



# **The UK National Cohort Study Evaluating Dental Vocational Training**

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

**Wales Executive Summary: March 2007**

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behalf of the DVT Evaluation Group



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## BACKGROUND

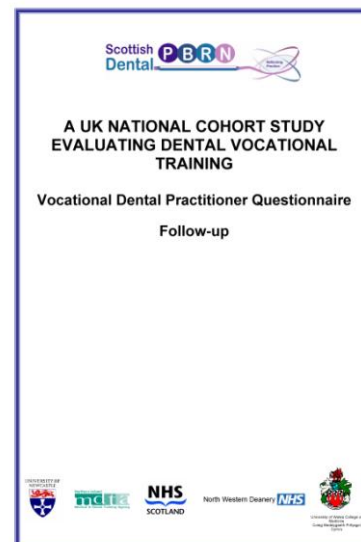
In August 2003 Scotland became the first UK country to introduce formal assessment as a mandatory part of the DVT year. Legislation requiring 'satisfactory' completion was enacted in 2004.

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 Wales, Scotland, Northern Ireland, 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 Wales.



## RESULTS

### Psychological Health

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

### Clinical and Non-Clinical Confidence

In general the majority of VDPs in Wales were confident in their clinical practice. There is evidence that VDPs in Wales were significantly less confident than VDPs in Scotland, but significantly more confident than VDPs in the other deaneries in some areas of clinical practice. These findings were robust across the three cohorts discussed in the full 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 between VDPs in Wales and those in Scotland or 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 proceed with the described 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 several statistically significant differences between the responses of VDPs in Wales and those in Scotland and the other deaneries.

### Professional Identity

The majority of VDPs in Wales agreed being a caring, competent and ethical dentist was important and easy. VDPs thought they would not be 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 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. VDPs in Wales felt significantly less pressure from patients to keep up CPD than VDPs in both Scotland and the other deaneries.

### Attitudes to Dental Vocational Training

VDPs in Wales found most aspects of DVT beneficial, useful, comforting and/or easy. With the exception of formal assessment, VDPs generally had a more positive attitude towards DVT at the end of the year than at the beginning of the year. A number of statistically significant differences were identified in the attitudes of VDPs in Wales towards DVT when compared to the attitudes of VDPs in both Scotland and VDPs in 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.

### 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. 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 Wales and VDPs in Scotland and VDPs in the other deaneries.

### Career Intentions

Just over two-thirds of VDPs in Wales intend to practice in Wales 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 Wales 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 Wales, 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 Wales and the other deaneries (both of whom are not subject to mandatory formal assessment). Within and across cohorts 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.

## Acknowledgements

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