

Final ADC Academic Workstream Report

Supplementary Evidence



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Appendix 1: Advancing Dental Care Phase 11:

Workstream Terms of Reference

1. Workstream Title: Academic Strategy

2. Workstream Lead: Dr Jane Luker

3. Associated Recommendations

C6. To develop a dental academia workforce strategy in both the dental schools and primary care based on a survey of projected workforce supply of dental and DCP academics.

C6.1 This work should fully engage with the National Institute for Health Research (NIHR).

4. Workstream Definition (Scope and purpose)

To develop an academic strategy to ensure that there are sufficient opportunities to develop academic dental clinicians and dental care professionals (DCPs) to lead dental research and innovate in both University dental schools and in primary dental care. This is with a view to delivering improvements in the quality of care for patients and the delivery of evidence-based teaching and training of both undergraduate and postgraduate dentists and DCPs.

The focus will be the provision of clinical academics (research/teaching pathways) and identifying research opportunities for dental care professionals to develop an academic workforce.

Clinicians employed on a sessional basis to provide clinical supervision of undergraduates will not be in the scope of this work stream. We will consult with the NIHR academy, dental schools and will link with the Clinical Academic Training Advisory Group and the lead dean for academic medicine.

The result will be clarity of academic opportunities for both dentists and dental care professionals at all stages of training, and clarity over the academic training pathway.

5. Workstream Objectives:

The core group has identified 4 main themes with specific objectives:

1. *Definition and scope*

- a. Definition of a clinical academic and agreement on categories before any data collection or interpretation of data occurs

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- b. To review recommendations of Walport report and current level of implementation in relation to dentistry (template/ questionnaire through Dental Schools Council to all dental schools)

2. *Post registration Academic Training*

- a. To establish how research and academic opportunities are promoted to Dental Foundation / Dental Core and Speciality trainees.
- b. To establish motivators and barriers to academic training.
- c. To identify academic training opportunities at all levels of postgraduate training.
- d. To undertake a stocktake of DCPs in academic roles and to scope out the opportunities available for DCP's to undertake academic training.

3. *Pre-registration Academic Training*

- a. To establish how dental schools currently promote and identify students to intercalate and give research experience to dental undergraduates and generally promote academic careers.
- b. To establish current understanding of academic careers in dentistry and any perceived barriers to pursuing an academic career

4. *Academic Primary Care*

- a. To scope the amount of research (including clinical trials) that is currently being undertaken in a primary dental care compared to primary dental care research carried out within a dental school.
- b. To identify models to support and promote research in a primary dental care setting

6. Workstream Deliverables:

6.1. 2018/19:

- Agreed definition of a clinical dental academic.
- Stocktake of current academics in training.
- Feedback on motivators and barriers to academic trainees, via questionnaire.
- Review NIHR data on ACF and CL outcomes.
- Review data from DSC Academic workforce review 2016/17/18.
- Review implementation of the Walport recommendations.
- Assess how dental schools utilise the INSPIRE programme.
- Share data at a wider stakeholder event which will direct 2019/20 objectives.

6.2. 2019/20:

- To establish if there is a correlation between dentists who have intercalation/ postgraduate entry and those undertaking academic careers.
- To establish research opportunities available in dental training posts (links with training programmes work stream).
- To establish how research is promoted through undergraduate and DCP programmes.
- To establish how academic careers in dentistry are promoted at an undergraduate and postgraduate level, motivators and barriers.
- To establish clarity of academic training pathways and opportunities for both dentists and DCP's.
- To establish how much primary dental care research is currently being carried out and the barriers and motivators.
- Share data at a wider stakeholder event which will direct 2020/21 objectives.

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6.3 2020/21:

- Analysis and interpretation of data collected.
- Clarity of academic training pathways.
- Recommendations to remove barriers identified and promote academic training and an academic career.

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7. Core Project Team

Name	Title	Organisation	Role / Expertise
Vishal Aggarwal	Dr	General Dental practice/ Leeds Dental School	Academic Primary Care
Sophy Barber	Dr	Leeds Dental School	Trainee Rep NIHR CL
Susan Bissett	Ms	Newcastle Dental School	Academic DCPs
Iain Chapple	Professor	Birmingham dental School (DSC nominated)	Dean/Head of School
Mike Curtis	Professor	King's College Dental School (DSC nominated)	Dean/ Head of School
Chris Deery	Professor	Chair of Dental Schools Council (DSC)/ Sheffield Dental School	Chair DSC
Tom Dudding	Dr	University of Bristol	Academic trainee pre-PhD
Justin Durham	Professor	NIHR / Newcastle	NIHR AD Dentistry
Carla Fleming	Ms	HEE South West	Clinical Leadership Fellow/ Academic oral surgery trainee
Sophie Flinders	Ms	HEE	Admin support
Emily Hall	Ms	HEE	Policy Advice
Matthew Hill	Mr	HEE South west	Dental Business Manager
Jane Luker	Dr	HEE South west	Dental Postgraduate Dean
Avril Macpherson	Dr	Association of UK Dental Hospitals/ Liverpool Dental School	Chair Association of UK Dental Hospitals
Giles McCracken		BDA/ Newcastle Dental School	BDA Academic lead
David Moles *	Professor	Peninsula Dental school	Academic Primary Care
Stephen Porter	Professor	Eastman Dental Institute/ UCL (DSC nominated)	Dean/Head of School
Freya Smith-Jack	Dr	HEE South West	Clinical Leadership Fellow/ Radiology trainee
Wendy Thompson	Dr	General dental practice/ Leeds Dental School	Academic GDP research fellow
Chris Tredwin	Professor	Peninsula dental School (DSC nominated)	Dean/Head of School
Kieran lee	Dr	NIHR Academy	Integrated academic training
James Fenton	Dr	NIHR Academy	Integrated academic training
Bill Irish	Professor	HEE	Medical Dean

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8. Activity timeline / Milestones

Date	Activity
October 2018	Academic trainee stocktakes through dental Schools Council
October 2018 January 2019	Academic trainee questionnaire through Dental Schools Council
October 2018 – January 2019	Develop a template to be completed by HEI's regarding implementation of Walport review, INSPIRE, intercalation and graduate entry.
November December 2018	Review academic workforce data published by DSC and share with Workforce Intelligence workstream
December 2018 – February 2019	Foundation trainee focus groups
January / February 2019	Face-to-face meeting of the Core Academic Working Group
January/March 2019	BDA Academic workforce questionnaire data

9. Subgroups and other associated groups

Subgroups will be established but currently the capacity of the group to undertake lead roles is limited and we are reliant on the two 40% WTE clinical fellows.

The clinical fellow network will be important in linking focus groups across workstreams.

10. Alignment to other workstreams

Questionnaires and focus groups will be required and will be aligned with other workstreams to ensure that the number of questionnaires are rationalised and that focus groups are fully utilised

Where appropriate joint stakeholder events will be held.

Academic workforce data will be shared with the Workforce Intelligence workstream. Training programmes and economic work streams will be sighted on and be involved in development of recommendations on training programmes and funding.

11. Governance

The workstream lead will take overall accountability for the delivery of the workstream objectives, activities and outputs as defined in the Terms of Reference. The workstream lead will manage and escalate risk to the Programme Team as required.

The workstream lead will report on to the ADC Programme Team, via bi-monthly Skype conference.

Appendix 2: Academic Trainee Stocktake 2018

NIHR ACF

School	Speciality	Level of appointment	Start Date	End Date	PhD funding/ Fellowship	Other Academic Achievements	Outcome Destination	Current position
Bristol Dental School	Oral Surgery		Mar-16	Mar-19				
Bristol Dental School	Oral Surgery		Apr-17	Apr-10				
Bristol Dental School	Oral Medicine		Mar-17	Mar-20				
Bristol Dental School	Dental Public health		Nov-17	Nov-20				
Bristol Dental School	Primary care		Oct-18	Oct-21				
Bristol Dental School	Primary care		Oct-18	Oct-21				
Manchester	Primary care		01/03/2018	28/02/2021			NIHR CL	NIHR ACF
Newcastle	Paediatric Dentistry	ST1	08/12/2016	07/02/2019	Yes NIHR	PG Cert	NHS Consultant	ST3
Newcastle	Special Care	ST2	06/12/2016	31/12/2019	Yes NIHR	PG Cert	NIHR CL	ST2
Newcastle	Restorative dentistry	ST2	01/09/2016	31/08/2019	Yes welcome	MRes	Core Academic	ST2
Sheffield	Oral & Maxillofacial Pathology	ST1	27/03/2017	01/02/2020	No			
Sheffield	Paediatric Dentistry	ST1	14/08/2017	01/09/2020	No			
Sheffield	Oral Surgery	ST1	31/03/2018	30/03/2021	No			
QMUL	Periodontology	ST1	15/11/2018	14/11/2021	No			ACF still in training
QMUL	Oral Surgery	ST1	01/10/2018	30/09/2021	No			ACF still in training
QMUL	Special Care	ST1	30/03/2018	29/03/2021	No			ACF still in training
QMUL	Paediatric Dentistry	ST1	05/03/2018	04/03/2021	No			ACF still in training
QMUL	Prosthodontics	ST2	01/04/2017	28/02/2020	No			ACF still in training
QMUL	Oral Surgery	ST2	01/03/2017	28/03/2020	No	PG Cert		On maternity leave
QMUL	Dental Public health	ST3	01/03/2016	28/02/2019	No			ACF still in training
QMUL	Paediatric Dentistry	ST3	25/01/2016	24/01/2019	No	Clinical taught Masters		ACF still in training
UCL	Special Care		00/00/14	Aug-16	Yes NIHR			

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								awaits consultant post-sultant post passed ISFE
UCL	Oral Surgery		00/00/14	00/00/18	No			
UCL	Paediatric Dentistry		00/00/17		No			
UCL	Endodontics		00/00/17					
UCL	Oral Medicine		00/00/18					
UCL	Prosthodontics		00/00/18					
UCL	Special Care		00/00/15					
UCL	Oral Medicine		00/00/09	00/00/2012				Consultant
Birmingham	Oral Surgery	ST1	Mar-15	Mar-18				
Birmingham	Oral Surgery	ST1	Sep-17	Aug-20				
Birmingham	Oral Medicine	ST1	Mar-18	Mar-22				
Birmingham	Orthodontics	ST1	Dec-15	Nov-18				
Birmingham	Restorative dentistry	ST1	Mar-15	Mar-20				
Birmingham	Paediatric Dentistry	ST1	Oct-16	Oct-19				
Peninsula	Primary care		Jan-10	Jan-16	Yes other	PG Cert	GDS	GDS - also Dean of FGDP(UK). PhD awarded, FFGDP awarded
Peninsula	Primary care		Jul-10	Jul-16	Yes other		GDS	GDS - also gained a teaching fellowship grant
Peninsula	Primary care		Apr-11	Mar-17	Yes other	PG Cert		DPH ACF - also PhD awarded
Peninsula	Primary care		Jun-11	Jul-12	No		GDS	GDS - also completed MSc with distinction
Peninsula	Primary care		Jul-11	Jul-13	Yes other	PG Cert	GDS	GDS - left ACF post when husband was posted to another part of the country (military)

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Peninsula	Primary care		Sep-11	Aug-17	Yes other	PG Cert	Core Academic	Academia - currently studying for PhD
Peninsula	Restorative dentistry		Aug-12	Aug-15	No		Core Academic	Academic Restorative consultant
Peninsula	Primary care		Apr-13		Yes other	PG Cert		still in post
Peninsula	Primary care		Sep-14			PG Cert		still in post - registered for ResM
Peninsula	Primary care		Sep-14	Dec-14	No		GDS	GDS - left ACF post after 3 months and returned to practice
Peninsula	Primary care		Oct-15			PG Cert		still in post - registered for ResM
Peninsula	Dental Public health		Oct-17					still in post - was previously PDC ACF. Already gained PhD and pgcert (same person as mentioned in DPH destination above)
Leeds	Dental Public health	ST1	Mar-15	Mar-18	No	Clinical taught Masters	NTN to complete training	finishing clinical training
Leeds	Oral & Maxillofacial pathology	ST1	Mar-15	Mar-18	No	PG Cert	NTN to complete training	Currently have a bridging fellowship to apply for further PhD funding
Leeds	Restorative dentistry	ST1	Sep-16	Sep-19	No	PG Cert		Applied for NIHR funding Dec 2018

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Leeds	Paediatric Dentistry	ST3	Aug-17	Aug-20	No	PG Cert		plan to apply for NIHR funding Dec 2019
Leeds	Primary care	GDP	Oct-18	Jan-19	No			resigned from post
Liverpool	Oral Medicine	ST1			Yes other		NIHR CL	OUT of Programme
Liverpool	Endodontics	ST1	Sep-16	Sep-19	No	Clinical Taught Doctorate	NTN to complete training	ACF
Liverpool	Endodontics	ST1	Sep-18	Sep-21	No	Clinical Taught Doctorate	NTN to complete training	ACF
Liverpool	Paediatric Dentistry	ST1	Sep-17	Sep-20	No	Clinical Taught Doctorate	NIHR CL	ACF
Liverpool	Special Care	ST1	Sep-16	Sep-19	No	Clinical Taught Doctorate	NHS other	ACF
Liverpool	Dental Public health	DCT 2	Aug-14	Mar-19	Yes other		NIHR CL	ACF
KCL	Oral Medicine	ST1	?	?	No			
KCL	Endodontics	ST1	Mar-18	Feb-21	No	Clinical taught Masters	NTN to complete training	
KCL	Periodontology	ST1	Mar-17	Feb-20	No	Clinical taught Masters	NTN to complete training	maternity leave
KCL	Prosthodontics	ST1	Sep-18	Aug-21	No	Clinical taught Masters	NTN to complete training	
KCL	Paediatric Dentistry	ST1	Oct-16	Sep-19	No		NHS other	left

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NIHR CL:

School	Speciality	Level of appointment	Start Date	End Date	PhD funding/ Fellowship	Other Academic Achievements	Outcome Destination	Current position
Bristol Dental School	Orthodontics		Oct-14	Sep-18				
Bristol Dental School	Orthodontics		Oct-16	Sep-20				
Manchester	Oral Surgery	ACT5	02/01/2018	01/01/2022		Masters by Research	Core academic	NIHR ACL
Sheffield	Restorative Dentistry	ST1	01/10/2016	30/09/2020	No			
QMUL	Periodontology	ST3	10/02/2014	10/01/2019	Other			Still in training after failed MRD exam and maternity leave
QMUL	Restorative dentistry	ST5	05/01/2015	04/01/2019	Yes other		Core Academic	
QMUL	Periodontology	ST2	28/02/2017	27/02/2021	Yes other	MRes		ACL still in training
UCL	Oral Surgery		00/00/2010	00/00/14	Other	PG Cert	NIHR CL	NHS consultant
UCL	Prosthodontics		00/00/2009	00/00/13				NHS consultant
UCL	Periodontology		00/00/2016				NIHR CL	
UCL	Oral Medicine		00/00/14				NIHR CL	just completed ISFE
Birmingham	Oral Surgery		Mar-15	Feb-19				
Birmingham	Restorative dentistry		Mar-16	Mar-20				
Birmingham	Oral & Maxillofacial pathology		Mar-15	Mar-19				
Birmingham	Oral Medicine		Feb-13	Jan-17				
Birmingham	Oral Surgery		21/03/2013	Mar-16				Completed & left
Leeds	Paediatric Dentistry	ST1	Mar-18	Mar-22				

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Leeds	Dental Public health	ST1	Mar-18	Mar-22				
Liverpool	Periodontology	ST1	Sep-13	Sep-19	Other	PG Cert	Core Academic	Clinical lecturer
KCL	Oral & Maxillofacial pathology	ST1	Mar-17	Feb 20?	None		NTN to complete training	
KCL	Periodontology	ST1	Mar-19	Feb 22?	No		NTN to complete training	
KCL	Orthodontics	ST1	Oct-14	Sep-17	No	Clinical taught Masters	NHS Consultant	

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Other Posts

School	Speciality	Level of appointment	Start Date	End Date	PhD funding/ Fellowship	Other Academic Achievements	Outcome Destination	Current position	Name
Bristol Dental School	Restorative dentistry		Sep-15	Sep-19	Yes other			MRC Clinical Research Training Fellow. Completing PhD Sep-15 to Sep-19. Specialty Registrar in Restorative Dentistry	
Bristol Dental School	Restorative dentistry		Feb-16	Feb-23				Lecturer in Restorative Dentistry. Completing a PhD (PT) Feb 16- Feb 2023	
Bristol Dental School	Restorative dentistry		Sep-15	Sep-19					
EDI	Paeds	Post CCST fellow doing PhD	2017	2021	NES	NES funded lectureship			
Manchester	Paediatric Dentistry	ACT5D	03/07/2017	N/A	Yes other		Core Academic		Carly Dixon
Manchester	Oral Surgery	ACT5D	01/10/2016	N/A	Yes other	Clinical taught Masters	Core Academic	got exams, waiting for consultancy post	Neil Patel
Manchester	Dental Public health	ACT5D	04/12/2017	03/12/2020	Yes other	Masters by Research	Core Academic	Clinical Lecturer in Dental Public Health/ PhD student/ Consultant in DPH	Deborah Moore

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Newcastle	Paediatric Dentistry		09/02/2015	31/01/2020	Yes other	PG Cert	Core Academic		Ashleigh Stamp
Newcastle	Restorative dentistry		01/11/2017	31/10/2022	Yes other		Core Academic		Helen Mather
Newcastle	Restorative dentistry		01/09/2017	31/08/2022	Yes NIHR	PG Cert	Core Academic		Jamie Coulter
Newcastle	Paediatric Dentistry		01/12/2017	30/11/2022	Yes other		Core Academic		Zoe Freeman
Newcastle	Oral Surgery		01/08/2015	31/07/2020	Yes NIHR		Core Academic		
Newcastle	Restorative dentistry		01/12/2017	31/08/2022	Yes other	PG Cert	Core Academic		
Newcastle	Restorative dentistry		01/08/2011	31/03/2019	Yes NIHR		NIHR CL		
Newcastle	Restorative dentistry		04/06/2018	03/06/2023	Yes other	PG Cert	Core Academic		
Newcastle	Oral Surgery		09/07/2018	31/05/2023	Yes other		Core Academic		
Newcastle	Oral Surgery		20.1.16		No		Core Academic		
Newcastle	Oral Surgery		19.1.15		No		Core Academic		
Sheffield	Orthodontics	ST4	01.10.17	30.09.23	Yes other			RCS-BOS Clinical Research Fellowship	
Sheffield	Paediatric Dentistry	DCT3	06.09.17	05.09.18	Yes NIHR			Academic DCT	
Sheffield	Paediatric Dentistry	ST3	01.01.17	31.12.19	Yes NIHR			Doctoral Research Fellowship - Out of Programme	
Sheffield	Primary care	GDP	01.09.17	31.08.19	Yes NIHR			In-practice Fellowship	
Sheffield	Primary care	GDP	01.11.17	31.10.21	Yes NIHR			Doctoral Research Fellowship Funded by the School - doing a DCLinDent	
Sheffield	Restorative Dentistry	ST1	01.10.17	30.09.25	No				

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								monospecialty clinical training	
Birmingham	Restorative dentistry		01/04/2018	02/10/2020					
Birmingham	Restorative dentistry		02/05/2016	01/05/2021					
Leeds	Restorative dentistry	ST1	Sep-18					Locally funded, NIHR approved CL post	
Liverpool	Paediatric Dentistry	ST1	Sep-17	Sep-21	No	PG Cert	Core Academic		
Liverpool	Oral Surgery	ST1	Nov-14	Dec-19	No	PG Cert	Core Academic		
Liverpool	Dental & Maxillofacial Radiology	ST1	Sep-15	Sep-19	No	PG Cert	Core Academic		
Liverpool	Special Care	ST1	Oct-15	Oct-19	No	PG Cert	Core Academic		
KCL	Endodontics	ST5			No		NHS Consultant		
KCL	Prosthodontics	GDP			Yes other		NIHR CL		
KCL	Dental Public health	ST5			Yes NIHR		Core Academic		

Appendix 3

Advancing Dental Care - Academic Workstream

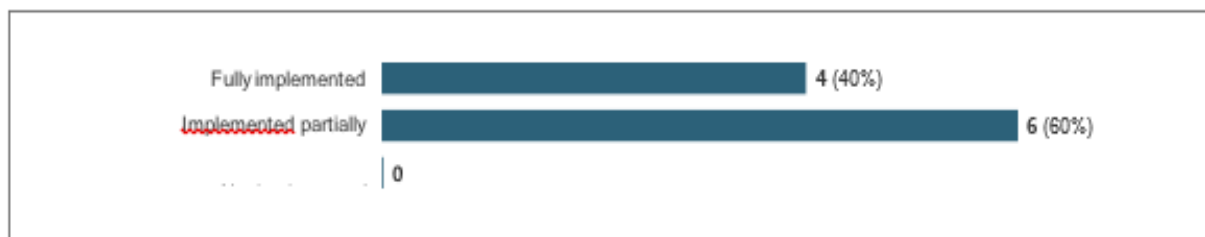
Showing 10 of 10 responses

Showing **all** responses

Showing **all** questions

Response rate: 10%

- 1** Dental undergraduates should understand the attractions of a career in academic dentistry and how to achieve this aim. Has your dental school implemented this?



1.a Comments.

Showing all 3 responses	
We have run a vibrant INSPIRE programme over the last few years	431947-431938-47323704
Host annual-student led dental research conference Plus career advice	431947-431938-47346886
Lectures, career sessions and INSPIRE etc	431947-431938-47422960

- 2** How and when do you make undergraduates aware of Career pathways in academic dentistry?

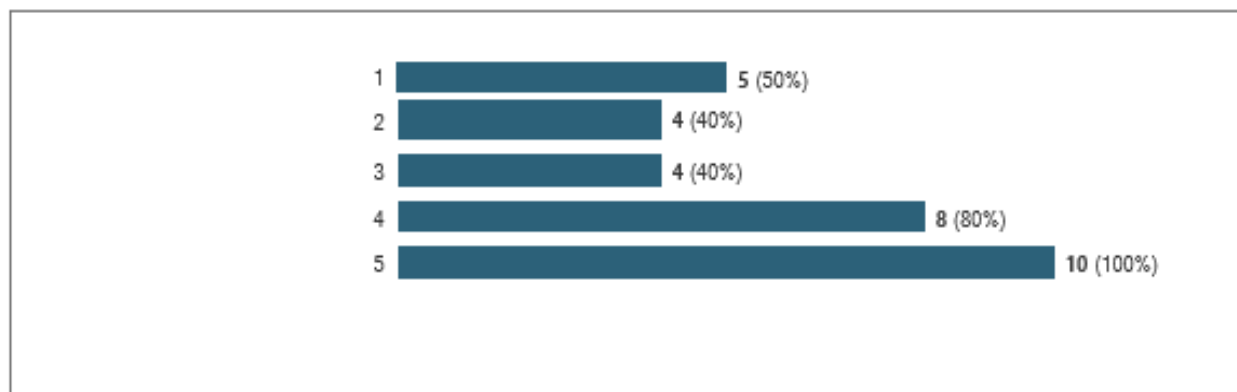


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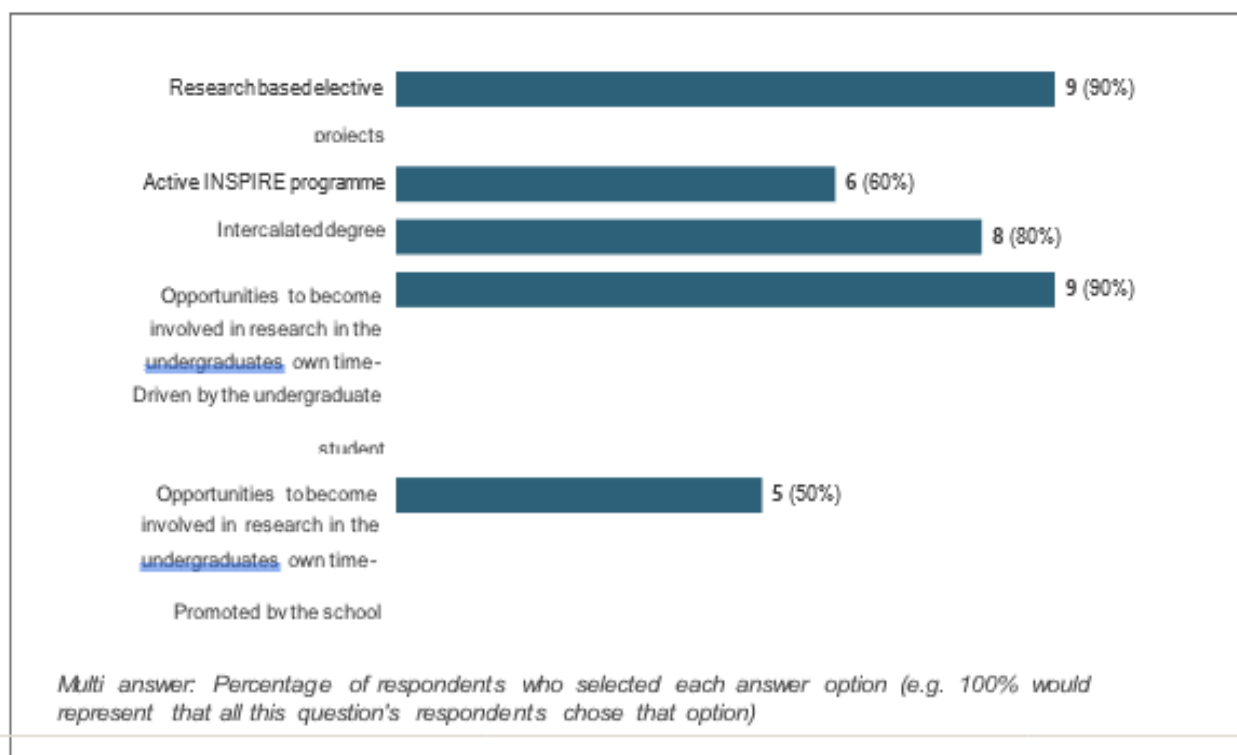
2.a If you selected Other, please specify:

Showing all 2 responses	
Throughout course in various lectures	431947-431938-47195221
Lectures, seminars, mentoring and PDR, careers sessions	431947-431938-48607450

2.b Please select which year(s) this happens in (you may select more than one).



