



The UK National Cohort Study Evaluating Dental Vocational Training

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

Scotland Executive Summary: March 2007

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behalf of the DVT Evaluation Group



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BACKGROUND

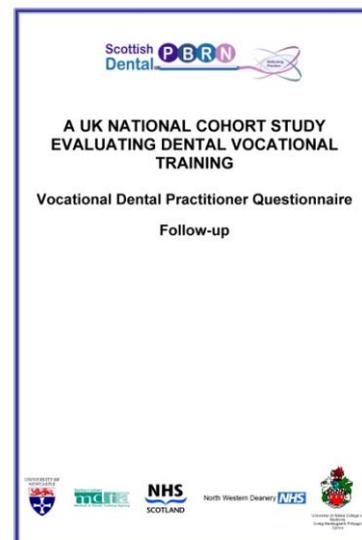
In August 2003 Scotland became the first UK country to introduce formal assessment as a mandatory part of the DVT year. Legislation requiring 'satisfactory' completion was enacted in 2004.

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 Scotland, Northern Ireland, 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 by VDPs in Scotland, Northern Ireland, Wales, and the Northern and North Western Deaneries in England.



RESULTS

Psychological Health

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

Clinical and Non-Clinical Confidence

The majority of VDPs in Scotland were confident in their clinical practice. There is evidence that VDPs in Scotland were more confident than VDPs in other deaneries in several areas of clinical practice and this finding was robust across the three cohorts discussed in this report. 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 no statistically significant differences in non-clinical confidence between VDPs in Scotland and those in 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. Although in both these scenarios the percent of VDPs in Scotland making the 'correct' response was significantly higher than in the other deaneries, the results suggest some of Scotland's VDPs are unaware of or misunderstand the potential implications of following the incorrect course of action.

Professional Identity

The majority of Scotland's VDPs agreed being a caring, competent and ethical dentist was important and easy. Being a caring, competent and ethical dentist was considered easier in Scotland than in the other deaneries. 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

Scotland's VDPs intended to 'keep-up' CPD and the majority were confident they could do so, but there was awareness that this might 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 Scotland were significantly more confident that they could 'keep-up' CPD and found it less stressful and less difficult than VDPs in the other deaneries. Study days were highlighted as one of the most useful aspects of DVT for keeping-up with CPD.

Attitudes to Dental Vocational Training

VDPs in Scotland found most aspects of DVT beneficial, useful, comforting and/or easy. Many of these attitudes were positively enhanced during the training year. A notable exception was maintaining the Training Record Book which was felt to be less beneficial and useful at the end of the DVT year. Compared to VDPs in the other deaneries, the attitudes of VDPs in Scotland tended to be more positive.

Organisation and Management of Training Practice

VDPs' perceptions of the organisation and management of their DVT 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, reviews allowed VDPs to reflect on their performance and produced specific, written objectives, and trainers viewed difficulties as a chance for VDP learning. There were a number of statistically significant differences between VDPs in Scotland and VDPs in the other deaneries. In all cases Scotland's VDPs gave the more 'positive' response.

Attitudes to Work

Attitudes to work were mixed. VDPs agreed that they had been properly trained for their work, that they 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. VDPs were afraid of making mistakes, afraid of litigation and agreed that patients could be too demanding. Where there were statistically significant differences to VDPs in the other deaneries, VDPs in Scotland exhibited the more positive attitude.

Career Intentions

Just over two-thirds of Scotland's VDPs intend to practice in Scotland on completion of the DVT 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 DVT. In general the results show that VDPs in Scotland 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 Scotland's VDPs, who are subject to mandatory formal assessment, and VDPs in the other deaneries, who are not subject to any formal assessment. When these differences were statistically significant, VDPs in Scotland exhibited the 'better' outcome. However, it should be noted that within and across cohorts, all VDPs in the 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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