental Vocational Training

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

Northern Ireland Executive Summary: March 2007

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behalf of the DVT Evaluation Group



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BACKGROUND

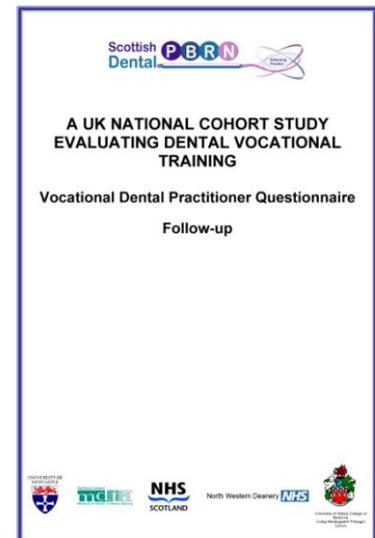
In August 2003 Scotland became the first UK country to introduce formal assessment as a mandatory part of the DVT year. Legislation requiring 'satisfactory' completion was enacted in 2004.

Little is known about the impact of mandatory assessment and satisfactory completion on VDP outcomes from DVT. The purpose of the UK National Cohort Study was to address this gap by conducting a longitudinal, comprehensive, comparative outcomes evaluation of DVT 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 DVT teams in Northern Ireland, Scotland, Wales and the Northern and North Western Deaneries in England.

The overall aims were to:

- evaluate VDP outcomes from the DVT 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 DVT years. This document presents a summary of the results for VDPs in Northern Ireland.



RESULTS

Psychological Health

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

Clinical and Non-Clinical Confidence

Overall, the majority of VDPs in Northern Ireland were confident in their clinical practice. Although generally confident, VDPs in Northern Ireland were less confident than VDPs in Scotland and VDPs in the other deaneries in several areas of clinical practice. 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 is evidence that VDPs in Northern Ireland were more confident than VDPs in Scotland and VDPs in the other deaneries in some areas of non-clinical practice.

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 all scenarios the clinical decision was considered moderately difficult to make. 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.

Professional Identity

The majority of Northern Ireland's VDPs agreed being a caring, competent and ethical dentist was important, but not necessarily easy. VDPs thought they were not being caring, competent and 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.

Continued Professional Development

VDPs agreed they intend 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. VDPs in Northern Ireland found keeping up CPD more difficult than VDPs in Scotland, and more stressful than VDPs in Scotland and VDPs in the other deaneries. Study days were highlighted as a one of the most useful aspects of DVT for keeping-up with CPD.

Attitudes to Dental Vocational Training

VDPs exhibited a positive attitude towards most aspects of DVT including the study day programme, completing a project and informal assessment. Although attitudes towards formal assessment were neutral, VDPs in Northern Ireland thought this type of assessment was more useful than VDPs in the other deaneries. In contrast, compared to VDPs in Scotland, Northern Ireland's VDPs were significantly less positive in their attitudes towards formal assessment.

Organisation and Management of Training Practice

VDPs' perceptions of the organisation and management of their DVT practices were 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, reviews allowed VDPs to reflect on their performance and produced specific, written objectives, and most trainers viewed difficulties as a chance for VDP learning. There were a number of statistically significant differences between VDPs in Northern Ireland and VDPs in Scotland and VDPs in the other deaneries.

Attitudes to Work

Attitudes to work were mixed. VDPs agreed that they had been properly trained for their work, were useful most of the time, used their skills to the full and were developing new skills. Most were satisfied with their choice of dentistry as a career, but a minority did not see themselves continuing in dentistry. Just over one third agreed they were under pressure to treat more patients and were under great pressure at work. When there were statistically significant differences between VDPs in Northern Ireland and VDPs in Scotland, VDPs in Northern Ireland tended to exhibit the less positive attitude. Compared to VDPs in the other deaneries, VDPs in Northern Ireland exhibited a less positive attitude towards some aspects of the workplace, but a more positive attitude towards others.

Career Intentions

The majority of Northern Ireland's VDPs intend to practice in Northern Ireland on completion of the DVT year. Most intend to work full-time and provide NHS care. Just over one half of VDPs would prefer salaried payment for the provision of NHS care and just under one third would prefer mixed fee-per-item and capitation payment.

SUMMARY

This study has provided the first UK-wide, comparative, longitudinal, outcomes evaluation of DVT. In general the results show that VDPs in Northern Ireland 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. There were differences in outcomes between Northern Ireland's VDPs and VDPs in Scotland and VDPs in the other deaneries. When these differences were statistically significant VDPs in Scotland tended to exhibit the 'better' outcome. The direction of any statistically significant differences with the other deaneries was less consistent. It should be noted that 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 DVT.

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