3 How are research opportunities embedded into the undergraduate programme?

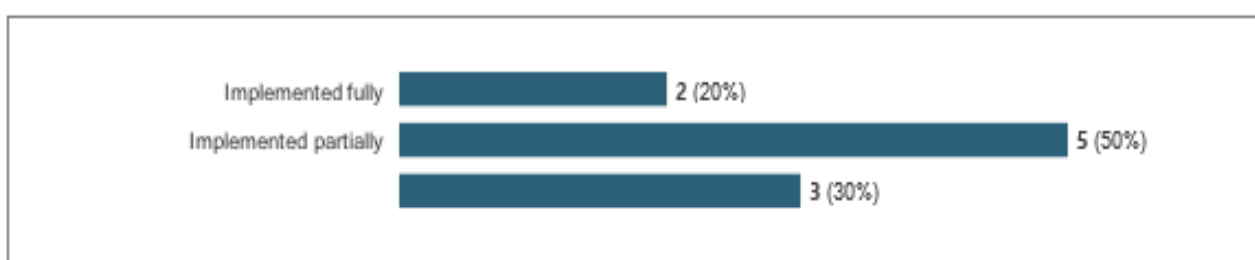


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3.a Comments.

Showing all 2 responses	
Links with BSPD and Endodontic Society and students are encouraged to undertake poster presentations and submit manuscripts for peer reviewed publications	431947-431938-47346886
As a research driven university there are multiple points for students to engage with research	431947-431938-48607450

4 The opportunity to intercalate is maintained and supported through scholarships and bursaries. Has your dental school implemented this?



4.a Comments.

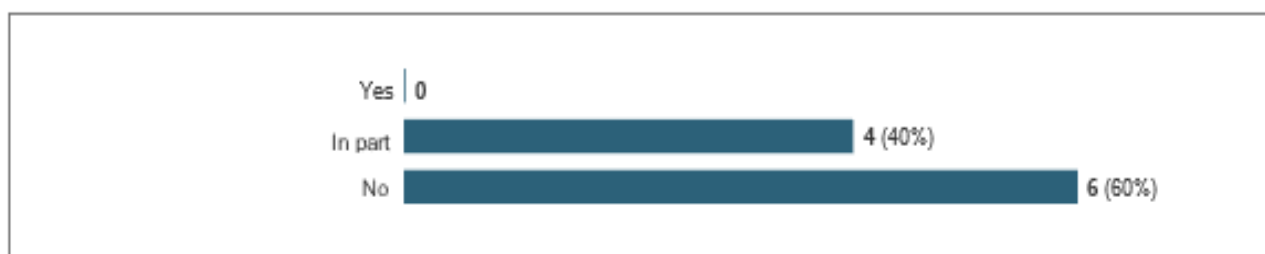
Showing all 4 responses	
Students are encouraged to intercalate but there is no additional funding to support this beyond fees being covered by the NHS in years 5 and 6	431947-431938-47323704
Intercalation does not fit with the structure of the UG programme	431947-431938-47346886
Strong intercalation programme but not financially supported	431947-431938-47422960
There are funding streams available through individual grants, trusts as well as wider University	431947-431938-48607450

5 How many undergraduate students have intercalated with a BSc in the last 5 years?

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Showing all 10 responses	
~3-4	431947-431938-43997693
2	431947-431938-44033077
7	431947-431938-44383162
5	431947-431938-44480859
3-4	431947-431938-47195221
6	431947-431938-47323704
0	431947-431938-47346886
16	431947-431938-47422960
5	431947-431938-47597596
20	431947-431938-48607450

5.a Have they been supported financially by the university?



5.b Comments.

Showing all 3 responses	
This is a MRes not a BSc	431947-431938-43997693
N/A	431947-431938-47346886
as above	431947-431938-48607450

6 How many graduate entry students have commenced the BDS programme in the last 5 years?

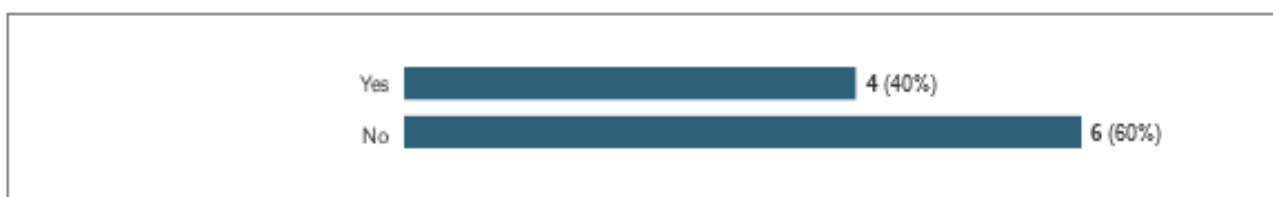
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Showing all 8 responses	
75	431947-431938-44033077
10	431947-431938-44383162
72	431947-431938-44480859
50	431947-431938-47323704
approximately 15	431947-431938-47346886
25	431947-431938-47422960
13	431947-431938-47597596
118 Graduate entry	431947-431938-48607450

6.a Comments.

Showing all 3 responses	
We used to be graduate entry only - but change to UG entry. approx 20% of our UG entrants are graduate entry	431947-431938-44480859
We have approximately 7-10 graduate entry students per year - please let us know if you need more accuracy than this	431947-431938-47323704
On the Graduate course GPEP as above on the undergrad more difficult to extract data	431947-431938-48607450

7 Intercalation can be research or education based, does your dental school provide opportunities for undergraduates to explore theory and practice of education?

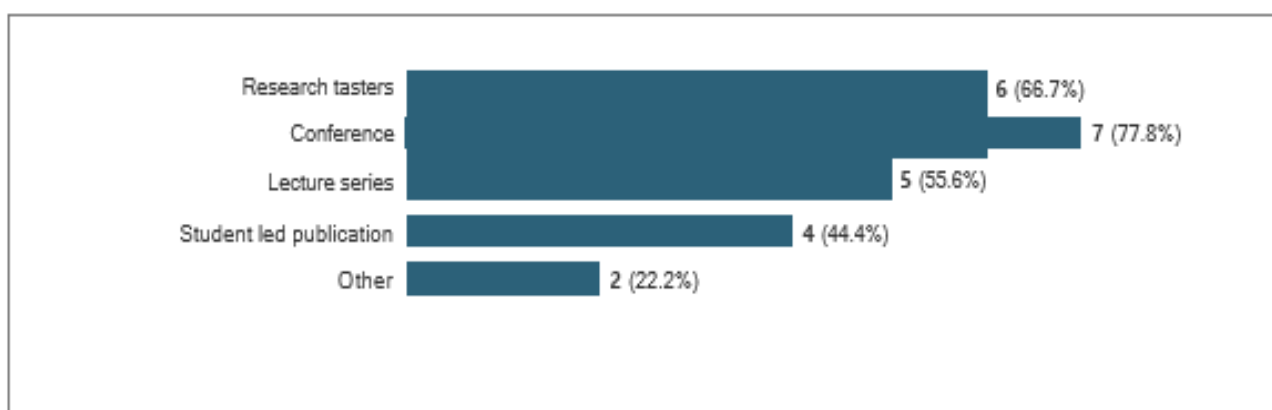


7.a If yes please describe the opportunity available.

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Showing all 4 responses	
Can do MSc in Biomedical Sciences (Research Based) or MSc in Clinical Education (Education Based) as intercalated Degree after the completion of year 3	431947-431938-44480859
Participate in educational research as researcher	431947-431938-47195221
UG can undertake an intercalated degree with Leeds Institute for Medical Education	431947-431938-47323704
Students are able to undertake <u>a</u> education based intercalated at any university that offers it	431947-431938-48607450

8 What INSPIRE activities do you run?



8.a If you selected Other, please specify:

Showing all 2 responses	
We do not run any INSPIRE activities	431947-431938-44383162
Research Data base of projects Internships/summer research studentships	431947-431938-48607450

8.b How many students have engaged in INSPIRE activities in the past 5 years?

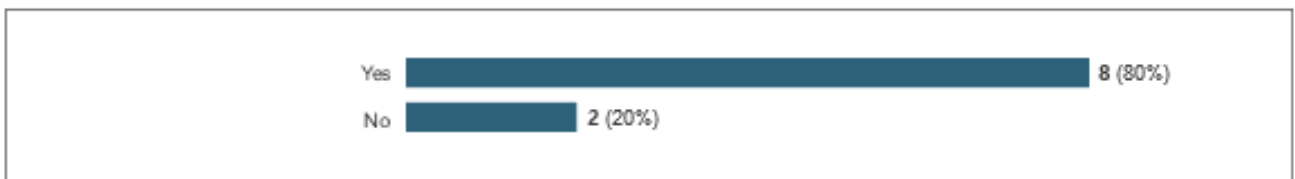
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Showing all 8 responses	
Just started last year	431947-431938-43997693
0	431947-431938-44383162
32	431947-431938-44480859
250	431947-431938-47323704
approximately 50	431947-431938-47346886
25	431947-431938-47422960
0	431947-431938-47597596
Unable to locate but we have 6 studentships this year	431947-431938-48607450

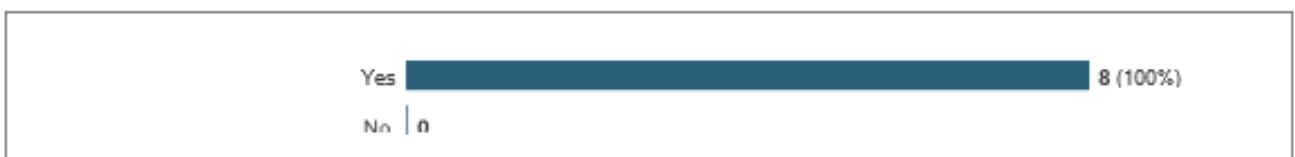
8.c Does your INSPIRE program provide funding for student research projects?

Showing all 8 responses	
Yes	431947-431938-43997693
Not applicable	431947-431938-44383162
Yes	431947-431938-44480859
No	431947-431938-47323704
No	431947-431938-47346886
Depends on project	431947-431938-47422960
No	431947-431938-47597596
YES	431947-431938-48607450

9 Does your dental school offer any opportunities for academic mentorship and role modelling?



9.a If 'yes' do you feel this is helpful?



Final ADC Academic Workstream Report - Supplementary Evidence

9.b Comments:

Showing all 5 responses	
Driven by the student	431947-431938-43997693
not formal	431947-431938-44033077
Through our Regular Portfolio Appraisal process we offer Academic Mentorship and Role Modelling	431947-431938-44480859
Students need to take forward these opportunities	431947-431938-47323704
We have a list of specialty based mentors who students approach	431947-431938-47422960

10 In your experience do you think that students who intercalate and/or engage in INSPIRE activities are more likely to go on to have an academic career?

Showing all 9 responses	
Possibly	431947-431938-43997693
possibly	431947-431938-44033077
I am sure it would help. We have had some excellent students who have undertaken intercalated degrees. Some have gone on to specialty training, but I am not sure how many are now in academic posts.	431947-431938-44383162
Yes	431947-431938-44480859
Yes	431947-431938-47323704
No data to provide an opinion	431947-431938-47346886
Definitely	431947-431938-47422960
Students who have intercalated have benefited both personally and academically - they have all come back wanting to do further research.	431947-431938-47597596
YES	431947-431938-48607450

11 Is there any evidence to support this?

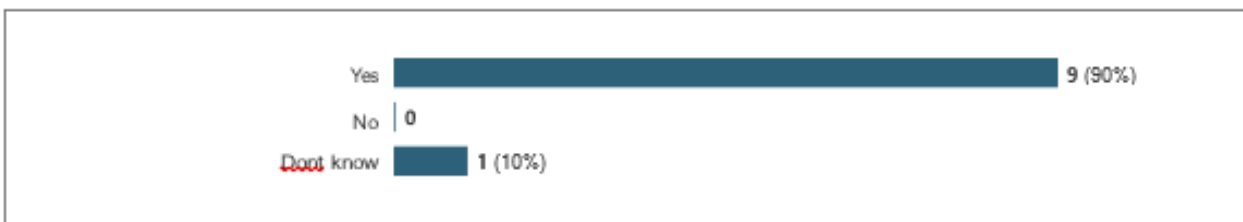
Final ADC Academic Workstream Report - Supplementary Evidence

Showing all 9 responses	
No. Hence why 'possibly' under Q10	431947-431938-43997693
no	431947-431938-44033077
No	431947-431938-44383162
Yes	431947-431938-44480859
We undertook a <u>fifth year</u> research project around intercalation and this was one of the findings	431947-431938-47323704
No	431947-431938-47346886
Students who have intercalated have entered or are trying to enter the NIHR IAT pathway	431947-431938-47422960
Only qualitative evidence	431947-431938-47597596
Tracking students is more challenging but applications from ACF/ACL are frequently from those who have more academic track through dental school	431947-431938-48607450

- 12 Please comment further on any of the topics raised within the questionnaire you feel we have not covered based on Walport recommendations.

Showing 1 response	
Greater flexibility on employment of people at different levels would help. E.g. ACFs could be able to join DCT programmes and vice versa, rather than specialty training posts. Specialty training may be a distraction for some dentists, especially as we are so primary care based. Also, colleagues in established specialty training posts should be be made more aware of NIHR IAT pathways, especially those in <u>five year</u> programmes.	431947-431938-47422960

- 13 Would an undergraduate fact sheet / information on career pathways be helpful?



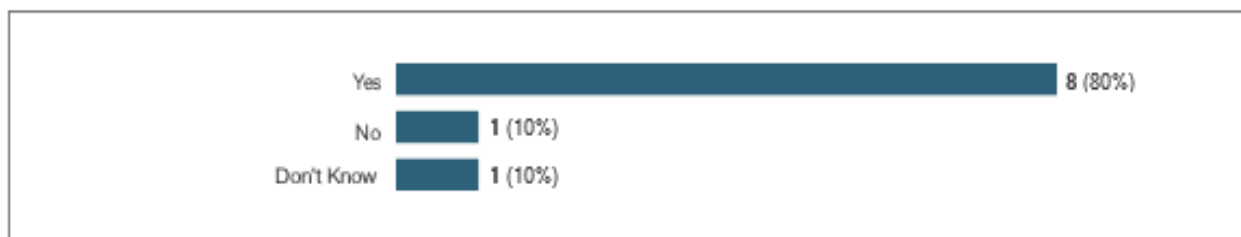
- 13.a At what stage in the undergraduate course would this be most useful?

Final ADC Academic Workstream Report - Supplementary Evidence

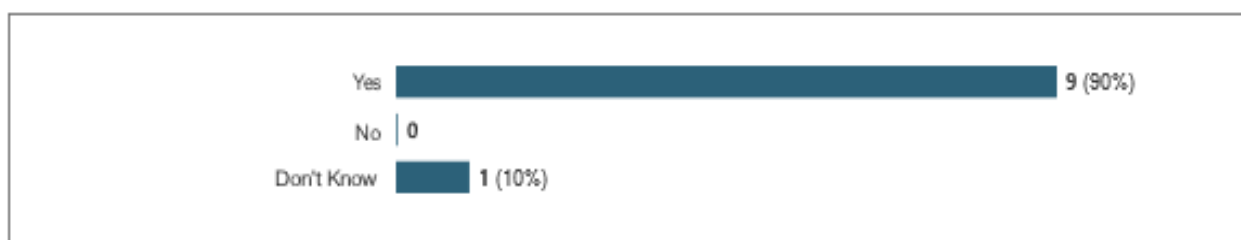


Showing all 9 responses	
Yr 3	431947-431938-43997693
from 3rd year to allow them time to engage and take available opportunities	431947-431938-44033077
Early, Mid and End	431947-431938-44480859
4-5	431947-431938-47195221
At any stage that the UG is inspired to find out more information	431947-431938-47323704
Year 4	431947-431938-47346886
Early would be very useful. However, do you need to specify the stage, as long as the information is available	431947-431938-47422960
During year 4 & 5	431947-431938-47597596
All stages	431947-431938-48607450

- 14 Do you think that having academic DCT posts would encourage interest in academic training pathways? (These would have to link across NHS and local academic faculties.)



- 15 Should dentistry consider run through academic DCT to specialty registrar training similar to medicine?



- 15.a Do you think this would facilitate applications for PHD funding and completion?

Final ADC Academic Workstream Report - Supplementary Evidence

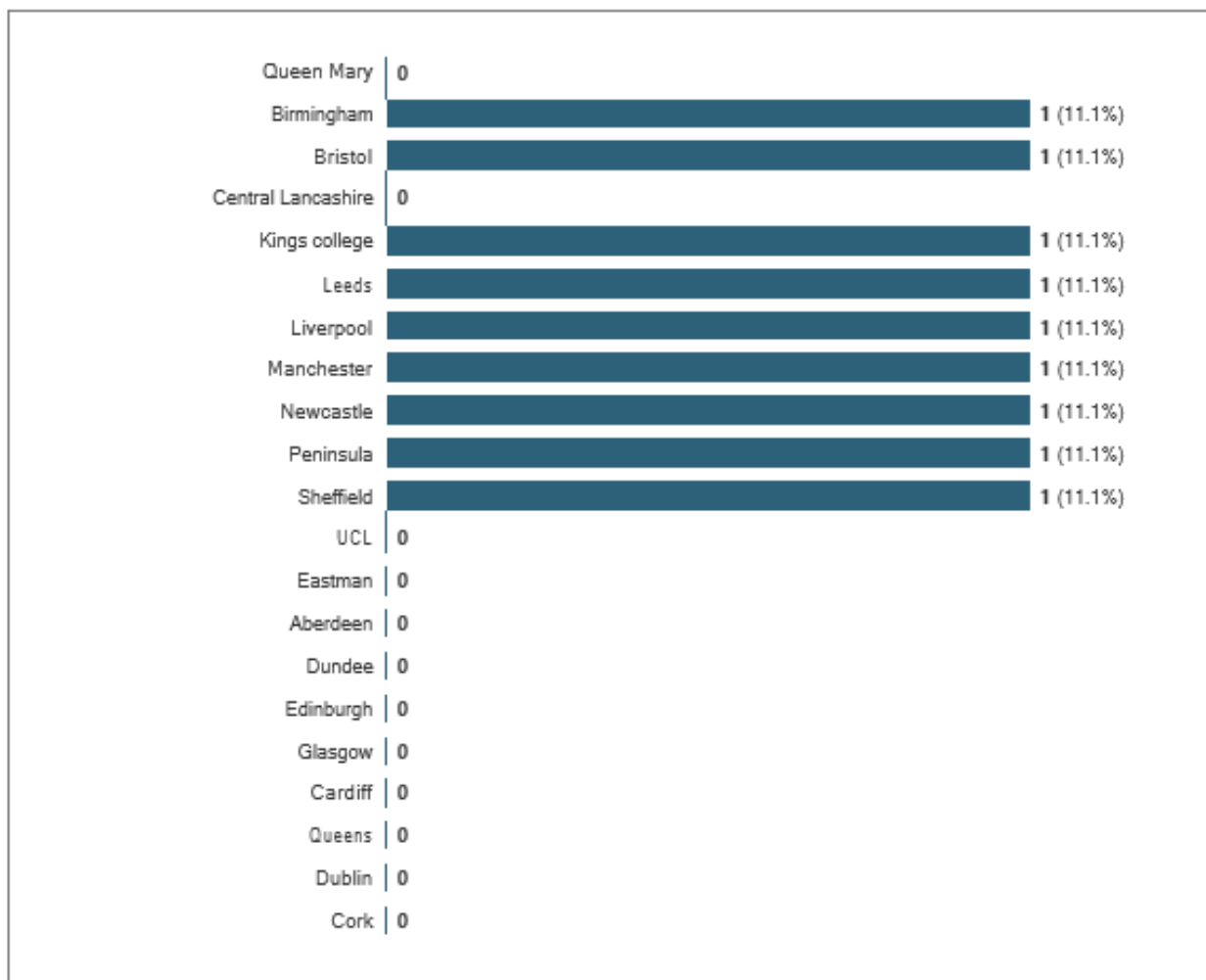
Showing all 9 responses	
Possibly, but shouldn't be 'one size fits all' should be multiple avenues to same destination to help people with differing needs get into clinical academia	431947-431938-43997693
Yes	431947-431938-44033077
I think longer fellowships providing run-through clinical training combined with an academic training leading a PhD would be more helpful.	431947-431938-44383162
Yes	431947-431938-44480859
<u>Yes</u> to DCT post, Not sure if DCT run through to <u>StR</u> would increase applications for PhD funding	431947-431938-47323704
Yes - it would relieve ACF time pressures	431947-431938-47346886
We believe ACFs should be offered at DCT level, allowing a PhD to be completed before specialist training. Completion of specialist training with the facility to maintain one's research during that training would also help. An important issue is the transition between senior trainee and consultant, so that Clinician Scientists awards should be considered a priority in dentistry. Clinician Scientists would then have the potential to develop a research group based on ACFs <u>etc</u>	431947-431938-47422960
Yes. We are very keen for our students to advance their study. Intercalation is an excellent method for them to do this	431947-431938-47597596
<u>Yes</u> the biggest block to PhD funding is the transition from ACF to PhD	431947-431938-48607450

16 What region is your dental school in?



- 16.a If you are happy to let us know which dental school or institute you are answering these questions for it may help to identify certain areas we can help with however you do not have to answer this question.

Final ADC Academic Workstream Report - Supplementary Evidence



Appendix 4:

Dental Academic Trainee survey 2018-19 results

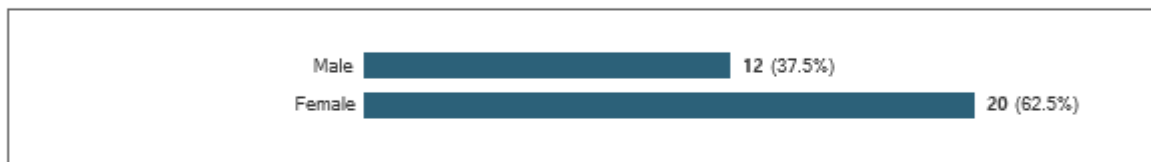
Dental Academic Trainee Survey 2018

Showing 33 of 33 responses

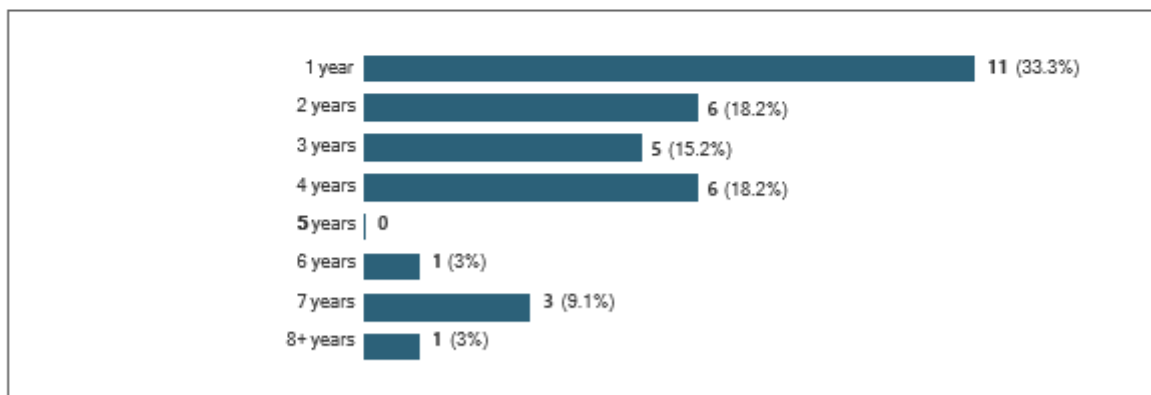
Showing **all** responses Showing
all questions Response rate:
33%

Post

1 Please indicate if you are:

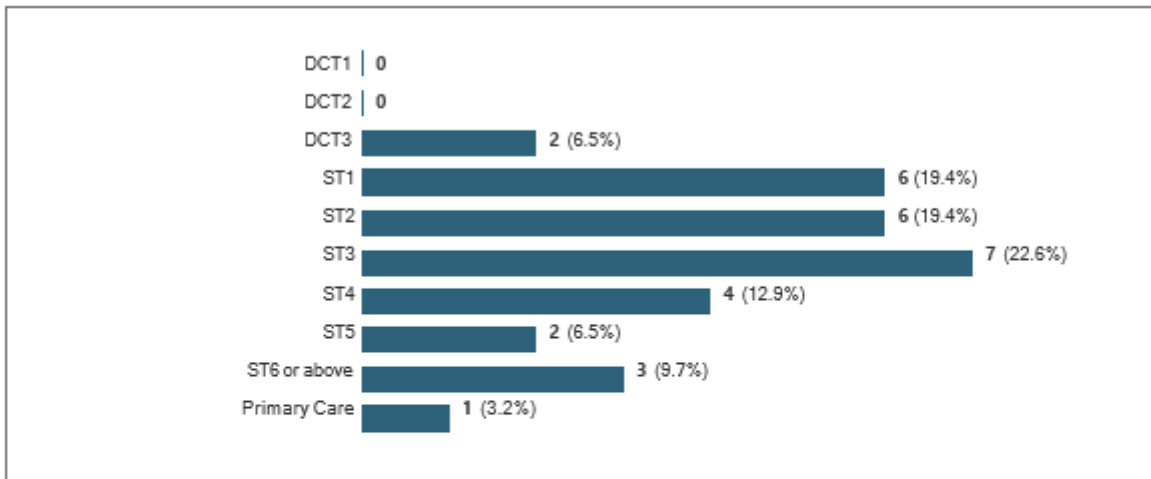


2 How long have you been in an academic training programme?

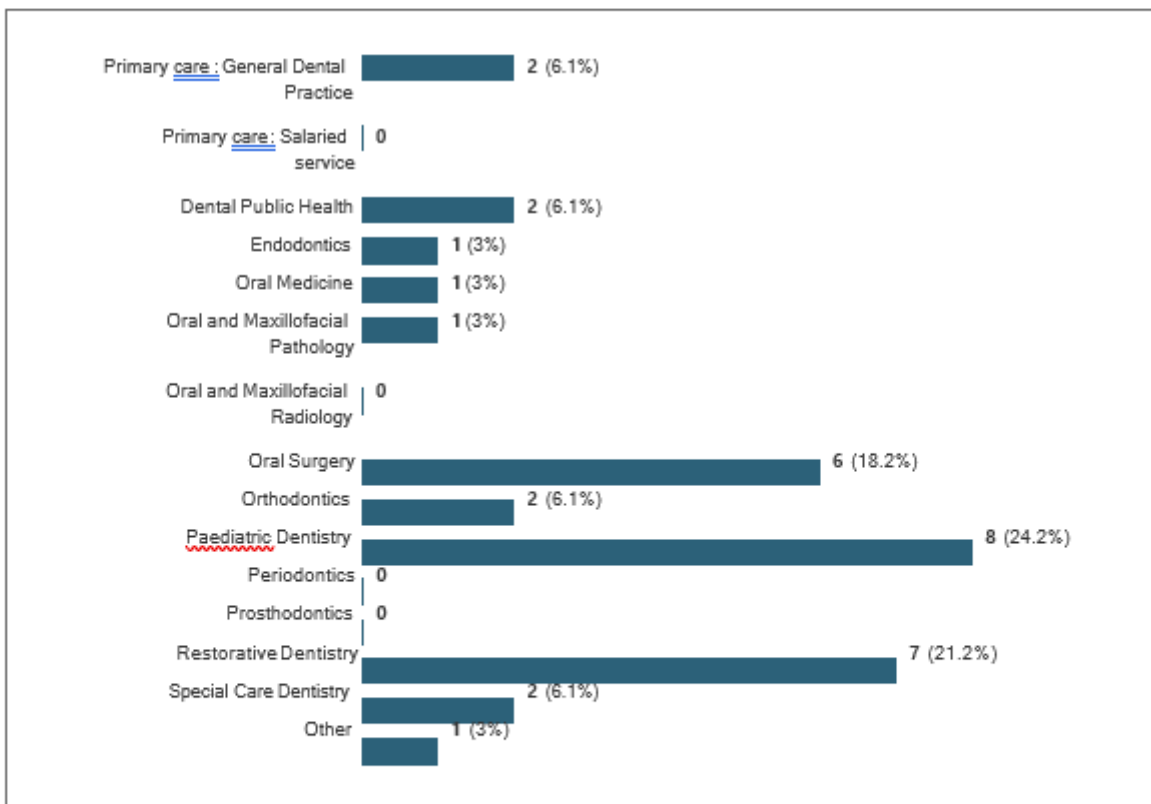


3 What is your current Clinical Training grade?

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4 What is your Specialty?



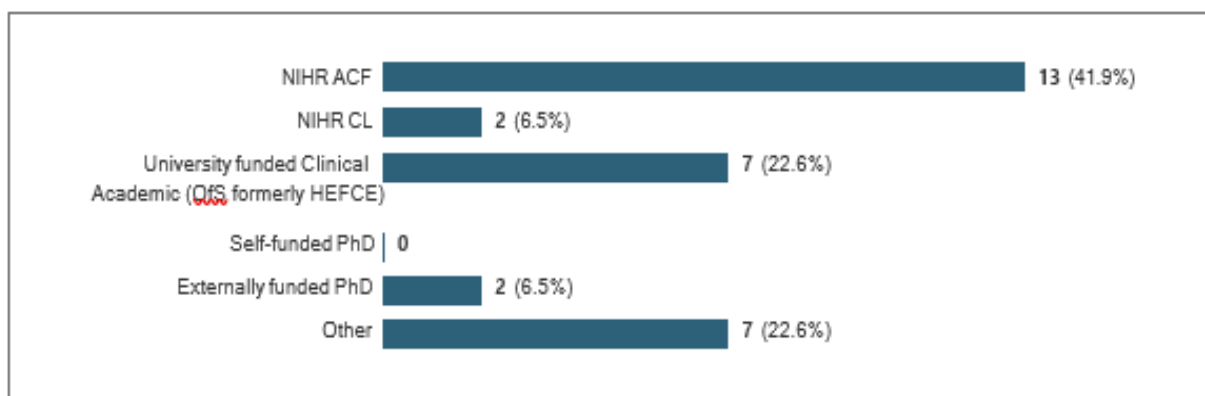
4.a If you selected Other, please specify:

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Showing 1 response

DCT no specialty 395061-395052-41426671

5 What is your academic posttype?

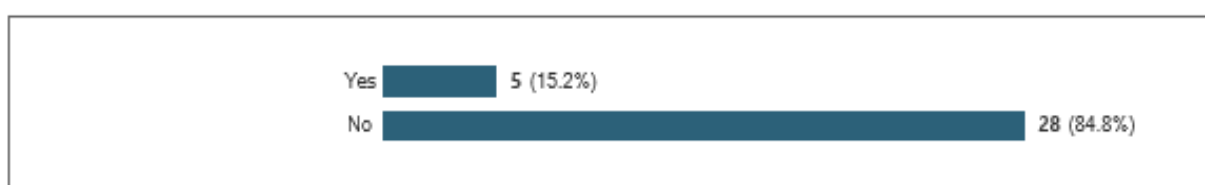


5.a If you selected Other, please specify:

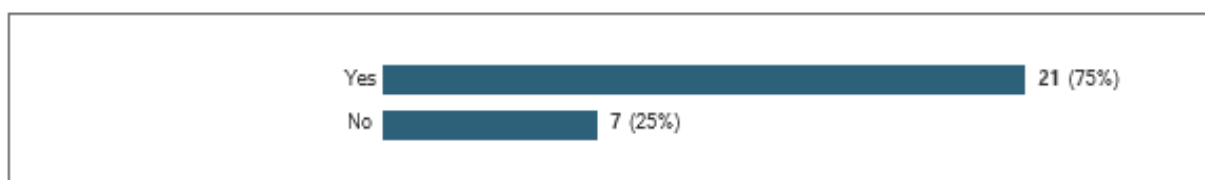
No responses

PhD

6 Do you already have a PhD?

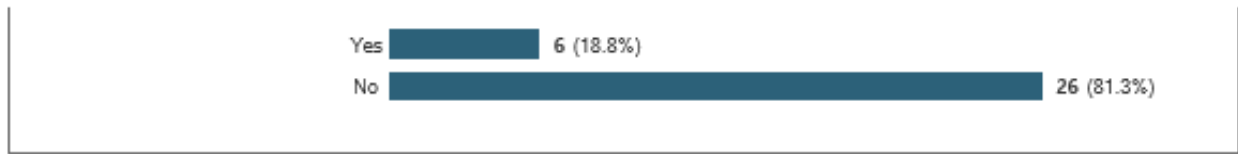


6.a If no is a PhD planned or in progress?



7 Have you applied for a PhD fellowship or post-doctoral fellowship?

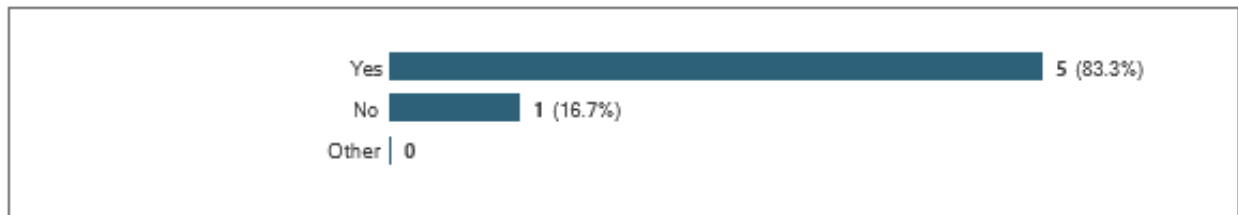
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7.a If yes, where have you applied? (NIHR/ Wellcome/ other please state in free text box)

Showing all 6 responses	
RCS-BOS fellowship	395061-395052-39482983
NIHR	395061-395052-39487482
Wellcome-GW4 Clinical Academic Programme	395061-395052-41001070
Wellcome	395061-395052-41426671
Applied to university	395061-395052-44061855
university	395061-395052-44139349

7.b Was you application successful?



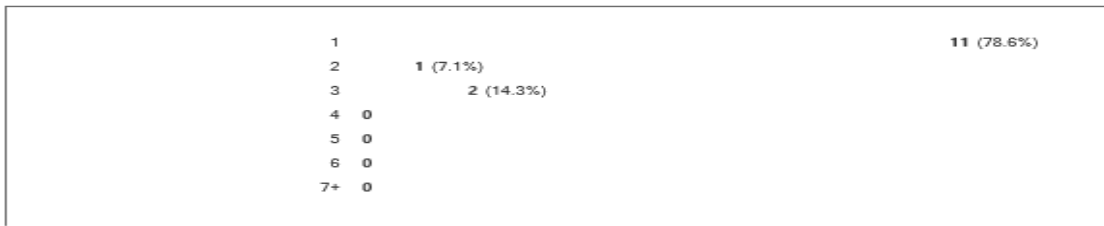
7.b.i If you selected Other, please specify:

No responses

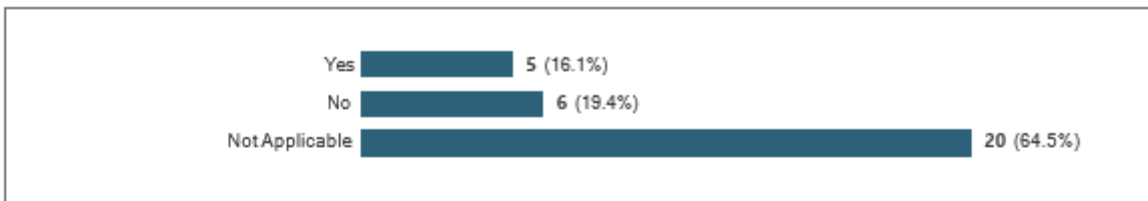
7.c How many applications for external PhD funding have you made?



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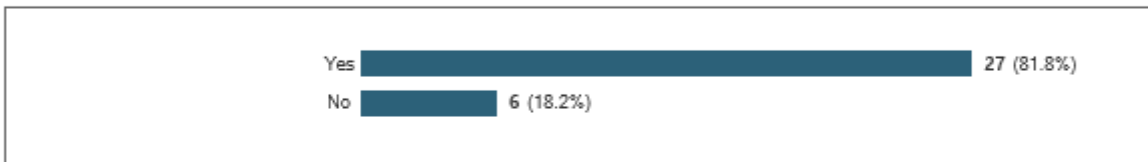


7.d Do you plan to reapply?

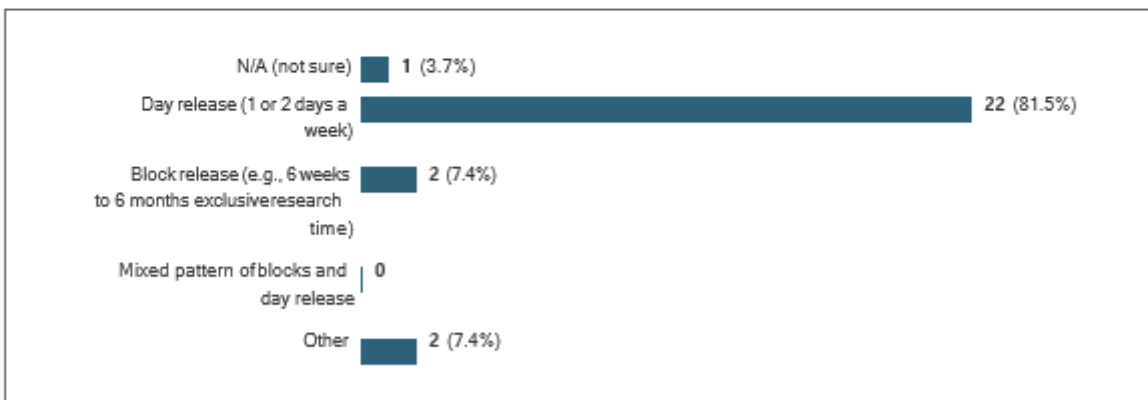


Research

8 Have you a clear idea how your research time is going to be structured for the duration of your current post?



8.a If yes, on what basis is your research time structured?

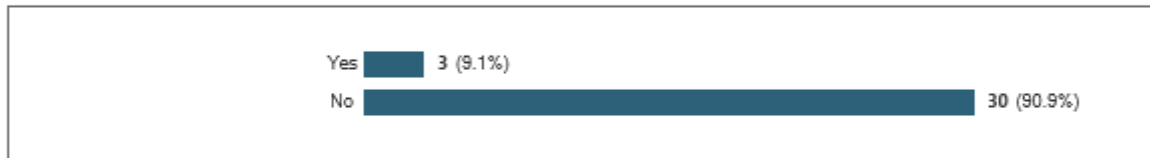


8.a.i If you selected Other, please specify:

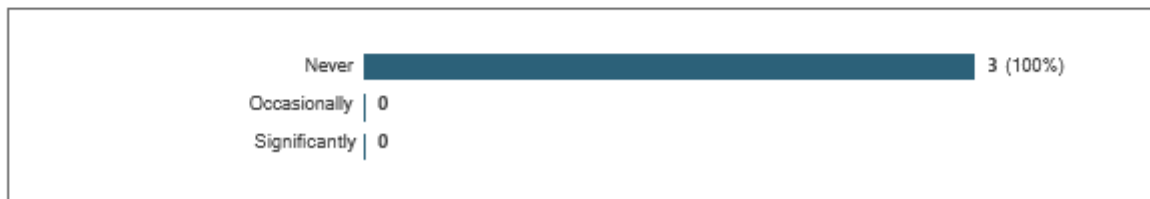
Final ADC Academic Workstream Report - Supplementary Evidence

Showing all 2 responses	
FT academic with day release clinical	395061-395052-41426671
End of training	395061-395052-44076985

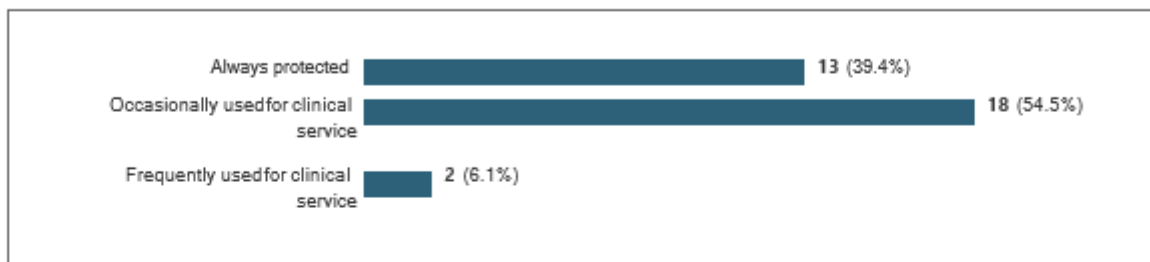
9 Do you undertake any out of hours (7pm -7am) on call activities in your post?



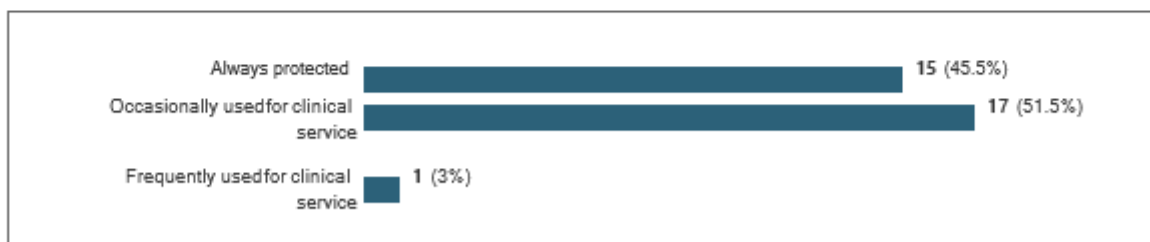
9.a If Yes, has the on call commitment impacted on your protected research time?



10 To what extent has your research time been protected since starting your current post (excluding on call commitments)?

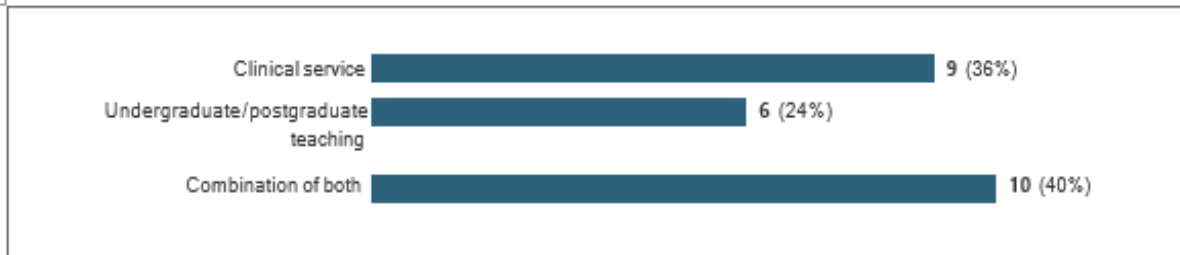


11 To what extent has your research time been protected within the last year?

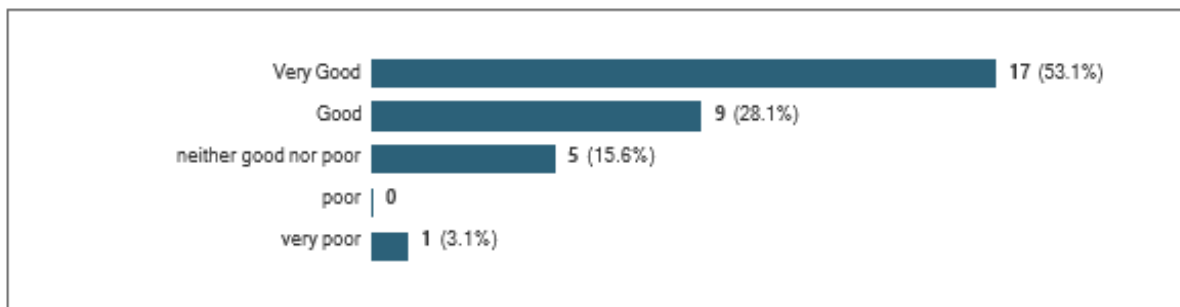


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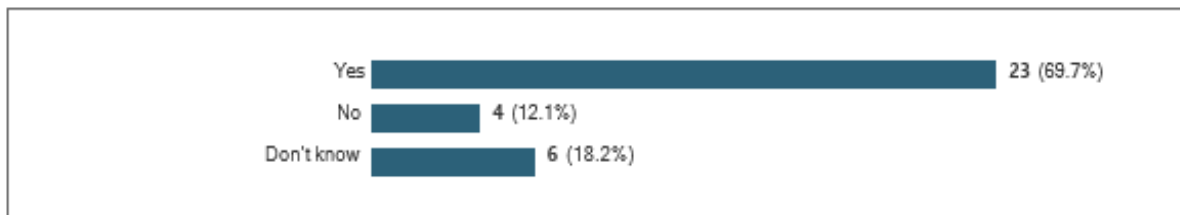
11.a If your research time has been encroached upon has this mainly been related to demands of?



12 How would you rate the quality of academic supervision you receive during your protected research time?



13 Do you have access to structured training in research methods and governance?



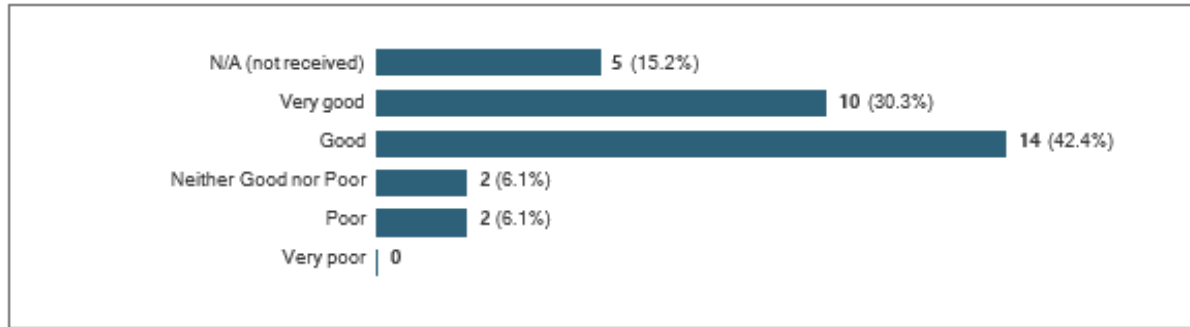
13.a If yes please outline what this.

Final ADC Academic Workstream Report - Supplementary Evidence

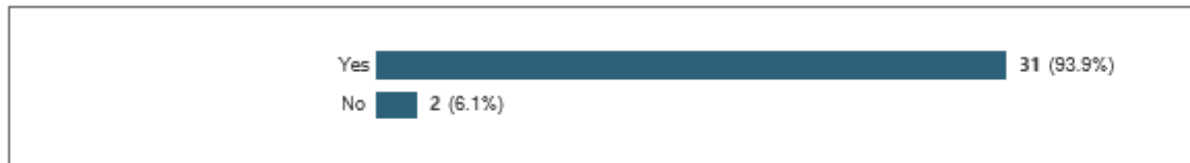
Showing all 23 responses	
Doctoral Development Programme at the University of Sheffield	395061-395052-39482983
Masters in clinical research degree	395061-395052-39483457
Modules on DDP	395061-395052-39487482
Through modules on Masters in Clinical Research	395061-395052-39516147
Short courses at Bristol and UCL	395061-395052-41001070
GCP Bristol Doctorial College courses	395061-395052-41002240
University courses inc Teaching and Learning for Health Professionals Diploma	395061-395052-41076469
Statistics course and qualitative methods	395061-395052-41148042
There is an academic training programme and workshops available throughout the year	395061-395052-41279986
LSHTM Epidemiology Masters program, University of Bristol short courses	395061-395052-41426671
Qualitative research workshop	395061-395052-41847878
Online module in research methods Critical appraisal training	395061-395052-43940355
Online modules	395061-395052-44022627
GCP, internal and external research method courses plus internal research integrity course.	395061-395052-44044117
Courses. Too many to list	395061-395052-44052651
ACF training days run by University of Manchester	395061-395052-44115842
masters in research	395061-395052-44117319
Pg. cert health research methods	395061-395052-44119277
Masters	395061-395052-44124938
masters degree - module	395061-395052-44139349
Ddsc module	395061-395052-44338393
University provides training for PGRs which I can access	395061-395052-44516636
University provided and supported to attend courses as required to improve research skills	395061-395052-44727127

14 Please rate the structured training in research methods and governance you've received (if any).

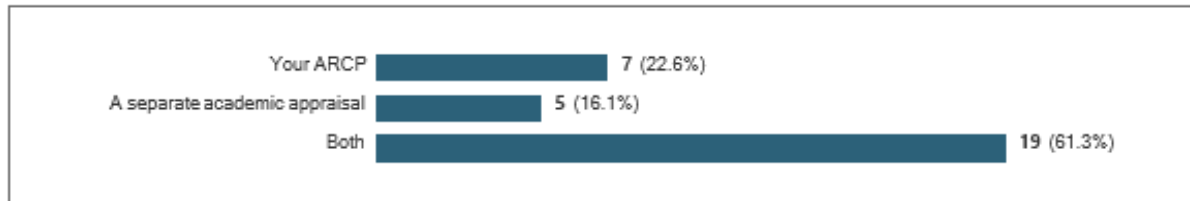
Final ADC Academic Workstream Report - Supplementary Evidence



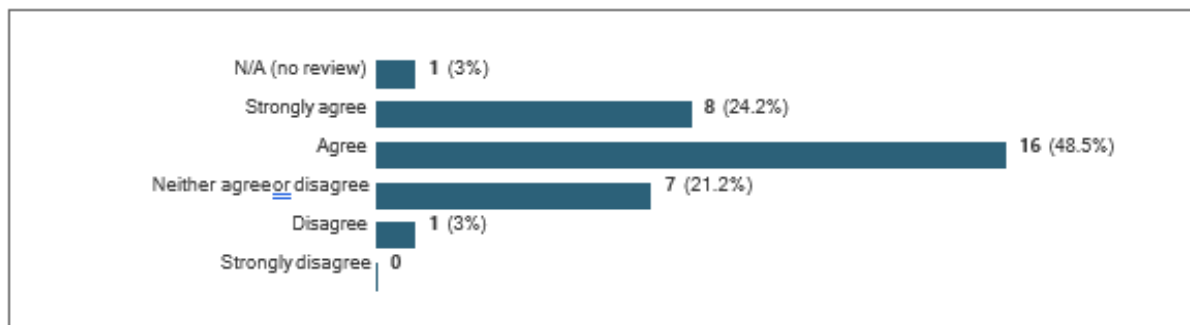
15 Have you had a formal review of your academic progress undertaken in your current post?



15.a If yes, please indicate if this was included within...

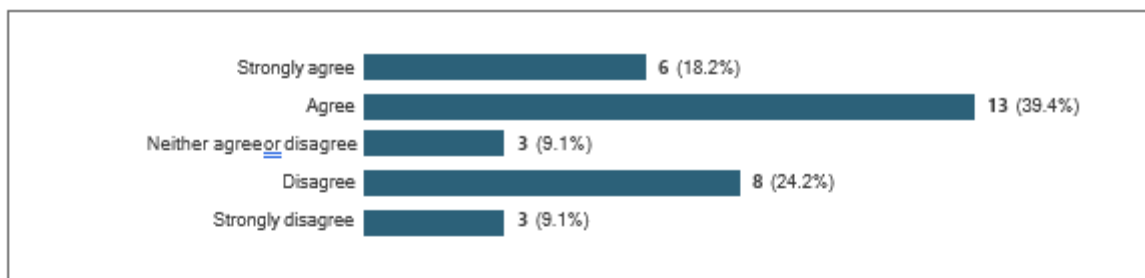


16 To what extent do you agree or disagree with the following statement? The formal review of my academic progress was useful.



17 To what extent do you agree or disagree with the following statement? The clinical and academic aspects of my posts are well integrated.

Final ADC Academic Workstream Report - Supplementary Evidence



17.a Please expand on your answer

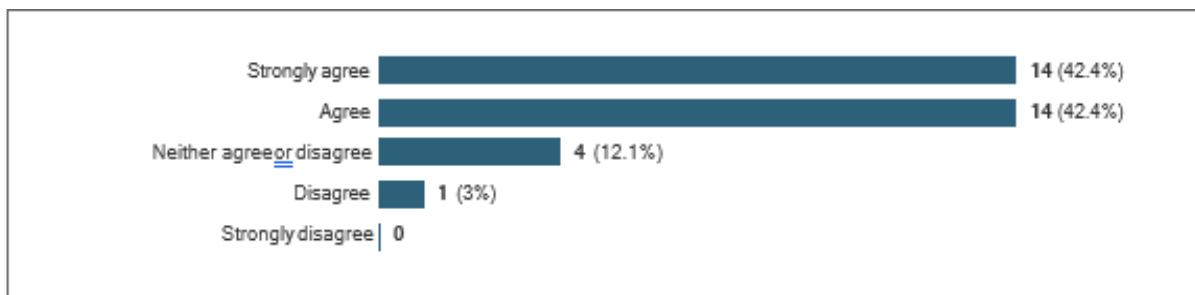
Showing all 33 responses	
My clinical supervisors have been very accommodating in the adjustment of my clinics to allow for my academic commitments.	395061-395052-39482983
They are very separate as the clinical role co-ordinator has little insight into my academic role	395061-395052-39483457
Time protected away from practice	395061-395052-39487482
There is good forward planning of both the academic and clinical components of my post.	395061-395052-39516147
The main focus is on the clinical pathway	395061-395052-40083731
Mostly clinical week which is good as oral surgery is a hands-on craft specialty but also intense academic training at an Epidemiology unit with full time scientists.	395061-395052-41001070
There are numerous conflicts on time and achievements in one area are not recognised in the other. At worst achievement in one area can be detrimental to the other.	395061-395052-41002240
N-a	395061-395052-41006411
The topic I'm researching is <u>unrelated</u> to my clinic work. However I recognise that the purpose of this post is obtain <u>the skill</u> set to allow me do independent research in the future	395061-395052-41005812
Although I have time in my working week for both the clinical and academic <u>roles</u> I have had little guidance on what is expected of me in the academic role	395061-395052-41076469
Yes	395061-395052-41148042
As part of my job I extract teeth and those then can be used for my research. This <u>is of</u> course under Ethical approval and appropriate patients consent. I have dedicated time for my clinical duties and well-protected <u>time for</u> my research that never gets breached (although this is controlled by me).	395061-395052-41279986
Wellcome only allow maximum 20% of time can be clinical and my PhD is not within a dental school so integrating the two aspects is difficult but i don't think this is necessarily a bad thing	395061-395052-41426671

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Being an academic trainee, the clinical side won't fund any clinical courses or education, but nor will the University so I'm disadvantaged compared I clinical trainees	395061-395052-41530116
Agree	395061-395052-41847878
Training covers both quantitative and qualitative methods, but my research only utilises the quantitative methods. I believe further training or refreshing would be required for qualitative work.	395061-395052-43940355
No problems	395061-395052-44022627
Both my TPD and research supervisor were supportive of both of my roles	395061-395052-44043779
They are not well integrated.	395061-395052-44044117
Both aspects and staff work well together	395061-395052-44052651
There <u>is</u> additional duties and overlap which makes it difficult to focus only on the research	395061-395052-44061855
s	395061-395052-44076985
I feel well supported in both fields, the academic side I commenced more independently to begin with <u>but have</u> lots of advice and support available to me	395061-395052-44115842
Combined during week	395061-395052-44117319
Have time for both	395061-395052-44119277
Teaching overlaps with both and strengthens clinical practice	395061-395052-44120341
.	395061-395052-44124938
doing a <u>masters</u> degree - in clinical paediatric dentistry was very useful	395061-395052-44139349
The service work is very distinct from the academic. There are a few common <u>themes</u> but they are quite different.	395061-395052-44144260
no communication between clinical and academic posts	395061-395052-44148243
Lots of replication for academic and clinical side	395061-395052-44338393
It is very challenging to work well across clinical care/training, research and teaching. Often, clinical and teaching commitments bleed into research time. Some NHS administrative jobs completely fill protected research time.	395061-395052-44516636
Completely separate jobs, with neither side appreciating what I do in the 'other' job	395061-395052-44727127

18 To what extent do you agree or disagree with the following statement? I'm adequately supported by my clinical educational supervisor/ training programme director in my current post?

Final ADC Academic Workstream Report - Supplementary Evidence



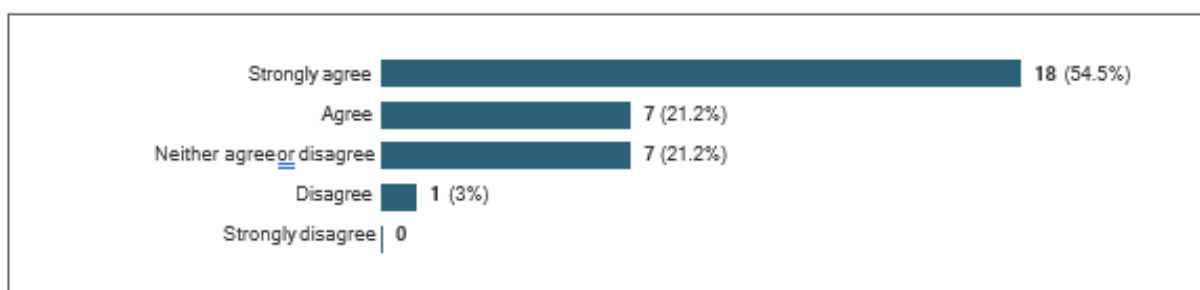
18.a Please expand on your answer

Showing all 33 responses	
My Educational supervisor has been incredibly supportive throughout my training and her support has been pivotal in enabling me to combine my clinical and academic commitments.	395061-395052-39482983
TPD is excellent Lots of support from ES and academic supervisor	395061-395052-39483457
Really great support with regular meetings and communications	395061-395052-39487482
I feel very adequately supported	395061-395052-39516147
my current ES and TPD are supportive	395061-395052-40083731
Full support- which has been essential for making a fellowship application.	395061-395052-41001070
I have no educational supervisor, clinical and research careers are diverse and a path not followed by many, so there are a very small number of senior staff who can lead by example or fully appreciate the impact of the decisions that are made.	395061-395052-41002240
N/a	395061-395052-41006411
Very Good support- -always can ask for help/guidance.	395061-395052-41005812
Supported well by the TPD, less effective support from educational supervisor	395061-395052-41076469
Yes	395061-395052-41148042
I have a number of mentors and supervisors. My educational supervisor and TPD is available for advice and support.	395061-395052-41279986
I have a clinical Consultant acting as a clinical supervisor <u>during my</u> PhD. We meet at least 6 monthly <u>to discuss</u> progression and tailor clinical time.	395061-395052-41426671
I don't feel they respect the importance of my teaching responsibility or research time	395061-395052-41530116
Strongly agree	395061-395052-41847878
Excellent support <u>at all times.</u>	395061-395052-43940355

Final ADC Academic Workstream Report - Supplementary Evidence

No problems	395061-395052-44022627
I was given support by my TPD	395061-395052-44043779
Well supported by TPD and ES within NHS part of training.	395061-395052-44044117
These change too frequently to maintain continuity	395061-395052-44052651
Do expect additional support from my TPD	395061-395052-44061855
s	395061-395052-44076985
good support in open environment	395061-395052-44115842
Regular meetings with supervisor	395061-395052-44117319
Well supported by academic mentor (<u>thought</u> not official academic supervisor) sometimes slight issues with attending educational activities (study leave) but in general well supported by clinical side for academic pursuits	395061-395052-44119277
My ES offers me great support both clinically and professionally	395061-395052-44120341
.	395061-395052-44124938
supervision from my department and another department as my research crossed over. a lot of support for my dissertation	395061-395052-44139349
I am in regular meetings/contact with both my ES and TPD. This ensures my training is closely monitored.	395061-395052-44144260
faced difficulties with academic training - education supervisor has been supportive	395061-395052-44148243
Good support from academic and clinical staff	395061-395052-44338393
I am well supported by my TPD and educational supervisor.	395061-395052-44516636
Supported when I ask for support, but few and far between. Would much prefer regular structured meetings	395061-395052-44727127

19 To what extent do you agree or disagree with the following statement? I'm adequately supported by my academic supervisor / academic training programme director in my current post.



19.a Please expand on your answer

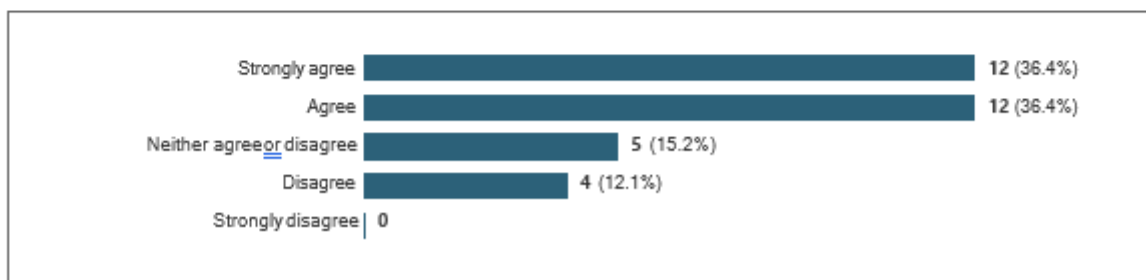
Final ADC Academic Workstream Report - Supplementary Evidence

Showing all 33 responses	
My academic supervisor is very supportive. His guidance and advice <u>has</u> been invaluable in enabling me to progress with my academic development.	395061-395052-39482983
Definitely	395061-395052-39483457
Great supervision and support	395061-395052-39487482
I feel supported to develop my academic <u>skills, write</u> publications, apply for grants and complete research	395061-395052-39516147
Academic supervisor is supportive but has no control over time tabling	395061-395052-40083731
Through being given protected academic time, encouragement and contacts to progress an academic career.	395061-395052-41001070
My academic supervisors are very supportive.	395061-395052-41002240
N/-a	395061-395052-41006411
Supervisors always at hand to help/guide me.	395061-395052-41005812
Although I have time in my working week expectations for my progression have not been well communicated by my academic supervisor	395061-395052-41076469
Yes	395061-395052-41148042
My academic advisor is readily available for advice and support.	395061-395052-41279986
The academic training/supervision is very good	395061-395052-41426671
They are just a bit indifferent to me	395061-395052-41530116
Strongly agree	395061-395052-41847878
As above.	395061-395052-43940355
No problems	395061-395052-44022627
	395061-395052-44043779
Only contact is in relation to PhD.	395061-395052-44044117
Excellent academic support	395061-395052-44052651
I am supported however not always approachable and hence classed as less than adequate	395061-395052-44061855
s	395061-395052-44076985
good support in open environment	395061-395052-44115842
Regular meetings	395061-395052-44117319
I don't have one! <u>However</u> have excellent informal mentors who have supported me	395061-395052-44119277
She is always available to speak to and discuss matters	395061-395052-44120341
.	395061-395052-44124938

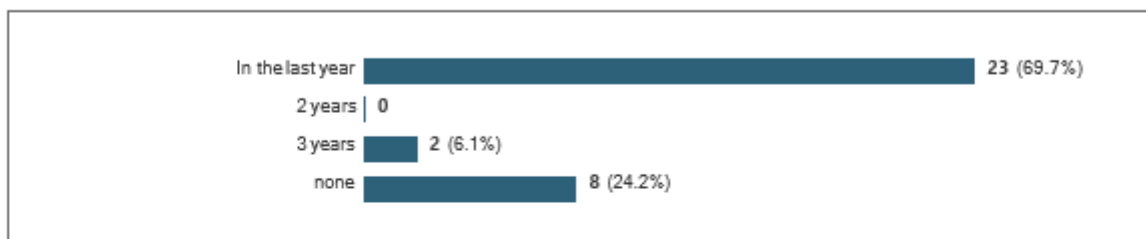
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as above	395061-395052-44139349
They have both been very supportive.	395061-395052-44144260
poor level of support and inconsistence in academic training	395061-395052-44148243
Well supported regular meetings	395061-395052-44338393
I am now. I have had to change supervisor due to challenges balancing workload against expectations.	395061-395052-44516636
Did not feel previously supported, but this person has now changed and am hopeful this will improve	395061-395052-44727127

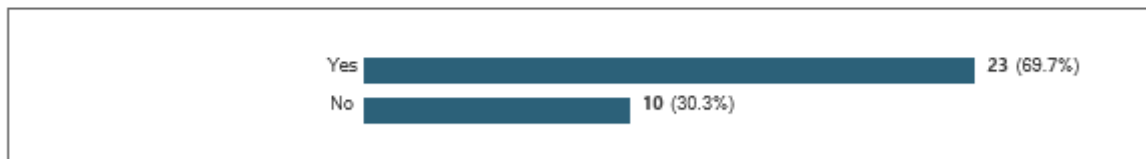
20 To what extent do you agree or disagree with the following statement? My current post meets both my clinical and academic training requirements.



21 Have you received career advice about progressing in a clinical academic career?

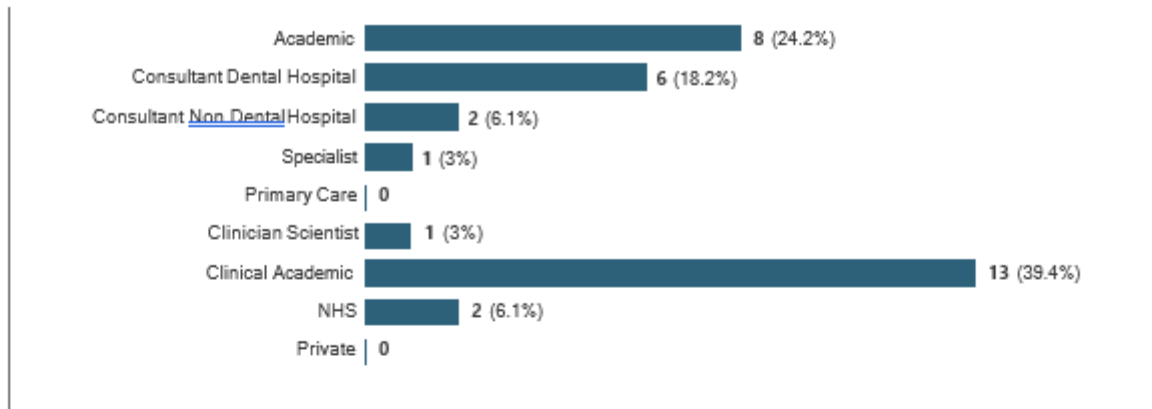


22 Are your career plans known to you?



22.a If yes please indicate plan

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23 Please describe any facilitators or barriers you have encountered in undertaking academic training or securing an academic position post training.

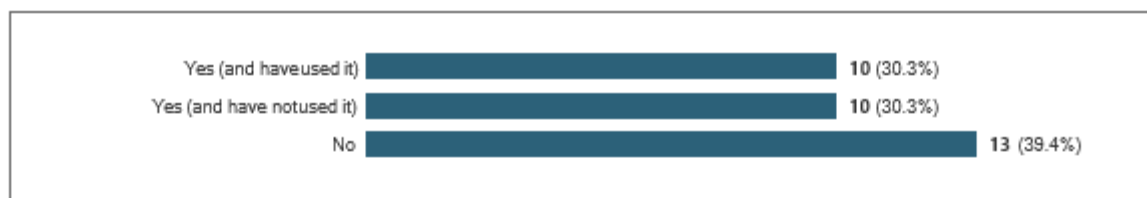
Showing all 23 responses	
Lack of clinical flexibility and variety	395061-395052-39483457
Time can be an issue, especially when close to deadlines for assignments	395061-395052-39516147
Less time is given to research	395061-395052-40083731
Very hard work to balance clinical and academic training- lots of very different skills to learn and often this can detract from one or the other.	395061-395052-41001070
Difficulty appointing educational supervisors Challenges when organising timetables Everyone works in their niche areas, and it is difficult for them to appreciate the multidimensional aspects of my role.	395061-395052-41002240
Relationship with academic supervisor	395061-395052-41006411
The ACF is a great post. What I've discovered is that research is slow to produce results. As such you can feel time pressure with research as if you do t has any positive findings it is hard to publish/put together a fellowship application. Perhaps a full year of research is required!	395061-395052-41005812
My training through an educational route was unusual to begin and so the expectations of progression have not been clear to myself or my trainers. I feel that a structure for supporting trainees through the educational route would help in future as I think there will be more demand for them.	395061-395052-41076469
There are many but mentioning a few are there criteria to satisfy job description and then personal and professional progression - facilitation to a natural progression curve.	395061-395052-41279986
Barriers: Lack of opportunity to engage in research as dental student Lack of clear pathways at in early stages Lack of knowledge of academic pathway - myself, other clinicians and	395061-395052-41426671

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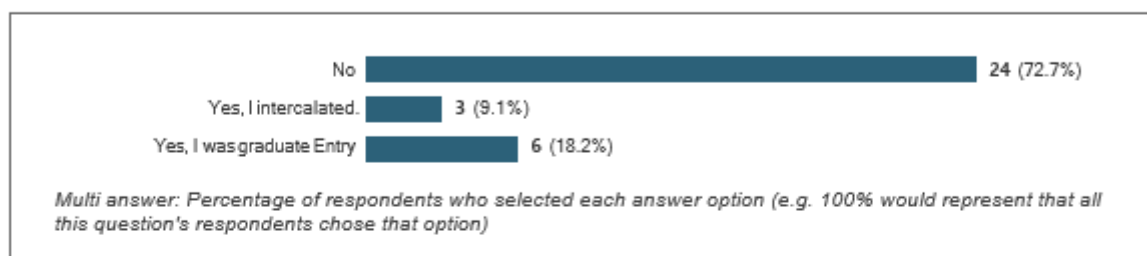
<p>other academics. Very few academic DCT positions Facilitators: NIHR ACF funding at DCT level allows good clinical training and allows time to get involved in research academic TPD who encourages fellowship applications</p>	
<p>Being an academic trainee, the clinical side won't fund any clinical courses or education, but nor will the University so I'm disadvantaged compared I clinical trainees</p>	395061-395052-41530116
<p>Research is basic science and funding streams for basic science is more challenging. My current research would work better alongside a large group with dental material scientists, engineers etc... Some support is provided but more collaborators ay be required for translational progression.</p>	395061-395052-43940355
<p>N/A</p>	395061-395052-44043779
<p>Barriers - available posts, support from manager / supervisor.</p>	395061-395052-44044117
<p>Barriers faced is environment is not very research focussed. Facilitators - have protected time for research</p>	395061-395052-44061855
<p>N/a at stage</p>	395061-395052-44117319
<p>Difficulties with limited acf posts in Paediatric dentistry</p>	395061-395052-44119277
<p>Working within a research centric unit is helpful, I am well supported by both Academic and NHS staff. I am given time to attend modules for training and CPD</p>	395061-395052-44124938
<p>funding for fellowship and having adequate research experience beforehand</p>	395061-395052-44139349
<p>very little if none at all in supporting academic career</p>	395061-395052-44148243
<p>Having to replicate information</p>	395061-395052-44338393
<p>tension between NHS board and University priorities do not make it easy. both tend to assume you have no commitment to the other. Full time colleagues working in one area (e.g. teaching, clinical care or research) have a poor understanding of those who balance all three. Funding in NHS and University makes future career progression within the same institution challenging and necessitates moving/increasing commute with consequences for family/personal life.</p>	395061-395052-44516636
<p>I still have 5 years of training to complete and am unsure how I will feel at the end of training</p>	395061-395052-44727127

24 Have you had access to a mentoring scheme?

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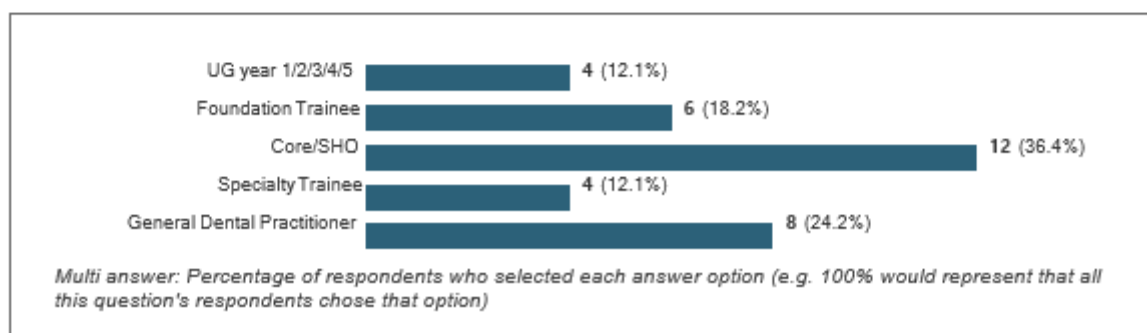
25 Did you intercalate during your undergraduate dental training or were you graduate entry?



5.a If graduate Entry please state your degree.

Showing all 6 responses	
BDS	395061-395052-39487482
BSc Hons Biochemistry	395061-395052-41426671
BSc Hons Anatomy and Human Biology	395061-395052-43940355
BSc Forensic Biology	395061-395052-44115842
Biomedical sciences	395061-395052-44120341
Medical Microbiology and Immunology	395061-395052-44144260

26 At what stage of your training did you decide that you wanted to become a clinical academic?



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27 What inspired you to undertake an academic pathway?

Showing all 29 responses	
My academic supervisor during my undergraduate degree	395061-395052-39482983
Fusion of both elements of patient care and advancement	395061-395052-39483457
Research and application to general practice	395061-395052-39487482
Varied and interesting, learning something every day	395061-395052-39516147
Enjoying the research	395061-395052-40083731
To have a mixed and varied career, enabling me to remain at the cutting edge of clinical research and practice. <u>To learn</u> skills outside of dentistry. To travel and meet <u>like minded</u> individuals.	395061-395052-41001070
Pushing back the barriers of scientific knowledge. Undertaking a clinical <u>masters</u> degree. Positive and inspiring teaching staff.	395061-395052-41002240
Career progression	395061-395052-41006411
Inspired by mentors mainly. Also undertook a number of clinical <u>research</u> projects that I really enjoyed	395061-395052-41005812
It was incidental - I wanted <u>to specialise</u> in oral surgery and the academic training was attached. I did not realise academic training in education was an option throughout my undergraduate and foundation years.	395061-395052-41076469
I was interested in research	395061-395052-41148042
On completion of my MSc in Oral Surgery I have become passionate about research and academic. I have been inspired by my senior colleagues and the field I am working at clinically.	395061-395052-41279986
Varied career, making a difference on a larger scale, new challenges, travel	395061-395052-41426671
Variety of the post	395061-395052-41530116
Inspirational Lecturers. Job variety. Interest in science and drive to improve patient outcomes through academic effort.	395061-395052-43940355
My academic supervisor - she is very inspiring	395061-395052-44043779
Thought I could add something having had significant experiential knowledge of clinical practice in primary care.	395061-395052-44044117
Other academics	395061-395052-44052651
My passion for teaching and wanting to be involved with post graduate teaching	395061-395052-44061855
Previous background in science and research. Availability of more career progression options	395061-395052-44115842

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Integration with clinical practice	395061-395052-44117319
Attending Bsd in <u>Leeds</u> seeing all the work people were doing and how it had impact when I was dct 1	395061-395052-44119277
I enjoy research and teaching about research and ideas to improve clinical practice	395061-395052-44120341
A Consultant supervising me as a more junior trainee first exposed me to the <u>concept</u> , and supported me in applying for the role.	395061-395052-44124938
Some of my dental topic interests are quite niche and therefore best served through academia.	395061-395052-44144260
I self-funded an Msc and as part of this the research project enhanced my interest in research	395061-395052-44148243
Availability of STR post	395061-395052-44338393
Boredom of general dental practice. Desire to teach and work with colleagues who are at the forefront of current thinking in dentistry. Desire for variety in working life. desire to specialize.	395061-395052-44516636
<u>It is</u> something I had considered when I was younger, but did not feel that I could pursue this and have a family. My family <u>is now</u> older so I felt it was the right time to consider this. I was in a senior clinical academic post, but felt there were <u>limited career</u> prospects without specialty training and/or a PhD.	395061-395052-44727127

28 Is there anything that could have been done for you to make entry into academic training easier?

Showing all 27 responses	
Nil	395061-395052-39482983
Academic DCT posts may have made the transition into ACF easier as I intercalated many years ago.	395061-395052-39516147
Instead of having clinical training purely in hospital-based setting should be a mixture of hospital and academic setting	395061-395052-40083731
No- it's competitive and hard work!	395061-395052-41001070
Streamlined from selection process	395061-395052-41002240
No	395061-395052-41006411
<u>No</u> I think I got good support	395061-395052-41005812
More teaching about educational pathways during undergraduate and foundation years	395061-395052-41076469
More information about pathways	395061-395052-41148042
I think academic training is well-known pathway and very accessible and achievable at appropriate level. Although more effort can <u>be made</u> for extra funding to support the transition to become an independent clinical scientist/academic.	395061-395052-41279986

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Clearer pathways, more options and better information as an undergraduate	395061-395052-41426671
Research experience being accessible as an SHO	395061-395052-41530116
Increased salary! Run through DCT posts.	395061-395052-43940355
My clinical training and PhD were integrated. My university was very supportive.	395061-395052-44043779
Not run PhD and specialty training concurrently. Protected time and clear expectations of teaching commitments at the beginning .	395061-395052-44044117
Probably research courses and governance	395061-395052-44061855
More posts Better understanding of competency training	395061-395052-44076985
Perhaps more information available regarding pathways and expectations of trainees during early years and application	395061-395052-44115842
More info	395061-395052-44117319
More <u>jobs !!!</u>	395061-395052-44119277
Availability of academic training earlier in my career pathway - <u>similar to</u> the medics scheme - would have been beneficial. There is currently only 1 Academic DCT job in my speciality in the UK and it has only existed since 2017. Earlier opportunities and training would have <u>been extremely</u> beneficial	395061-395052-44124938
more information earlier on in my training. it has now improved significantly and new acfs are given more support	395061-395052-44139349
No, it was relatively straightforward.	395061-395052-44144260
yes - it would have been better to have <u>know</u> that there was a clear structure within the post- the post was advertised very vaguely	395061-395052-44148243
No	395061-395052-44338393
No	395061-395052-44516636
More support for younger females who are considering having a family.	395061-395052-44727127

29 How do you think can we better promote academic training to undergraduate and recently qualified dentists?

Showing all 31 responses	
More information regarding existing academic pathways and case studies of existing trainees who have progressed up this pathway.	395061-395052-39482983
More info and lectures early	395061-395052-39483457
Publicity at conferences and journals	395061-395052-39487482
Through promoting academic training at careers talks/days. Academic	395061-395052-39516147

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DCT posts (I know a few of these exist already). Perhaps an informal scheme for recently qualified dentists to contact ACFs about academic training	
seminars	395061-395052-40083731
Discuss the positives of an academic career as mentioned in my above answer. Start younger- experience research to see if you like it. Enable them to see the bigger picture and <u>long term</u> career path. The need for transferable skills which can be obtained from academic training.	395061-395052-41001070
Make it more enjoyable by reducing areas of conflict on time, outcomes, and staffing issues.	395061-395052-41002240
Spread the word	395061-395052-41006411
It would be good to introduce the concept at undergraduate level	395061-395052-41005812
Talks, focus groups, taster sessions eg shadowing an academic trainee	395061-395052-41076469
More information about pathways/ additional time for training	395061-395052-41148042
Networking, conferences, meetings with current ACF and ACLs, welcoming events	395061-395052-41279986
INSPIRE scheme, promoting exciting research, promoting fellowships, promoting a more varied research remit (not only the classic dental research) as this will improve research skills in early years which can be applied to dental research	395061-395052-41426671
Giving experience of research	395061-395052-41530116
Improved salary. Part-time training opportunities.	395061-395052-43940355
Promote benefits of varied job. Examples of others.	395061-395052-44043779
I think we should encourage more experienced dentists to consider an academic training pathway.	395061-395052-44044117
Exposure to research	395061-395052-44052651
Any incentive interns of pay as academic pathways are longer in duration	395061-395052-44061855
Paired learning	395061-395052-44076985
Increase awareness at career events, and through recruitment websites. I feel medical colleagues have god awareness of different pathways that could maybe be replication for dental trainees.	395061-395052-44115842
Awareness earlier	395061-395052-44117319
Exposure and support	395061-395052-44119277
Lectures to undergraduates	395061-395052-44120341
Running INSPIRE events within Universities to expose students to the availability of these career options, and allow them to seek advice and plan how they can achieve these posts if they are interested. Attending DCT study sessions to give talks. There is confusion sometimes among younger dentists about what an 'academic trainee' is, and the difference	395061-395052-44124938

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in career paths between NHS and Academic Consultants. They are also generally unaware of the opportunities for research training posts in primary care.	
promote much earlier at undergrad level. <i>i</i> knew nothing about it until <i>i</i> became an <i>acf</i> .	395061-395052-44139349
Speak to people in their final year-preferably by those who have recently completed the training.	395061-395052-44144260
<i>i</i> don't think it needs to be promoted, <i>i</i> think the current academic posts need to be closely regulated and monitored	395061-395052-44148243
Increased opportunity of research at ug and <i>dct</i> levels	395061-395052-44338393
I think the career pathways <u>have to</u> be attractive and achievable. I think better supporting <u>academic institutions</u> financially would allow senior staff to identify and mentor interested students. <u>Time to</u> offer mentorship. Career support within and across institutions.	395061-395052-44516636
Give more opportunities for younger dentists to work in dental <u>schools</u> part time, so that they gain experience of academic life.	395061-395052-44727127

30 Please provide any additional detail in the space below about how your integrated academic clinical training may be enhanced.

Showing all 18 responses	
Instead of having clinical training purely in hospital-based setting should be a mixture of hospital and academic setting	395061-395052-40083731
Planned from the outset, continuity of educational supervisors, or at least a handover between educational supervisors when changed. Avoidance of lengthy periods of 6mths+ with no educational supervisor. Help in planning and initiating timetables that are conducive to clinical training and research.	395061-395052-41002240
It would be good to have more regular get together with other ACFs. It would be good to see how other people are progressing/discuss similar issues <i>etc</i> .	395061-395052-41005812
More recognition of the educational training pathway in dentistry and links to other educational trainees. Also improved teaching of education and clinical supervisors so that they appreciate the role of the academic trainee and how they can support them.	395061-395052-41076469
More opportunity for accessible training for clinical trials.	395061-395052-41279986
A recognition the slight differences in training pathways and timing between medicine and dentistry i.e. it is highly appropriate that dental academics will exit training at DCT levels and then enter back into DCT/ <i>SpR</i> training - for this to work with the NIHR funding there must be ACFs at DCT level.	395061-395052-41426671
Make funding fair, I'm disadvantaged compared to clinical trainees because I have no clinical education funding like they do.	395061-395052-41530116

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In my opinion, restorative training should be modified to involve three years of monospecialty training followed by an optional 2-3 year top up for restorative. similar to orthodontics. This would enable a more immersive understanding of the academic aspects of the specialty and enable greater research opportunities.	395061-395052-43940355
Employment opportunities now towards end.	395061-395052-44044117
Protected time for research and reduction of additional academic duties	395061-395052-44061855
Longer training, at present my training is the <u>same length</u> as a clinical ST pathway but I have additional competencies so to speak and less clinical time to achieve my clinical competencies.	395061-395052-44115842
-	395061-395052-44117319
Having an academic supervisor	395061-395052-44119277
if i wasn't able to complete an act i would not have realised that this is where my passion lies so it was a great opportunity for me.	395061-395052-44139349
More meetings with other trainees across different fields to reduce isolation.	395061-395052-44144260
N/a	395061-395052-44338393
Clearer definition of job roles. What is outwith the scope of this type of training.	395061-395052-44516636
Not sure there is a <u>way</u> round it. <u>Clinicians are</u> clinical and PhD supervisors are usually research focused. Maybe if they spoke to one another and attended progress meetings it may help. <u>It's something</u> I have considered throughout training, but think this is probably the best that can be done presently.	395061-395052-44727127

Appendix 5:

HEE Regional Research Opportunities Summary

Please describe the opportunities currently available for your non-academic dental trainees / General dental practitioners (through workforce development) and DCP's					
Local HEE Office	Trainee group	Research Experience Available in programme	Research experience Available out of programme	How is the academic career pathway currently included in careers advice	What might you consider providing in the future
Midlands & East	Dental Foundation Trainee	No	No	On-line careers resource	None
Midlands & East	Dental Core Training	Through host trust	No	On-line careers resource	Structured training in research methodology
Midlands & East	Specialty Training	Through host Trust. Orthodontic trainees via MSc	No	N/A	None
Midlands & East	DCP	No	No	N/A	None
Midlands & East	Other	N/A	N/A	N/A	N/A
South West	Dental Foundation Trainee	Research project offered	No	Academic careers included in mandatory careers day	Research DFT over 2 years
South West	Dental Core Training	None currently	No	Invited to careers days	DCT/ research rotation NIHR ACF's can now be appointed at DCT level
South West	Specialty Training	Included in professional & generic Skills Research Governance/ critical appraisal training	Yes	Several trainees undertake concurrent certificate/ diploma/ masters' courses Orth trainee undertake DDS	Increased awareness ACF/ CL opportunities after beginning training
South West	DCP	N/A	N/A	N/A	N/A

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South West	Other	N/A	N/A	N/A	N/A
North East	Dental Foundation Trainee	<p>Engagement with local research (recently including the transition to DFT).</p> <p>Dental GPT trainees have previously taken part in research at Newcastle Dental Hospital, including being named on publications.</p> <p>Currently nothing built into the DFT programme.</p>	Currently none	<p>Careers event in first term.</p> <p>Engagement with Northern Dental Practice Based Research Network (new event scheduled).</p> <p>Study day session delivered by several speakers from different backgrounds including academic</p>	<p>Dental Academic Foundation Programme opportunities as an option for dental GPT trainees (about to be piloted).</p> <p>Expand dental Academic Foundation Programme opportunities to all FDs.</p> <p>Link with NENC CRN Oral and Dental Specialty Group to develop appropriate training to embed into DFT/DCT programmes.</p>
North East	Dental Core Training	Limited – depends on enthusiasm of trainee to pursue opportunities with senior colleagues – increases with level – ie DCT3 more than DCT1	None	Information provided at annual careers sessions but no direct academic input to this.	Happy to look at link between academic clinical fellowship and DCT posts – but in advance of these appointments being considered/ made. Happy for academic input to careers session – although think FD may cover it too?
North East	Specialty Training	Ad hoc opportunities available	None	Advice from TPDs, ESs and academic staff	Current advice sufficient
North East	DCP	Dental practices recruiting to NIHR portfolio studies.	None	Within Foundation Dental Therapist	None

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				Training programme	
North East	Other	Dental practices recruiting to NIHR portfolio studies. Engagement with NENC CRN Oral and Dental Specialty Group. Northern Dental Practice Based Research Network (currently being formed).	None	Northern Dental Practice Based Research Network introductory events.	GDPs leading primary care research (linked with Northern Dental Practice Based Research Network and NENC CRN Oral and Dental Specialty Group). Academic Clinical Fellow posts.
London & KSS	Dental Foundation Trainee	None	None	Introduced at DCT careers day (mandatory attendance)	
London & KSS	Dental Core Training	None	None	Introduced at DCT careers day (mandatory attendance)	
London & KSS	Specialty Training	None	None		
London & KSS	DCP	None	None		
London & KSS	Other	None	None		
Yorkshire and Humber	Undergraduate	Research project as part of MChD at University of Leeds	N/A	Inspire programme for UG supported by active involvement of HEE Academic TPD	Continue to develop relationships with HEIs to identify talent

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Yorkshire and Humber	Dental Foundation Trainee	<p>‘Back to the Future’ presentation day for all ESs and all FDs to present any research or innovative best practice ideas at a day conference. Posters/ tabletop stands and presentations.</p> <p>The DFTDCT 2yr scheme have an additional study day on introduction to research</p>	Any self-directed research opportunities will be considered/supported as the post allows	Careers Day for FDs where academic pathways are discussed as an option	Take part in the evaluation and development of 1. ‘Carious’ phantom head teeth for training 2. Virtual Willis Gauge
Yorkshire and Humber	Dental Core Training	<p>It is expected that DCT 2s undertake 2 projects and 1 poster that fit into the 4 domains covered by the study days, during their 12-month post. The first project should be on sustainability in the NHS/Clinical Effectiveness and the second on Management and Leadership or Teaching. They have a study day dedicated to research and are then expected to prepare a poster to present at the HEEYH Academic presentation</p> <p>We hold Academic DCT3 posts in Restorative, OP/OM and</p>	Any self-directed research opportunities will be considered/supported as the post allows	<p>At DCT1 Mandatory Study Day on Careers in Dentistry, prior to applying for DCT2/3 posts</p> <p>Academic DCT posts descriptions in the HEE YH region are available to see on HEEYH Dentistry website.</p> <p>The regional TPD for Academic Programmes holds a mandatory study day with all DCT2/3, informing DCTs on academic opportunities and all DCT2/3 are required to present a</p>	<p>As the DCT posts are 1-year posts, any further research experience is limited.</p> <p>However, any individual showing interest in following an Academic career will be supported and facilitated with advice and exposure to research experience accordingly.</p>

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		Paediatric Dentistry. This includes gaining PGCert in Research. Within this programme, training is given in grant application and they have an academic element to the post in terms of involvement in a project.		poster at the HEEYH Academic presentation day along with all regional Clinical Academic trainees.	
Yorkshire and Humber	Specialty Training	Yes – through speciality masters programmes	Any self-directed research opportunities will be considered/supported as the post allows	Trainees made aware of NIHR opportunities	Consider developing integrated academic StR posts where trainee will be supported by university to undertake a PhD (old style Walport post)
Yorkshire and Humber	DCP	None	None	None	None
Yorkshire and Humber	Other	2 academic GDP part-time posts "taster" posts DFTESs can apply for funding for a master's degree incorporating research through local funding			

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Number NIHR ACFs							
Local HEE Office	Dental school/HEI	Specialty ACFs (total number)	Specialty ACF by specialty	ACF Primary Care	NIHR CL Specialty	NIHR CL Primary Care	Non NIHR funded (state specialty/GDS and funding source)
Midlands & East	Birmingham	5	2 x Oral Surgery ACF 1 x Paeds ACF 1 x Restorative ACF 1 x OM ACF	0	0	0	0
South West	Bristol	4	2 x Oral Surgery ACF 1 x OM ACF 1 x DPH ACF	2	1 x Ortho	0	2 restorative HEI funded 1 Oral surgery HEI funded
South West	Plymouth	1	1 x DPH	3	0	0	0
North East	Newcastle	4	1 x Oral Surgery ACF 1 x Paeds ACF 1 x Restorative ACF 1 x SCD	0	1 x Restorative 1 x Ortho (possible)	0	2 Oral Surgery STRs (joint Trust & University funded) 1 Special Care Dentistry (University funded - currently OOPC)
London & KSS	QMUL, KCL and UCL	15	2 x Oral Surgery ACF 2 x SCD ACF 3 x Paeds ACF 3 x Endo ACF 1 x Perio ACF 2 x Pros ACF 1 x DPH ACF 1 x OM ACF	0	3 x Perio CL 1 x Restorative CL 1 x OM CL 1 x OMFP CL	0	0
Yorkshire and Humber	Leeds	2	1 x Paeds ACF 1 x Restorative ACF	1	2	0	1
Yorkshire and Humber	Sheffield	3	1 x Paeds ACF 1 x OS ACF 1 x OM	2	1	0	1

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			Pathology ACF				
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Local HEE Office	Are any of your dental schools proposing to have NIHR funded ACF's in 2019/20?	If yes, how many?	Do you currently have any DCT / Academic rotations?	If yes, how many?
Midlands & East	Yes	2 (1 x OM and 1 x DPH)	No	N/A
South West	Yes	2 (Bristol: DMFR & Rest) 2 (Plymouth: Primary Dental Care)	No	N/A
North East	No	N/A	No	N/A
London & KSS	Yes	2 or 3	No	N/A
Yorkshire and Humber	Yes	2	Yes	3

Appendix 6:

Advancing Dental Care: Academic Careers Focus Group Findings

Opportunities for research in dentistry

- There was a general understanding that roles in academia can vary in research, teaching and clinical aspects (DFT)
- Variable opportunities to date for participants such as elective projects, summer internships, charities (DFT)
- Opportunities in dental schools inconsistent throughout the country (DFT)
- Little opportunity perceived in primary care dentistry (DFT)
- Active looking needed and often requires networking or knowing the right people (DFT)
- Good that ACF posts exist (DCT)
- Intercalation opportunities as undergraduates are available (DCT)
- Opportunities for MSc and PhD are available for interested people (DCT)
- Centralising advertising of ACF jobs with DCT posts would help (DCT)
- More structure in teaching experience in specialty training jobs (DCT)
- Good that academic posts are available, more opportunity needed at a local level in primary care (DCT)
- Combined clinical / research posts in secondary care are attractive (DCT)
- Current protected time for research in academic jobs is good (ST)
- Experienced educational and research supervisors are around (ST)

Perceived Barriers

- Little incentive for involvement if not specialising (DFT)
- Comparison to medical trainees made – opportunity and time for research seems better in medical training (DFT)
- Perceived recognition for research in medical jobs applications more so than in dentistry (DFT)
- Time out for research risks clinical deskilling, flexibility needed from employers to maintain clinical skills (DFT)
- Some do not enjoy writing up, prefer clinical activity (DFT)
- Research perceived as often lab based rather than clinical so appeals less to clinicians, mixed perceptions of academia (DFT/ST)
- More opportunities for integration of research with clinical work needed (DFT)

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- Lack of knowledge about academic job specifications (DFT)
- Preparation for ACF posts can be challenging especially showing evidence of prior research participation and having time to complete projects to demonstrate previous participation in research (DFT/ DCT)
- Perception that little effort is made to get clinicians interested (DFT)
- Research in secondary care, perception that clinical application in primary care may not be relevant (DFT)
- Financial constraints of reducing clinical work to do research (DFT)
- Some academic jobs perceived as unstructured and unclear expectations; structure needs to be balanced with freedom to mould the post (DCT)
- Perception that academic jobs are less well paid and may influence choice for people (DCT)
- Opportunity to follow up undergraduate projects would be useful (DCT)
- Low level research e.g. intercalation or electives projects should be recognised (DCT)
- Research and clinical pressures need to be balanced (DCT)
- Unclear what opportunities are available less than a PhD (ST)
- Academic jobs at the end of training are not appealing – more work for less reward (ST)
- Study budgets are available but often not enough (ST)
- Salary during research posts need to be better to match general practice (ST)
- Training takes too long with clinical and academic (ST)
- Difficult to get prior experience for job applications (ST)

Considerations/Suggestions for improvement

- General dental practitioners can contribute to bigger projects (DFT)
- More collaboration needed between primary and secondary dental care (DFT)
- Improved awareness and signposting of existing posts/projects would help (DCT/ST)
- Clear structure and expectations in academic jobs need to be communicated with a clear career pathway (DFT/DCT, ST)
- More academic leader role models needed (DCT)
- Research and clinical pressures need to be balanced (DCT)
- Time and funding during training are large considerations (DCT)
- More opportunities for NHS trainees to pursue research projects would help (ST)
- More exposure to research as a DCT (ST)
- Better awareness and advertising for academic posts e.g. with national recruitment (DCT /ST)
- More academic posts in a wider range of locations (ST)
- Fairer recruitment needed – perception of ‘who you know’ creates opportunities (ST)
- Preparation and training in research needed (ST)
- Flexibility in training needed, part-time options (ST)
- Manageable workloads needed (ST)
- University academics feel distant from general dental practitioners (DFT)

Appendix 7:

Academic Stakeholder Focus Group Workshops 8th May 2019

Question: How can we inspire more dental undergraduates to consider clinical academic dentistry?

What is currently working well

- Opportunities to experience research through special study modules/ electives / summer research placements
- Integration of evidenced based dentistry in curriculum so UG's see correlation of research and clinical practice
- Communication to UG's of academic careers through talks by ACF's/ young academics through careers events, role models
- INSPIRE programme
- Intercalation
- Opportunities to participate and present at National Conferences
- UG's joining specialist societies
- Funding opportunities for UG's to do some research, prizes
- Senior clinical academic undertaking clinical teaching and supervision of UG's
- Mentorship of UG's with academic aspirations

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Needs Improvement

- Getting the culture established in your dental school that research is central to high quality patient care
- UG Curriculum should allow UG's to understand how research works and how it informs clinical practice
- Clinical teaching always linked to research and evidence base
- Promoting the research activities of the school positively to UG students, make them aware and proud of the research that is being undertaken, Lunch and Learns open to all
- Make entire dental school research active
- More research opportunities, formalizing opportunities within curriculum without intercalation
- Promote Intercalation, awareness that university fees covered for additional year, other funding opportunities should be available
- Improve UG research opportunities that are available
- Clarity of career pathways for academics, role models from different backgrounds

Question 2: How do we improve research opportunities during training

What is working well

- Academic DCT posts (1 day a week 6 months research 6 months PG Cert Ed)
- Working within a research active department involved in recruiting to clinical studies
- Poster Presentation days at DCT
- Trainees led research group
- Letting interested graduates get involved in research projects especially with ACF projects
- Practice based research or enquiry projects in DFT
- Exposure to research active clinicians (tough and patchy)
- Clinical research / masters training programmes, certificate diplomas
- Embedding trainees in established research groups
- NIHR IAT ACF/CL (though outcomes are not consistent for ACF's)

Needs Improvement

- Research funding for early careers in dentistry
- Fund a competition for a research proposal to fund a DCT project
- Academic dental foundation trainees? DFT/ DCT run through with research
- Flexibility in formal research training e.g. Diplomas / certificates
- Building better virtual community that involves research discussions and engagement

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- Establishment of a local research network with strong primary care links
- More primary care research/clinical trials projects that any dentist can be involved in
- Identification of trainees with academic potential
- Better selection of academic DCT trainees
- INSPIRE programme for PG
- Time for research in training programmes, build on what is familiar such as audit leading onto research
- Better integration between NHS and University understanding the role of research
- Improved communication of academic career options, especially NIHR IAT ACF/CL, simplify the process
- HEE run research day as part of training programmes
- Bringing aspiring academics together to network
- Assessment of research performance? exit exam

Question 3: Academic DCP's career pathway?

What works well

- MSc's Advanced Specialist healthcare (Applied Dental professional practice)
- BSc degree in Oral health Sciences (Dental therapy/ Hygiene)
- BSc professional practice (Univ Kent)
- International exemplars (USA, Netherlands)
- Portsmouth DCP clinical research
- Routes through HEI's but nonclinical
- There are successful research DCP's in some HEI's
- Involvement of DCP's especially hygienists and therapists in clinical trials
- NIHR opportunities for DCT research funding (but needs promoting as rarely DCP applicants)

Needs improving

- Communication to DCP's about what an academic career pathway could look like
- Use individuals' journeys to illustrate how they have achieved an academic career as a DCP (trailblazers)
- Clarity of a pathway for career advancement and research and academia for DCP's
- Scope the need for academic DCP's and then promote
- Recognition of DCP teaching staff as lecturers and senior lecturers
- Cultural change to value the use of DCP's in research roles

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- Opportunities to be embedded in research teams
- Enhancing the (teaching) fellowship roles, expanding scope and expectation
- Academic DCP Masters (1-year master's with possibility to convert to PhD1)
- Foundation Training for all new therapists to include research opportunities
- Identification of opportunities for Dental Nurses (level 3) to attain degree equivalence education and training to improve career pathway options

Key Messages

Q1 How can we inspire more dental undergraduates to consider clinical academic dentistry?

- Raise awareness of INSPIRE
- Support for intercalation and research opportunities throughout UG programme
- Role models/ digital platform to inform career decisions/ career pathway exposure
- Communication and engagement of research to UG's in dental schools

Question 2: How do we improve research opportunities during training

- Bring young and aspiring clinical dental researchers together (HEE/HEI/RCS collaboration)
- Well-structured careers day with academic role models (current ACF's CL's)
- Clarity and communication of academic career pathway at each stage of training
- Identification of individuals with academic potential early on DCT self-selecting, DFT pre-selected
- Increased exposure at foundation level and promotion of benefits alongside realities of being an academic
- Explore potential for encouraging and supporting flexibility but with a heavy dose of reality

Question 3: Academic DCP's career pathway?

- Engage with DCP groups:
- to scope and to promote the need
- Identify and communicate existing opportunities (e.g. NIHR ICA pathway)
- Identify trailblazers
- Funding (starting with fellowships, scope the need)
- Variety of baseline training of DCP's from level 3 Dental Nurse to Degree level Therapists and Hygienists.

Appendix 8:

Advancing Dental Care Survey 3

Advancing Dental Care Survey 3

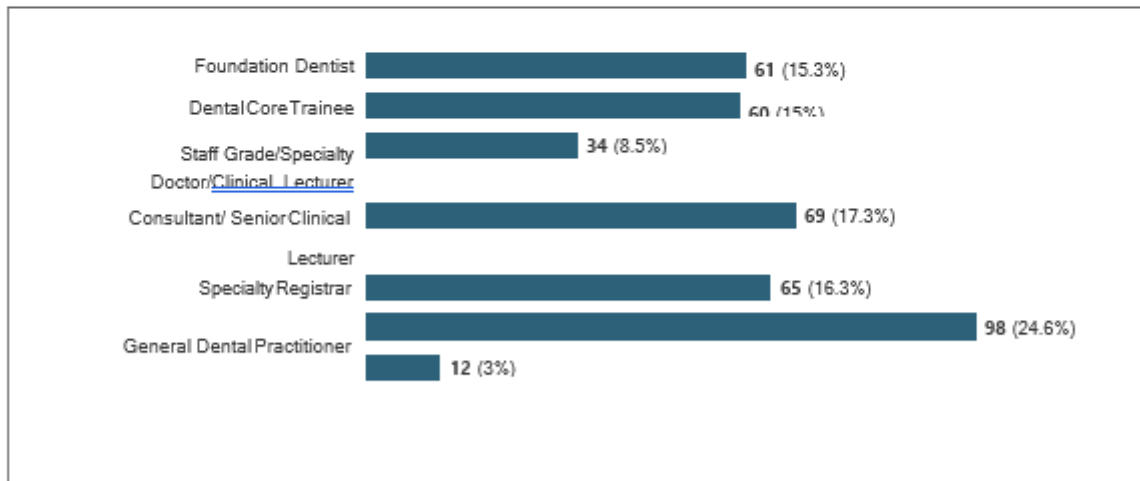
Showing 403 of 403 responses

Showing **all** responses

Showing **all** questions

Response rate: 403%

1 What is your current job title?



2 Which dental school did you qualify from?

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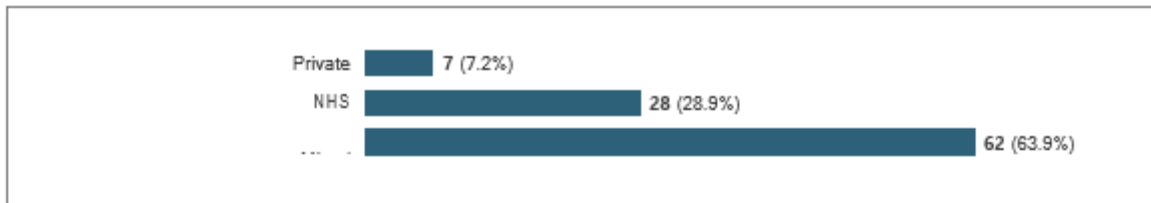


2.a If you selected Other, please specify:

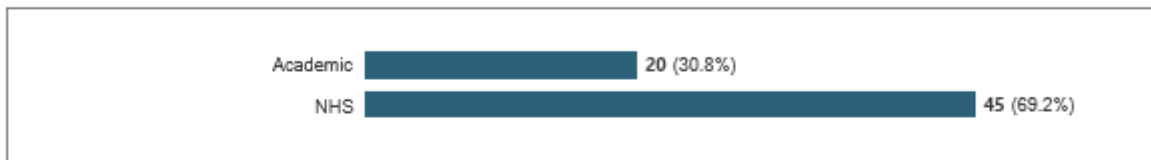
Showing all 4 responses	
Royal Dental Hospital London	484862-484853-48117141
Aristotle University of Thessaloniki	484862-484853-48152047
Bart's and The London School of Medicine and Dentistry	484862-484853-48218258
Charles University, Prague	484862-484853-48282696

3 Are you?

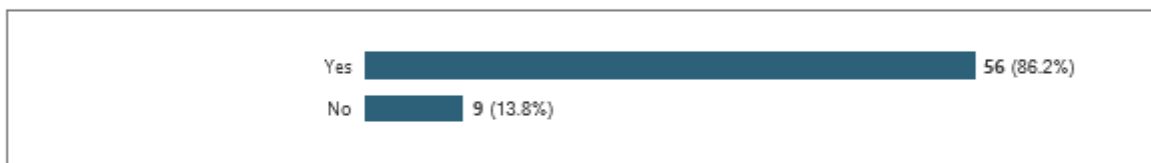
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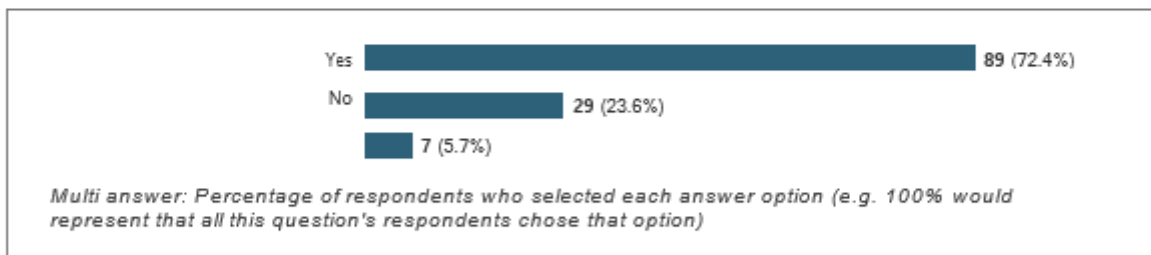
4 Are you:



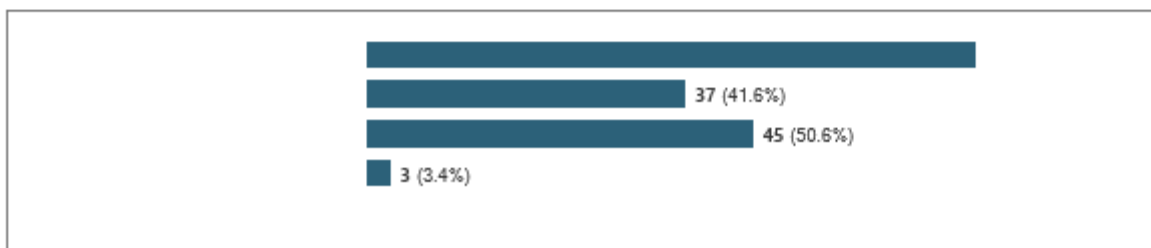
5 Would you be happy to travel distances within your deanery to facilitate your training (academic or non academic)?



6 Have you ~~received~~ any information on academic career pathways?



6.a What was this formal teaching?

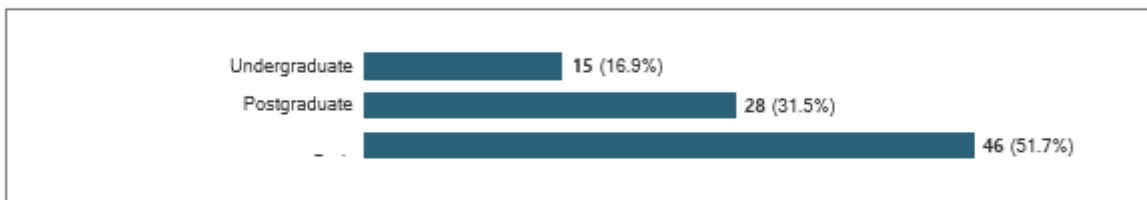


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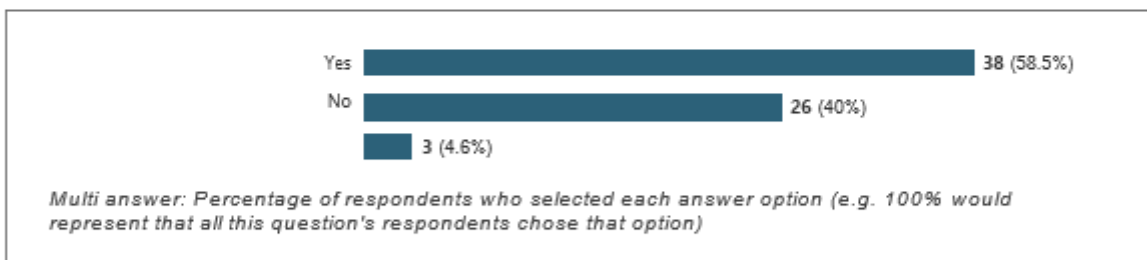
6.a.i If you selected Other, please specify:

Showing all 3 responses	
Colleague then own research	484862-484853-47966332
NIHR Days	484862-484853-48206943
DCT paid courses	484862-484853-48631411

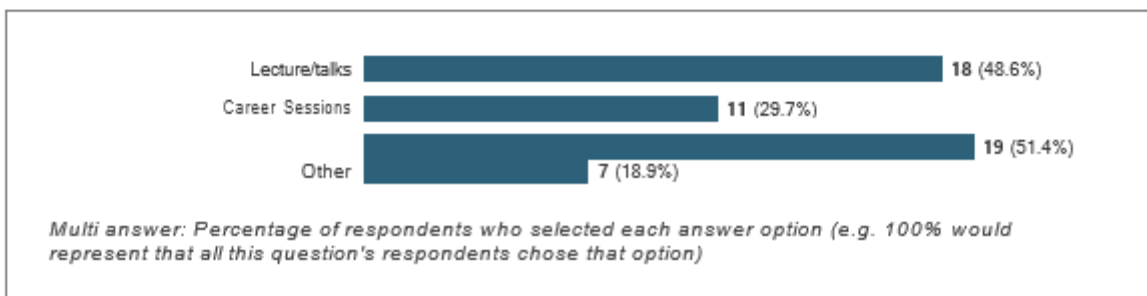
6.a.ii Were these at Undergraduate, post graduate level or both?



7 Have you received any information on academic career pathways?



7.a What was this formal teaching?

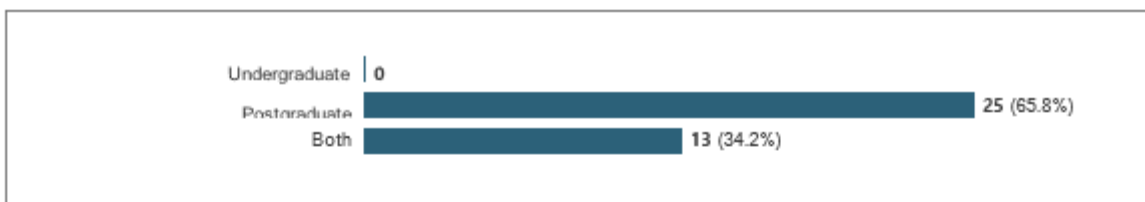


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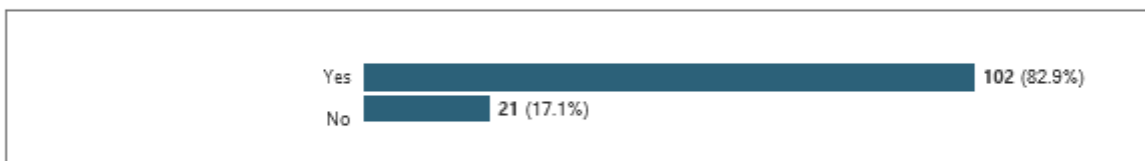
7.a.i If you selected Other, please specify:

Showing all 7 responses	
All of the above	484862-484853-48139286
I was an ACF for 3 years. I received very, very little information on what an ACF post was.	484862-484853-48144463
Masters in research - online and self directed	484862-484853-48147981
All of the above	484862-484853-48213471
Discussion with colleagues and senior staff both NHS and academic through my DCT training years	484862-484853-48244540
self directed	484862-484853-48626149
Publication	484862-484853-48992468

7.a.ii Were these at Undergraduate, post graduate level or both?

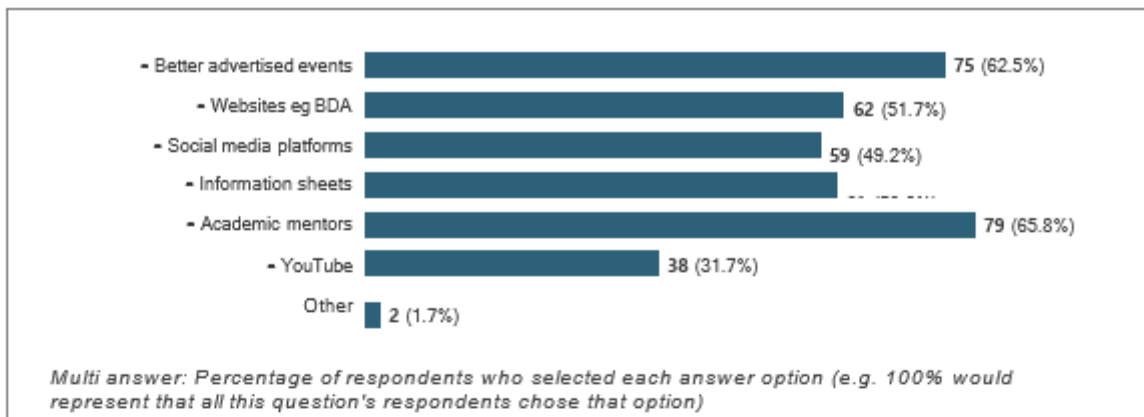


8 Do careers events help to signpost and guide your careers?



8.a What could improve your access to this information?

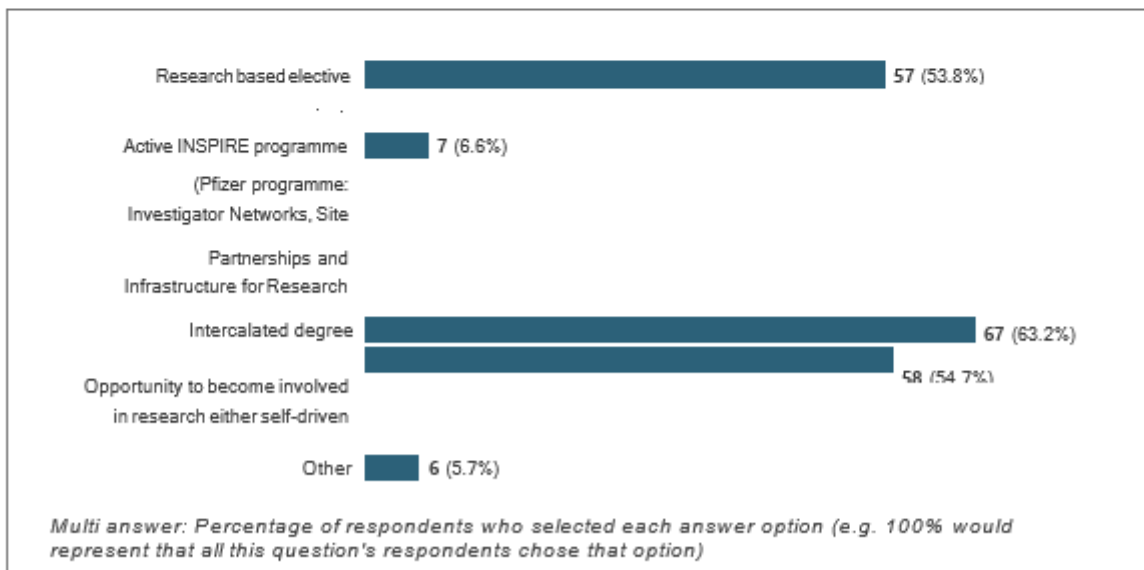
Final ADC Academic Workstream Report - Supplementary Evidence



8.a.i If you selected Other, please specify:

Showing all 2 responses	
more information about the academic career pathway being provided as an undergraduate would be useful	484862-484853-48324423
I don't feel there needs to be any improvement	484862-484853-48628888

9 What opportunities were available to get involved in research as an undergraduate, including intercalation?

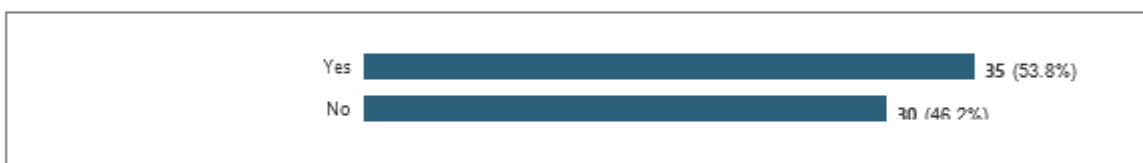


Final ADC Academic Workstream Report - Supplementary Evidence

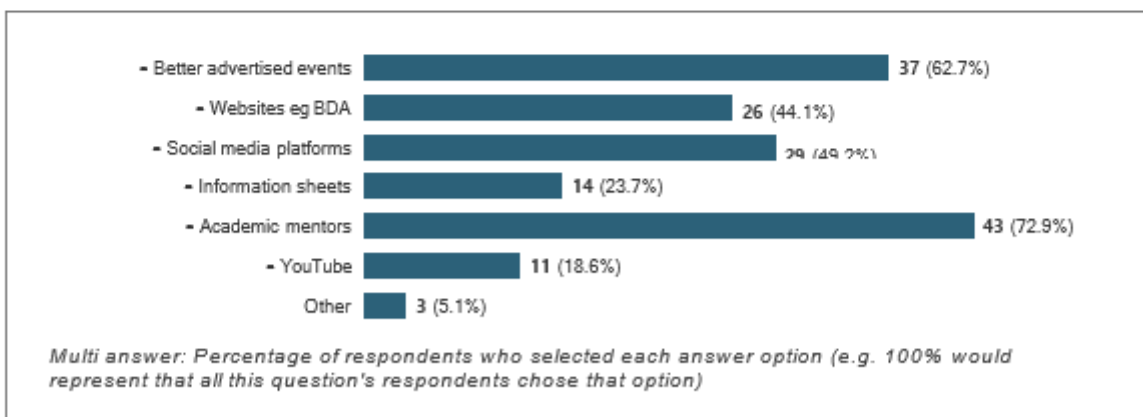
9.a If you selected Other, please specify:

Showing all 6 responses	
Exchange programmes	484862-484853-48206943
none	484862-484853-48284266
There were self-directed elective topics. Some students (embarked on these ourselves), some students somehow managed to get involved in wider research projects with clinicians in the hospital (this was an unfair advantage as it wasn't advertised to all other students).	484862-484853-48434224
None!	484862-484853-48437896
Research project part of curriculum	484862-484853-48580760
none	484862-484853-48631411

10 Do careers events help to signpost and guide your careers?



10.a What could improve your access to this information?

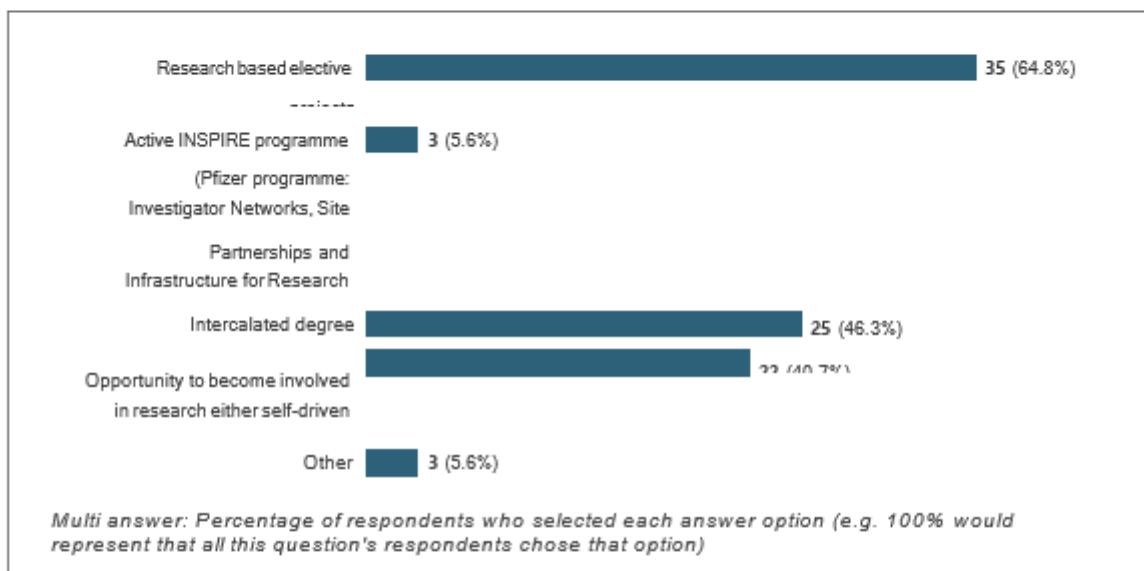


10.a.i If you selected Other, please specify:

Final ADC Academic Workstream Report - Supplementary Evidence

Showing all 3 responses	
Teaching at undergraduate/DF/DCT levels	484862-484853-48137239
I have not attended any careers events and was not aware of them.	484862-484853-48350449
Websites from speciality societies and <u>non-BDA</u> as a lot of BDA information is pay for view.	484862-484853-48625367

11 What opportunities were available to get involved in research as an undergraduate, including intercalation?



11.a If you selected Other, please specify:

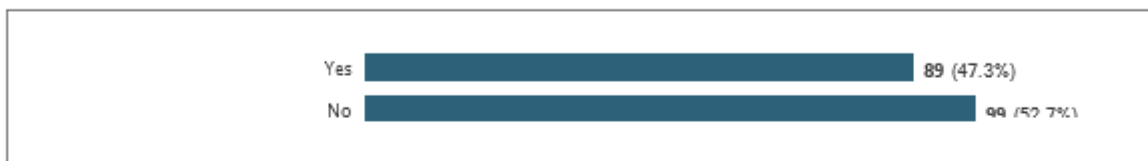
Showing all 3 responses	
dental elective - I had no other options	484862-484853-48144463
I dont remember much opportunity as an undergraduate	484862-484853-48254744
No real opportunities	484862-484853-48338999

12 Are you aware that you could be eligible for an NHS bursary if you did intercalate?

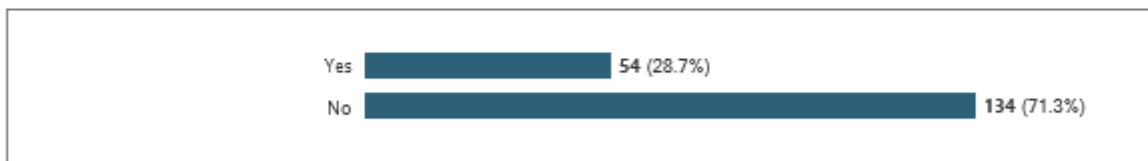


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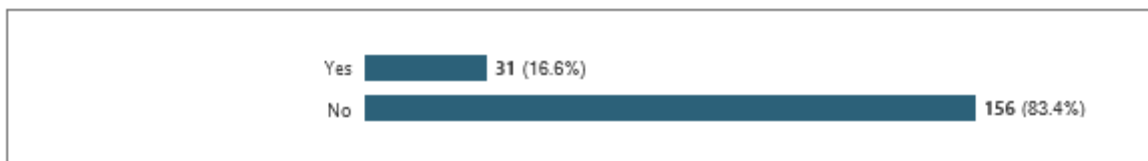
13 Are you aware of National Institute of Health Research (NIHR) funding?



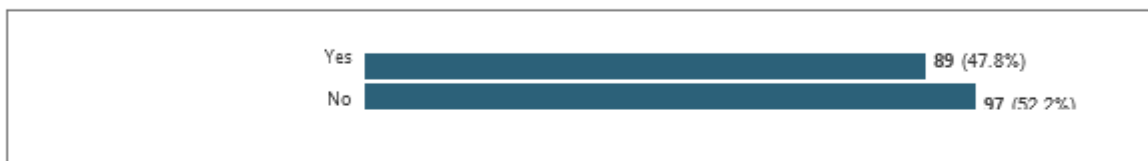
14 Did you know this applies to 'in practice' fellowships and not just secondary care?



15 Are you aware of the INSPIRE programme?



16 Do you understand what is meant by academic 'dental' foundation or academic dental core trainee posts?



16.a Would an academic component attract you to a post?

Showing all 103 responses	
Yes	484862-484853-47946451
If with teaching opportunities yes If solely research I would be apprehensive	484862-484853-47948668
Yes - have a keen interest to be involved in research and currently having to balance that with a <u>full time</u> dental foundation training programme	484862-484853-47952230

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Yes it did that's why I chose my current post and moved to do so	484862-484853-47966332
Yes	484862-484853-47966902
no	484862-484853-48117141
Yes	484862-484853-48136692
No I don't think so.	484862-484853-48137199
Yes - if it was well supported	484862-484853-48137239
yes	484862-484853-48137541
Yes	484862-484853-48137946
Possibly depending on what the component was. If a Masters of PhD was integrated into a clinical post then definitely.	484862-484853-48138321
Yes	484862-484853-48139327
Academic work is extremely interesting, although takes much additional time and additional skills, these are not rewarded by appropriate financial means. Being an academic can be seen as a disadvantage to specialty training because of the additional non-clinical workload.	484862-484853-48139286
It depends what it would potentially lead towards	484862-484853-48140753
Yes	484862-484853-48141381
No	484862-484853-48142062
possibly - depending on the type of research and location compared to where the clinical post was based	484862-484853-48142127
yes	484862-484853-48144164
Yes	484862-484853-48144471
Yes - as said before I was an ACF	484862-484853-48144463
Yea	484862-484853-48145027
Yes but the issue I have is that these posts can be difficult to obtain as they are not spread evenly across the country and if you get DCT/DF posts that do not include these then you need to accept the post you are given. It is then very hard as a trainee to tailor your CV to be competitive for ACF posts and to pursue academic training beyond that. There should be more support for academic work for all DFs/DCTs/SRs who are 100% NHS funded to stop this national recruitment pot luck from being a barrier to academic training	484862-484853-48146090
Yes especially if linked to specialty training or education/ teaching fellowships.	484862-484853-48147572
Yes, first choice posts (when combined with mainly clinical) for DCT2 and DCT3	484862-484853-48149765
No - academia to me is projects and research that can take years to evolve and turn out. Training posts are a year long so I do not feel this would be useful in the current system.	484862-484853-48150287

Final ADC Academic Workstream Report - Supplementary Evidence

Yes	484862-484853-48152047
Absolutely, it's a shame there were no DCT2 posts that had this	484862-484853-48153333
yes	484862-484853-48154813
Yes	484862-484853-48155056
Sure	484862-484853-48155333
yes	484862-484853-48155859
Yes	484862-484853-48173468
Depending on whether clinical time would still be included within the curriculum	484862-484853-48176525
Yes	484862-484853-48187474
yes	484862-484853-48188530
Yes	484862-484853-48190509
Yes	484862-484853-48197994
Yes	484862-484853-48203320
Yes	484862-484853-48206943
Academic roles often have extra workloads and longer hours, to make a new role manageable there would need to be identifiable workload management strategies used at the institution and appropriate remuneration	484862-484853-48213471
Nope	484862-484853-48214543
Yes	484862-484853-48219349
No	484862-484853-48228962
no	484862-484853-48230070
Possibly - it would depend on how it would further my career	484862-484853-48230660
Yes	484862-484853-48234419
Yes	484862-484853-48236923
No	484862-484853-48244389
Attempted to apply to a DCT academic post in Birmingham but was unsuccessful. Currently in an academic clinical fellowship post	484862-484853-48244540
yes	484862-484853-48248344
<u>Yes</u> as this will give opportunity for research and teaching.	484862-484853-48250722
No	484862-484853-48254744
In the short term yes as it would allow me to get more teaching or research for my cv before speciality training	484862-484853-48256232
no	484862-484853-48284266
no	484862-484853-48286809

Final ADC Academic Workstream Report - Supplementary Evidence

No	484862-484853-48321348
yes	484862-484853-48324423
Not me personally	484862-484853-48338999
Yes	484862-484853-48342831
Potentially, dependent on the level of support I think I would gain from the unit.	484862-484853-48350449
yes	484862-484853-48370009
do not know what it is	484862-484853-48409963
Yes	484862-484853-48420622
Yes, but only at the right level for myself.	484862-484853-48417558
yes	484862-484853-48434224
yes- along with clinical activities	484862-484853-48438376
<u>Yes</u> but it has to be in a city that I want to live in too.	484862-484853-48443806
Yes	484862-484853-48448846
Yes, definitely	484862-484853-48452832
Yes	484862-484853-48482846
Possibly	484862-484853-48499553
Yes - I was previously an ACF at DCT level, and the ability to become involved in research was the main attraction of that post.	484862-484853-48559181
yes	484862-484853-48567238
Yes	484862-484853-48573249
Yes	484862-484853-48583745
If renumerated and appropriately planned in terms of workload	484862-484853-48585655
yes	484862-484853-48587116
Yes	484862-484853-48589061
No. Quite the opposite. My experience of certain academics has been that they apply huge pressures in favour of the academic side at a cost to clinical. It increases the overall workload of those clinical trainees who have to pick up the slack. <u>Also</u> it is not necessarily a fair system of being appointed to speciality training. A lot of people currently accepting ACF jobs with NTN are just doing so for the NTN as they only have to benchmark at interview rather than fully compete with all candidates. This creates an imbalance between those entering training. I would be interested in retention of these trainees in academia in 10 <u>years time</u> .	484862-484853-48625367
<u>i</u> undertook an academic dct post in Birmingham. the flexibility of the clinical commitment was a huge bonus, but <u>i</u> would	484862-484853-48626149

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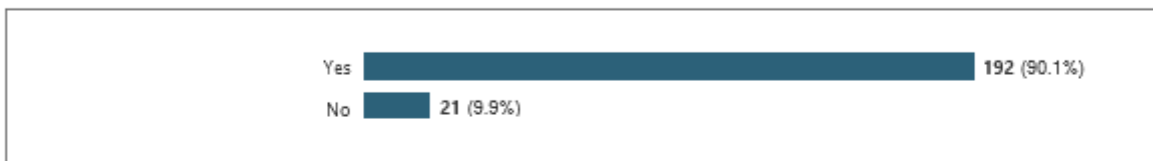
have appreciated some formal academic training (e.g. a PgCert or similar). However, the time I <u>had to</u> undertake academic work allowed me to learn in a self-directed manner.	
no	484862-484853-48627224
Yes	484862-484853-48627268
No	484862-484853-48628888
no	484862-484853-48629443
Yes	484862-484853-48633296
Yes	484862-484853-48635159
Yes	484862-484853-48638927
no	484862-484853-48643317
Yes	484862-484853-48645487
Yes	484862-484853-48647493
Yes	484862-484853-48650562
no	484862-484853-48662906
Yes	484862-484853-48667126
yes	484862-484853-48700672
yes	484862-484853-48732580
Yes	484862-484853-48756850
Yes	484862-484853-48762203
No	484862-484853-48785442
it would have done at that point in my career	484862-484853-48821279
possibly	484862-484853-48854396
yes	484862-484853-48910574
No	484862-484853-48992271

17 Would having a dedicated academic mentor encourage you to pursue an academic career?

Final ADC Academic Workstream Report - Supplementary Evidence

Showing first 5 of 155 responses	
Yes	484862-484853-47946451
Yes	484862-484853-47948668
<u>Yes</u> although not enough dental academics available - if this would be introduced now it would likely burden their already large workload	484862-484853-47952230
Yes absolutely.	484862-484853-47966276
Yes	484862-484853-47966332

- 18 If you had protected time to complete research / education activities would this attract you to a job?



- 19 If in secondary care, why did you decide to pursue an academic / non academic career?

Showing all 61 responses	
I've taken on a job as a specialty doctor with some academic responsibility. I enjoy having the opportunity to take part in academia including research and teaching.	484862-484853-47947495
I love clinical practice so have veered towards a non-academic job.	484862-484853-47947806
To improve my academic knowledge and skills	484862-484853-47965304
wanted to do oral surgery	484862-484853-48137802
My priority was clinical work and I prioritized clinical experience	484862-484853-48138551
Academic career not an option where I wanted to work. Difficult to find out enough info to understand it is an option in early stages.	484862-484853-48142598
enjoy practical aspect of clinical work and patient care but increasingly interested in academic work	484862-484853-48140851
Freedom, remuneration, ease of finding, location.	484862-484853-48151919
Academic opportunities were few and far between. Also I wasn't really sure that I was suited to an academic career as there had been no exposure <u>to</u> <u>this</u> .	484862-484853-48157607
not interested in academia	484862-484853-48171966
Interest in education and research	484862-484853-48187296
<u>Non academic</u> consultant	484862-484853-48216333

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Still provide teaching for trainees locally and regionally Not many academic post CCST or Consultant positions	
I love research	484862-484853-48217363
It is viewed as <u>a</u> unpopular choice. From <u>cut throat</u> colleagues to underfunding, I am a surgeon but this is a different level of unpleasant.	484862-484853-48237523
Bitter experience as a junior <u>yr</u> s ago of the battles between NHS and Academic interests	484862-484853-48259850
Rewarding, well balanced, exciting career path	484862-484853-48269869
I enjoyed the multidisciplinary care for patients and the opportunity to be involved with teaching and research.	484862-484853-48273097
What was available at the time?	484862-484853-48295201
Answer to <u>above</u> , would be not any more but may be when I was an academic if there was protected time it would make the academic job less difficult	484862-484853-48364310
successful fellowship funding	484862-484853-48420301
-Greater variety in day job -Interest in bringing about change upstream -less stressful on day to day practice than practice!	484862-484853-48420460
Interest	484862-484853-48421698
I chose to pursue an academic career as the balance of clinical work, research and teaching. I found the fact I would not be doing the same thing every day appealing.	484862-484853-48421905
I combine both- with NHS & Hon academic roles- gives a great job spread and satisfaction	484862-484853-48422174
I am honorary academic. I used to a lot of Multi Centre RCTs which I <u>enjoyed</u> and supervise PhDs. My job plan /life no longer allows <u>this outside hours</u> . I would once again do more if it were in a job plan!	484862-484853-48423616
I pursued a <u>non academic</u> career because firstly I had no desire to be involved in research. <u>I had</u> seen at close hand several colleagues undertake a PhD, all of them hated what they were doing. <u>Secondly direct</u> patient care and the ability to see pleasing results for treatment interventions was rewarding.	484862-484853-48425499
repetitive <u>work flow</u> in general practice	484862-484853-48426127
I wanted to explore the opportunities to be involved with both innovative research and teaching which are informed by and inform my clinical specialist practice.	484862-484853-48426110
passion for clinical research and improve patients' care	484862-484853-48427818
Very limited number of posts for academic career, limited funding, questionable <u>long term</u> career stability	484862-484853-48429570
An MPhil was offered to me which I thoroughly enjoyed I would have like to progress to PhD but there was not enough funding <u>and I</u> had a young family to care and provide for	484862-484853-48442201

Final ADC Academic Workstream Report - Supplementary Evidence

Job variety	484862-484853-48442244
Took the job that was available at the time.	484862-484853-48443615
Joy of teaching others, Wear and tear on my back making clinical work painful, Self improvement	484862-484853-48444863
I work primarily in Community services but more recently have taken a 1 day a week teaching post in a dental school which I was invited to apply for based on my abilities as an Outreach teacher in Community	484862-484853-48445924
Non academic oral surgeon. I enjoy working closely with other specialities in a hospital environment. I would like to undertake some academic work but in a DGH there isn't the opportunity	484862-484853-48450972
Because I like the interaction with students	484862-484853-48451012
Passion to teach and do research	484862-484853-48451426
More interested in a specialty than general dentistry. Put off by the targets in general practice dentistry and the business side e.g. selling products, leading to high expectations.	484862-484853-48455567
Non academic because the academic milestones in research are very difficult to achieve and would detract from patient clinical contact	484862-484853-48471737
I am in academics because it puts me in a position where I can do Clinical as well as research side by side and can adjust the proportion as when required.	484862-484853-48473261
Evidence based dentistry is a corner stone of what drives the profession in the future. Imparting that wisdom is essential.	484862-484853-48487434
Interaction with students and academic colleagues	484862-484853-48498183
Opportunities to undertake research and be involved in teaching	484862-484853-48585547
I chose to pursue an academic career as I like the variety this brings. I like the idea of being able to influence care at the patient level (clinical) but also the wider level through generating research outputs to change clinical practice.	484862-484853-48624248
Did both but academic career meant less clinical contact time	484862-484853-48634354
wanted to consolidate and hone my clinical skills. Felt where my strengths were.	484862-484853-48670002
interested in teaching and research. Varied job plan	484862-484853-48728827
wider variety of practice. Complexity of patients and complexity of care. More challenging and less impact of financial concerns	484862-484853-48730458
I have pursued an academic career due to the variety of the job, the ability to use a broader range of skills (i.e. teaching and research skills in addition to clinical skills) and the possibility of having a wider impact through both education and research. In addition, I prefer working in larger institutions compared to the usually small primary care settings.	484862-484853-48775275
encouragement from staff members early in my career	484862-484853-48806023
Intellectual stimulation and development Contribute to developing and improving field	484862-484853-48814137

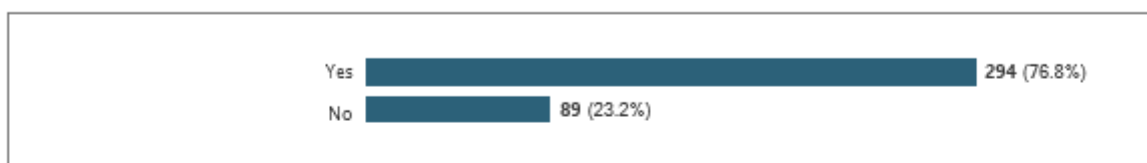
Final ADC Academic Workstream Report - Supplementary Evidence

Working in collegiate environment	
wanted more emphasis on clinical work so non-academic	484862-484853-48816507
Variation in day to day, being at cutting edge, interesting variation, enjoy teach and research	484862-484853-48971768
Combined role of hospital, practice and community - enhancing my interest.	484862-484853-48994004
Better Career options. Disillusionment with the Research Industry	484862-484853-48995338
Pt academic. Loved the challenges. Keeping up to date. Teaching	484862-484853-49006832
Job variety Passion for teaching/research	484862-484853-49018665
I opted to pursue an academic career as I felt that this would give me a more varied and rewarding role.	484862-484853-49019365
Interest in research and academic curiosity, research is fulfilling	484862-484853-49053024
I found primary care dentistry monotonous and enjoy working in a multi-disciplinary setting, as well as teaching others.	484862-484853-49097764

20 What barriers do you think there are to [pursuing](#) a career in academia?

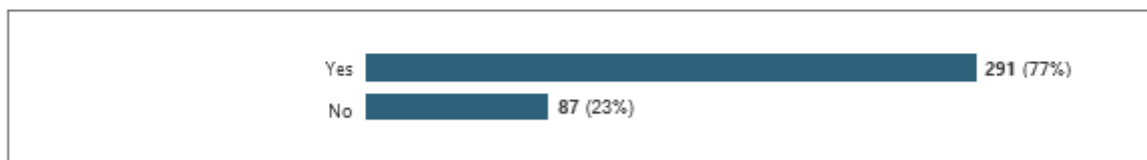
20.1 • Lack of knowledge about career pathway

20.1.a • Lack of knowledge about career pathway - yes/no



20.2 • Lack of knowledge about how to access information about the career pathway

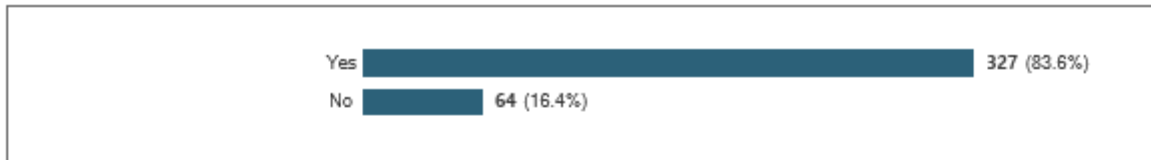
20.2.a • Lack of knowledge about how to access information about the career pathway - yes/no



20.3 • Money

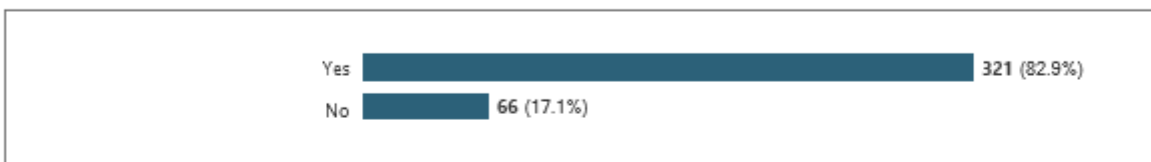
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20.3.a • Money - yes/no



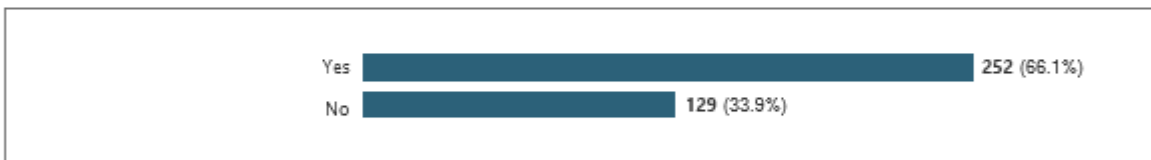
20.4 • Time – unable to pursue academic pathway as well as work in general practice

20.4.a • Time – unable to pursue academic pathway as well as work in general practice - yes/no



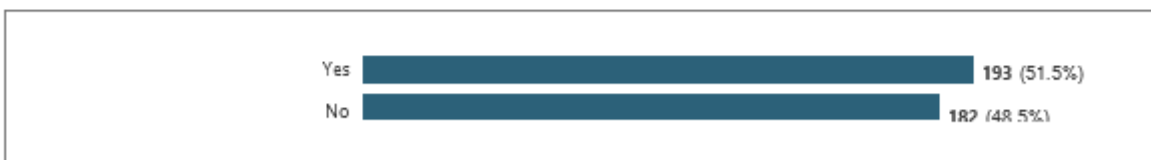
20.5 • Clinical practice – perception that have to give this up in order to pursue career

20.5.a • Clinical practice – perception that have to give this up in order to pursue career - yes/no



20.6 • Lack of interest in academia or secondary care

20.6.a • Lack of interest in academia or secondary care - yes/no



20.a Other suggestions:

Showing all 80 responses	
Poorly established pathway in dentistry. Even consultants and other dental	484862-484853-47946451

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academics I have seen question the viability of dental ACFs and similar programmes and have been overall negative in their support to pursuing the current pathway	
For those with an interest in academia, it is often difficult to find a suitable post. Also, for those with academic interests early on (e.g. DCT level) national recruitment does not allow those people to get an academic post and people without academic interests may end up in academic posts!	484862-484853-47947495
Difficult pathway to pursue/ get into even if the dental professional has an interest in this area. Little to no support for research in primary care settings.	484862-484853-47947823
Lack of knowledge and experience with research itself - makes it a very daunting task and gives the impression that it becomes your life	484862-484853-47948668
<u>Work load</u> Not enough academic posts available so having to do academic work in free time	484862-484853-47952230
Money and opportunities are the main barriers	484862-484853-47960287
My current Educational Supervisor was not aware of what an ACF post was. Those who I have told about my future ACF post have been rather negative and certainly not encouraging/reassuring. Taking on a new post is always daunting, however the reception that I have <u>received after</u> working very hard to secure a competitive post has been disheartening. I feel that there is a lack of understanding and clarity about the role of ACF posts. There was no support for me to become involved in research at UG level.	484862-484853-47966411
I think the main issues for me are: - difficult to ascertain how much some ACF posts contribute to specialist training, if any. - ACF posts seem to change via institute - the <u>nhs</u> website isn't very clear about dental training academic pathways but it is <u>more clear</u> about medical academic training pathways	484862-484853-47966902
Training pathways become much longer and have the potential to become disjointed if not well planned. The longer time in training and extra skills must have appropriate remuneration or this career path will cease attracting the most appropriately skilled and motivated members of our profession.	484862-484853-48139286
Main reasons are lack of knowledge about career pathway and <u>losing</u> all clinical practice	484862-484853-48140851
Lack of mentoring and support from early stages. partly in DCT - but as often move <u>centres</u> for <u>SR</u> posts - need appointment of academic mentor from very beginning, for both academic and NHS trainees. Especially if NHS trainees want to try and pursue an academic career and take OOPE too. They have very little/no structured support as they are not badged as 'academic' therefore nobody will support them in academic opportunities.	484862-484853-48144164
Lack of role models and support within institutes. A lot of trainers and units don't understand the pathway and how it works	484862-484853-48144463
The issue I have is that these academic DCT/DF posts can be difficult to obtain as they are not spread evenly across the country. If you get DCT/DF	484862-484853-48146090

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posts that do not include these then you need to accept the post you are given. It is <u>then very</u> hard as a trainee to tailor your CV to be competitive for ACF posts and to pursue academic training beyond registrar level. There should be more support for academic work for all DFs/DCTs/ <u>StRs</u> who are 100% NHS funded to stop this national recruitment <u>not luck</u> from being a barrier to academic training.	
Greater advertisement Greater support and encouragement in this field More opportunities for academia and research as a DCT	484862-484853-48147572
As an overseas graduate there is difficulty accessing this information and possibly a perception that it is only available for UK graduates.	484862-484853-48152047
Although I am a GDP I also have just started pursuing an <u>academic career</u> too. Juggling the both is extremely difficult, and the hospital system do not understand working in general practice <u>means I</u> cannot just attend meetings short notice as have a duty if care to my patients who have been waiting several months for appointments.	484862-484853-48153215
Sporadic advertisement of academic posts eg ACFs	484862-484853-48155056
Academic pathways always seem longer and therefore may not be as attractive to women wanting finish clinical training before starting a family.	484862-484853-48157607
I am not aware of the academic training posts and no one has really discussed them/increased my knowledge about them	484862-484853-48188530
Tutors in undergraduate have not discussed this potential career pathway when introducing intercalating studies.	484862-484853-48203320
Perception (maybe reality) that there is no financial incentive, in fact you will be financially worse off	484862-484853-48211335
The additional skills and knowledge required of dental academics, and the frequently long hours worked must be appropriately rewarded financially. Ultimately this will be the only meaningful change to improve recruitment and retention of the workforce and help it to become a viable career pathway in the longer term. This is particularly important at <u>StR</u> level where training pathways are longer for dental academics.	484862-484853-48213471
You recruit dentist based on how suitable they will be for a GDP position, not an academic position. Why would any of them go into <u>academia</u> when everything is directed at being a clinician and they're recruited for that?	484862-484853-48214543
Lack of career progression. Pressure to publish.	484862-484853-48216948
The need to move locations to build a CV of posts required for a strong application for an academic post	484862-484853-48217363
Scotland has run golden handshakes in the past. A cap on hours and monitoring of hours too in order to maintain a work life balance.	484862-484853-48237523
Lack of research supervisors/projects Those that exist are excessively busy so may be unable to supervise to their full potential Astounding amounts of bureaucracy which often does not feel proportional to the types of projects done at pre-doctoral level.	484862-484853-48244540

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Lack of/limited number of posts/opportunities available for an academic pathway	484862-484853-48250722
Eventual career opportunities and earning potential compared to other career options	484862-484853-48254744
Poor publicity about academic careers. Negative views from academics of clinicians outside of academia leading to a "them and us" view i.e. you can either be an academic or clinician but not both	484862-484853-48261172
clinical practice- but more the pressure of clinical targets that need to <u>met</u> mean that employers are not flexible about academic elements of job plans for people after CCST.	484862-484853-48262340
Having now thought about perusing a specialist training post I wish I had done an intercalated degree. <u>I don't</u> feel as though I was well informed and it would have been a great thing to have done whilst at university! I did enquire about it but not <u>much effort</u> was made in the way of encouraging me to pursue it.	484862-484853-48262353
Include research as part of undergraduate training	484862-484853-48269869
There needs to be better financial incentives to go into academia than specialist practice where the financial rewards are far greater than in secondary care and life is more flexible.	484862-484853-48273097
Lack of clinical involvement. General perceived lack of knowledge of <u>real life</u> primary care settings and bound by unrealistic government information and targets. Less pay.	484862-484853-48284266
Prolonged and protracted pathways!	484862-484853-48292556
Poor perceptions and reputations of academic colleagues and politics within secondary care environment	484862-484853-48295328
It is a very demanding career path. Universities make the same demands on clinical academics in terms of REF, teaching commitments etc. However, we have clinical commitments so not only do we not have real protected time for research we are not afforded the the same levels of research leave, sabbaticals to write books/papers. However, the expectations are just as high. The hours are really really long.	484862-484853-48323987
I feel it greatly varies from person to person but for me I was always interested in a career in academia but it was only really through a chance meeting with a former dental tutor of mine that I was even made aware of there being a post available. I don't think the jobs are particularly well advertised or easy to find even if you know where to look. I also feel that there is not a lot spoke about this as an undergraduate, so I feel both improving the awareness of academic posts during undergraduate teaching, and also the easier availability to find and be made aware of academic posts is very important in the future success of such posts.	484862-484853-48324423
1. Awareness/experience of academic colleagues and seeing the challenges they face - workload, competition for funding, lack of support, constant struggle to balance clinical with academic commitments. 2. Competitive nature to gain funding for projects. Considerable amount of work which may not lead to anything if don't get a	484862-484853-48350449

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<p>fellowship/funding/grant.</p> <p>3. Availability and commitment of a skilled and supportive team, particularly if new to research and need support.</p> <p>4. The perception by others that clinical skills will deteriorate if focus on academic work.</p>	
<p>-Reduced opportunities for working part time if in academic career</p> <p>-Perception that it is competitive <u>field & have to</u> work very hard to succeed</p> <p>-Role models give impression of working outside their contracted hours</p> <p>-Lack of availability of posts</p>	484862-484853-48420460
<p>Very difficult - and need to spend a lot of personal time to achieve success. For some not financially viable</p>	484862-484853-48421698
<p>There is often a rivalry and barrier between NHS & Univ who are competing for clinical / teaching time.</p> <p><u>Also</u> the recent worries over pensions in academia may be a factor</p>	484862-484853-48422174
<p>I think people see a variety of <u>barriers</u>, depending upon their experience and career intentions. I don't think many dental students <u>enter</u> (or leave) their undergraduate course planning an academic career as this is not the cultural view of why people study dentistry. <u>For those</u> who try it, research is often quite a slow process in comparison with service commitments and it can be difficult to follow the research route when used to seeing impacts from service work more promptly. In addition, the considerable amount of admin associated with a research career (applying for funding, developing proposals, getting partners on board, maintaining a position in a university, being on committees, writing and revising manuscripts, in addition to essentials like ethical approval) can be tedious. There is also considerable potential to devote a lot of <u>time and</u> effort to a bid/manuscript/proposal only to find it is rejected and it can put people off persisting with a research career. The academic route also relies upon finding an institution which is interested in <u>furthering your</u> research interests or which has research interests which you would be interested in contributing to, which is not always a given.</p>	484862-484853-48422390
<p>The expense. In Ortho specialty training is to consultant level and academic posts do not automatically confer consultant post with income. You are a long way behind on the financial ladder on this route.</p>	484862-484853-48423616
<p>there is a lack of individuals who possess aptitude in all academic, clinical, research and teaching. Those who have potentials may not be able to afford taking up the challenges due to financial (very low starting salary) and work-life balance issues.</p>	484862-484853-48423682
<p>The entry is very difficult for young practitioners with no experience</p>	484862-484853-48426127
<p>Clarity about how it will help general clinical practice, particularly NHS practice</p>	484862-484853-48435690
<p>As an educational supervisor I have tried to apply for academic and <u>none academic specialised</u> roles. The deanery would only let me apply if I relinquished my ES post and so this is my personal barrier.</p>	484862-484853-48436018
<p>Lack of job security in such a role for a GDP</p>	484862-484853-48437379
<p>The reputation of academia that it is a dog eat dog world, that to get on, you <u>have to</u> walk over others for your own advancement. The fact that research workers are increasingly distant from undergraduate</p>	484862-484853-48440699

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education and that clinical teaching is increasingly done by part time practitioners, not dry fingered academics, Educational skills are not well recognised in a clinical academic university environment.	
Funding for PhD	484862-484853-48442244
Lack of mentorship. Time and money to do a PhD	484862-484853-48443615
Personally for me to <u>get the</u> appropriate experience in academia e.g. research and writing academic journals. I feel that I have been very driven and get good feedback from my senior <u>colleagues</u> but I find that getting someone to help with the academic side of things is very difficult.	484862-484853-48443806
Many jobs specify need to be a dentist, excluding <u>DCPs</u> , when there is absolutely no need for them to be a dentist, member of dental team would be sufficient	484862-484853-48444863
A large proportion of the dental workforce is now female many of whom choose to work part-time. There is no financial incentive to pursue an academic career - I took a <u>paydrop</u> when I accepted my teaching post even though I was appointed at the top of the <u>payband</u> and there is no way for me to progress.	484862-484853-48445924
Few options to combine both academic & <u>non academic</u> career pathways or at least they aren't well advertised	484862-484853-48450972
Lack of publications in high impact journals	484862-484853-48451426
Time and money are the biggest barriers	484862-484853-48451810
Wanting to be involved in teaching but not involved in research	484862-484853-48454932
perhaps as final years pre choice of F1 to discuss. As may want to choose to live near a dental Hospital. Other barriers would include cost of travel /parking vs pay. e.g. petrol/ underground/trains in London	484862-484853-48469137
The regulations and <u>red-tapism</u> are big deterrent for pursuing clinical and research career <u>and also</u> it blocks international talent which could be harnessed in progression of Dental <u>speciality</u> sciences	484862-484853-48473261
Lack of posts / lack of academic DCT posts with places (this year all 0).	484862-484853-48583745
Work life balance is also a barrier as so often teaching resources need to be prepared out of hours	484862-484853-48585547
Appropriate workload	484862-484853-48585655
The bodies that create the pathways are not flexible in their approach to completing programmes/courses in a certain time frame	484862-484853-48628925
I am aware that there are fantastic opportunities in academia, however I personally am not interested in this career pathway.	484862-484853-48628888
fatigue, worried about burnout if take on too many extra roles/responsibilities. hard to 'switch off' from an academic role and difficult to leave work at work.	484862-484853-48639305
Primary care provision is very target driven currently (UDA's) and fear of not achieving these annual targets and then having money withdrawn can	484862-484853-48645603

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hinder any academic pursuits.	
Clinical academic career is usually requiring a PhD at some stage and this is not attractive/ too onerous to those trying to balance a practice and academic mixed career	484862-484853-48645956
Distrust of an academic system rooted in bias and favouritism. Poor oversight of recruitment interview as per NIHR protocol leading to preferred candidates getting preferential treatment and access to interview subject before hand	484862-484853-48647493
work life balance destroyed. ++ work out of working hours	484862-484853-48670002
No clear pathway from ACF to PhD and beyond - onus is left to trainee / supervisor to find PhD funding, but this is not easy in dentistry	484862-484853-48728827
less well paid per sessional basis not interested enough	484862-484853-48730458
Inflexibility- to be able to come into this pathway after working in general dental practice for several years is perceived as impossible by many.	484862-484853-48834664
See as not being "real dentists" where in fact the opposite is true if one is a specialist (teacher)	484862-484853-48971768
the system in the UK makes it almost impossible to combine practice and academia. It is therefore not surprising that in some European countries (where it is much easier to combine these activities) produce very many clinical academics of internationalrenown	484862-484853-48988332
Also, a perception that an academic role can only be performed on a FT basis.	484862-484853-48994004
The research treadmill and publish or perish	484862-484853-48995338
Lack of flexibility to pursue research training. Lack of recognition of value of research in primary care	484862-484853-49053024

Appendix 9

DCP Survey PDF summary



Online surveys

DCP Survey

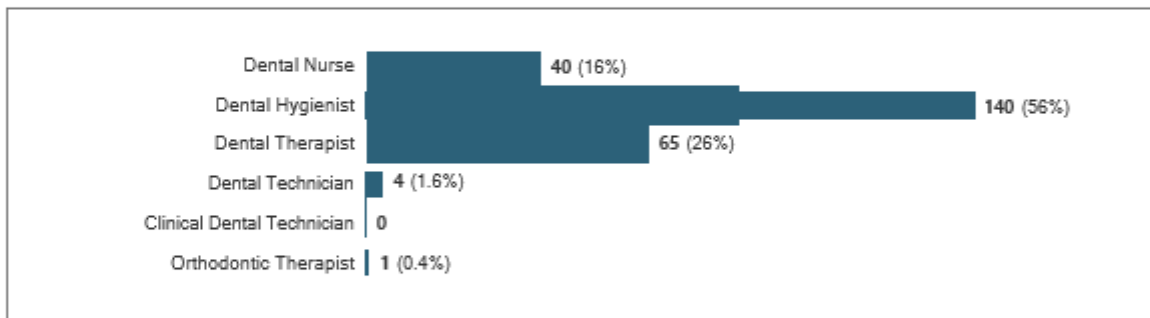
Showing 253 of 253 responses

Showing **all** responses

Showing **all** questions

Response rate:252%

1 What is your current job title?



1.a Have you any other qualifications? Please list below.

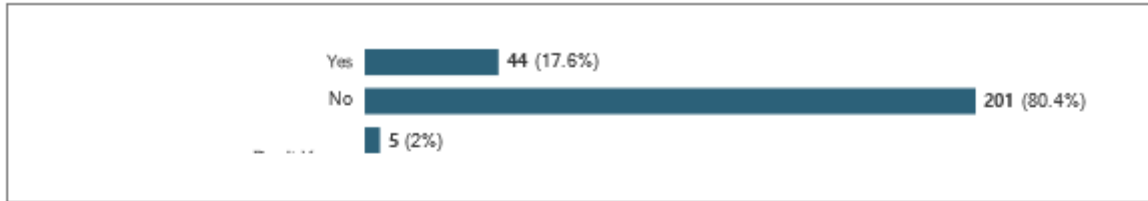
Showing first 5 of 151 responses	
conscious sedation dental radiography oral health education orthodontic nursing impression taking plaque scoring topical fluoride application	489880-489871-48449780
Teaching and Assessor NEBDN Post Reg: Sedation, OHE and Radiography Management	489880-489871-48457245

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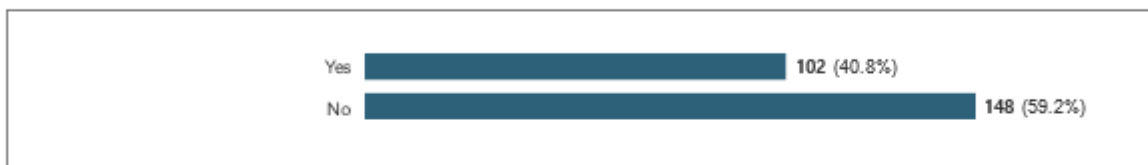
special <u>care</u> , radiography, orthodontics ,oral health all national exam dental nurse certificates, extended duties, fluoride varnish application <u>plaque</u> disclosing, impression taking.	489880-489871-48459613
No	489880-489871-48461661
MSc by Research MA health promotion PhD Public and Child Dental Health	489880-489871-48471807

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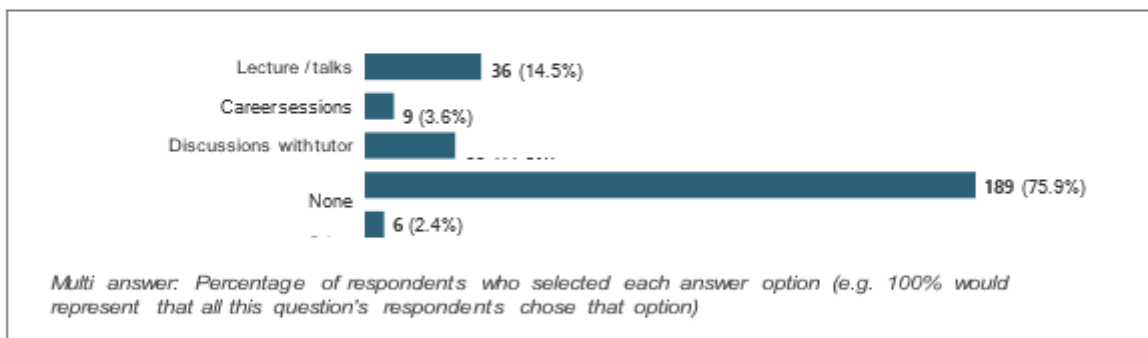
2 Have you had any formal advice or teaching on future career pathways or options?



3 Do you have a good understanding of the different options available to you?



4 Have you had any under grad and / or postgrad teaching on the career pathways available to you?



4.a If you selected Other, please specify:

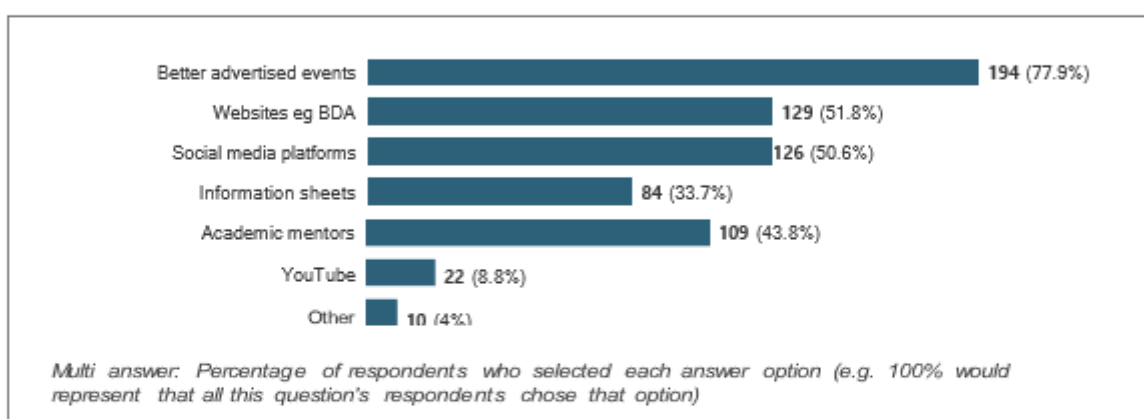
Showing first 5 of 6 responses	
I was a tutor so needed a teaching qual	489880-489871-49047932
Numerous post grad study clubs, Local Anaesthesia University courses	489880-489871-49057350
Spoke to university of Essex representatives at a conference, and tutor at Bristol dental school by email.	489880-489871-49058049
Self researched courses/fb forum	489880-489871-49059377
Discussions with colleagues	489880-489871-49061246

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5 Do careers events help to signpost and guide your careers?



6 What could improve your access to this information?

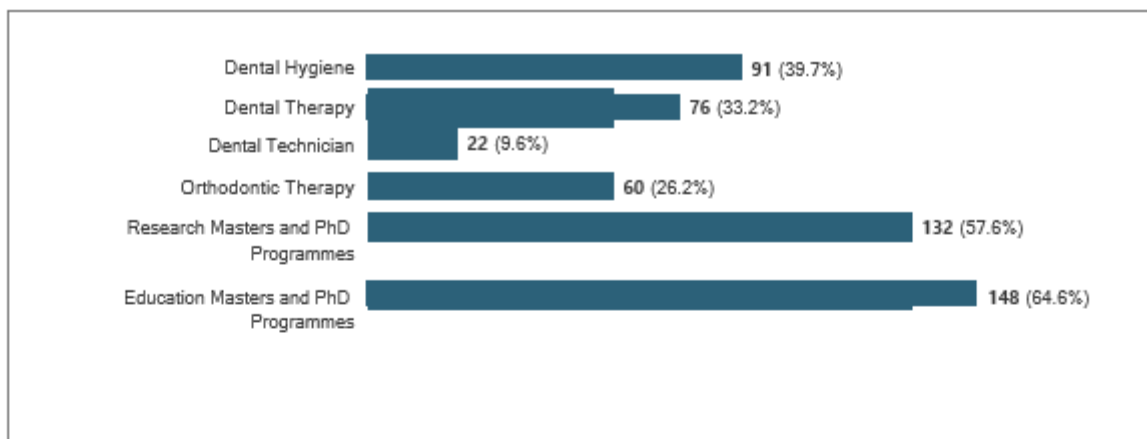


6.a If you selected Other, please specify:

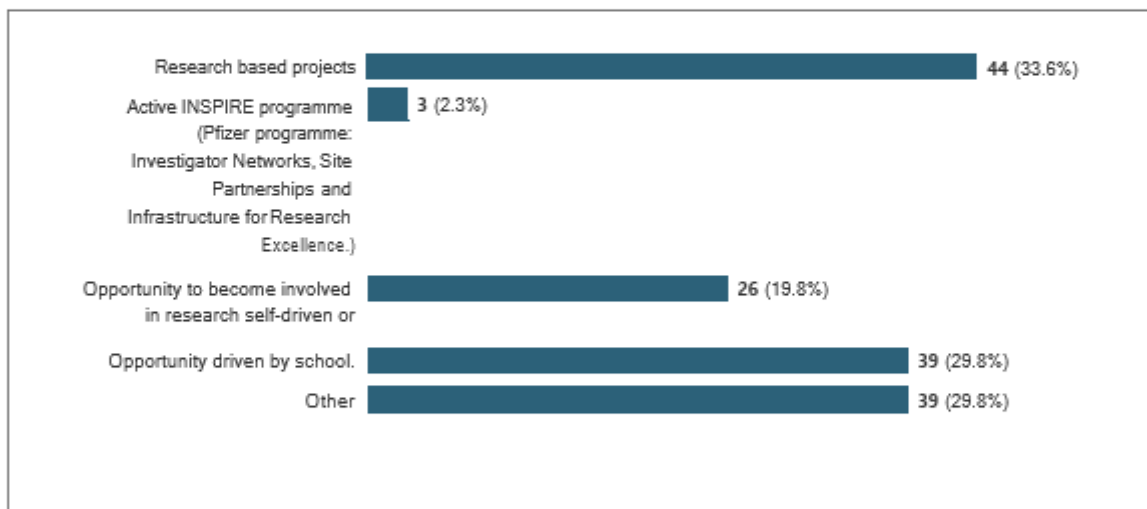
Showing first 5 of 10 responses	
dental nurse organisations, and groups, bee,	489880-489871-48459613
Websites such as BSDHT	489880-489871-48471807
Professional associations & body communication	489880-489871-48793566
Interdisciplinary training opportunities - multi agency networking events	489880-489871-48800034
My next career move will be retirement	489880-489871-48809010

7 What career pathways would it be beneficial to have further information on?

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8 Did you have any opportunities available to get involved in research as an undergraduate?

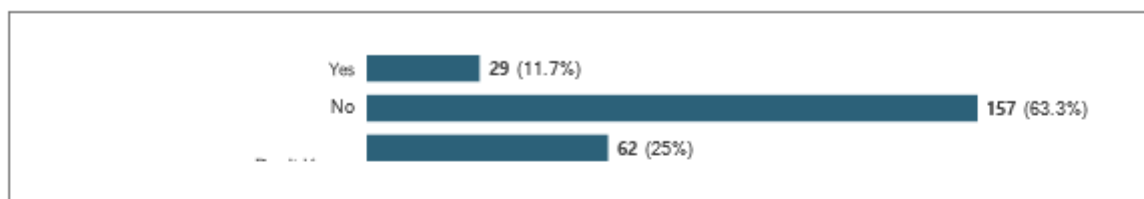


8.a If you selected Other, please specify:

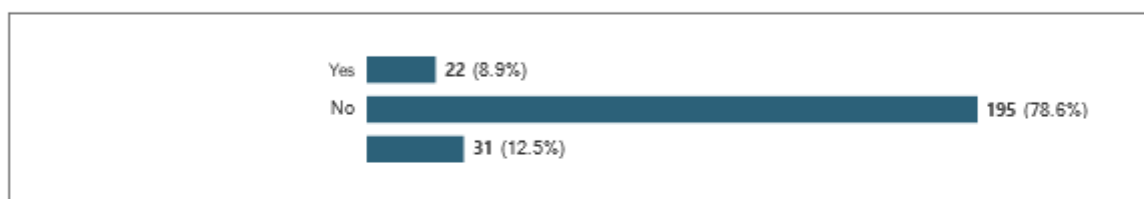
Showing first 5 of 39 responses	
job role that I do allows me to participate in research and audit, poster presentations.	489880-489871-48459613
None	489880-489871-48488138
None	489880-489871-48492812
N/A	489880-489871-48630799
none	489880-489871-48728924

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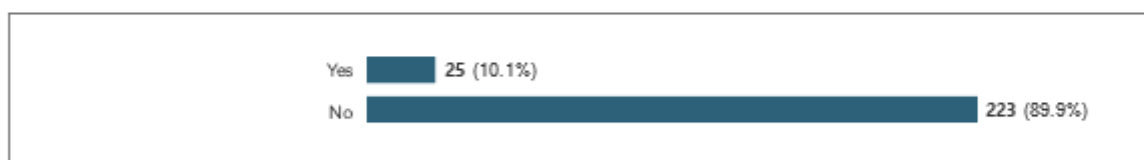
- 9 As part of your training pathway did you have access to the same training support as medics / dentists eg lectures on research methods?



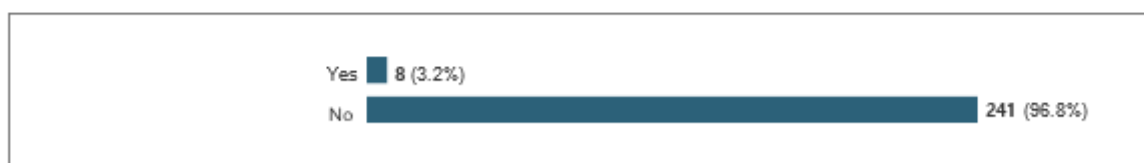
- 10 Have you had exposure to Oral and Dental Research Trust (ODRT) and /or National Institute for Health Research (NIHR)?



- 11 Did you know there may be funding available?



- 12 Have you ~~received~~ reviewed funding for a research project?

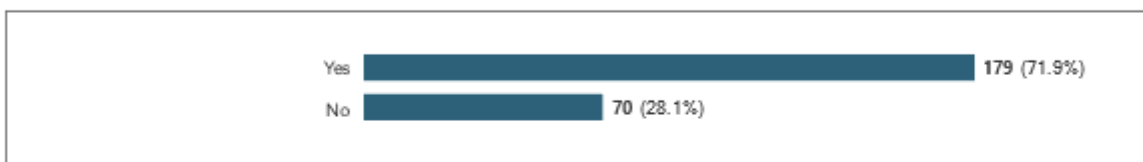


- 12.a If yes, where from?

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Showing first 5 of 8 responses	
My college (Trinity College, Dublin)	489880-489871-48471807
ODRT	489880-489871-48824109
Medical Research Council	489880-489871-49058413
Birmingham health care trust	489880-489871-49125249
Medical research council	489880-489871-49126713

- 13 Would the opportunity to be involved with a dedicated DCP academic mentor encourage you to pursue a wider range of career pathways?



- 14 What further involvement would you like?

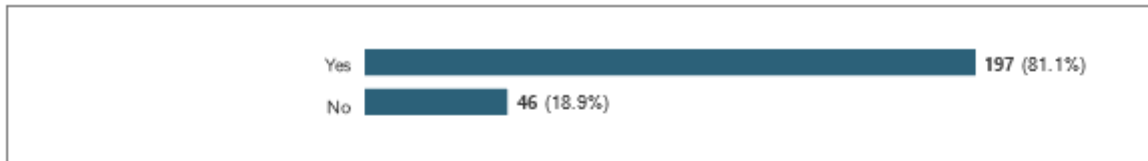
Showing first 5 of 118 responses	
clinicians to involve dental nurses in their research projects	489880-489871-48449780
Options available and guidance	489880-489871-48457245
More opportunities post <u>Masters</u> and PhD for DCPs. more structure to this process for <u>DCPs</u> . Dentist and Academics need to consider that DCPs with <u>Masters</u> and PhDs are just as suitable as dentists for academic position! Positions are advertised with a dentist qualification as a required when the qualification of DCP would be just as suitable!	489880-489871-48471807
A career pathway	489880-489871-48488138
cancer care	489880-489871-48508199

- 15 Is there an opportunity to negotiate academic research time into your current/future posts?

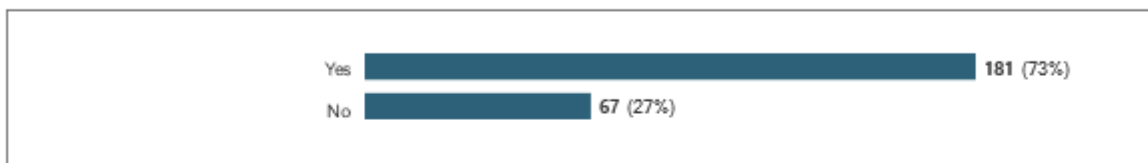


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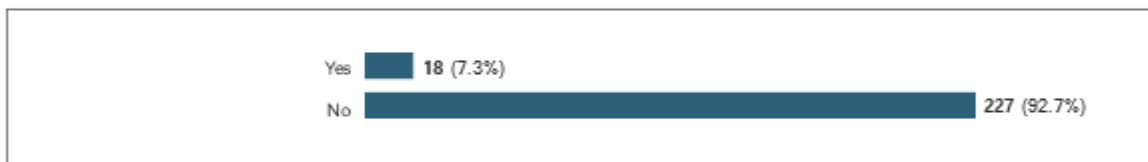
16 If you had protected NHS time to complete research / education activities would this attract you to a job?



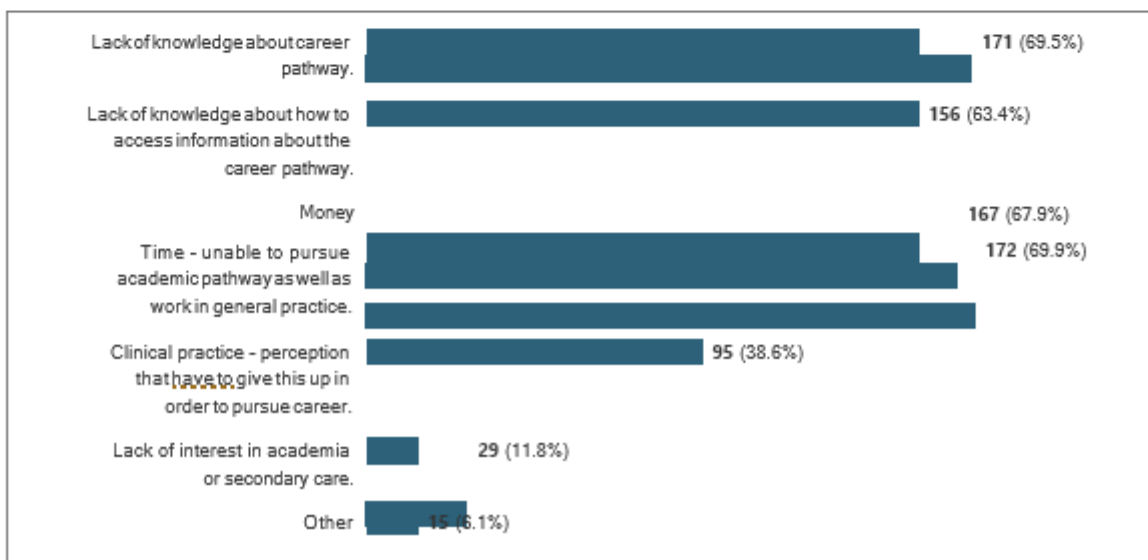
17 If you had appropriate support would you be interested in conducting research in primary care?



17.a Did you know there was NIHR funding available to assist this?



18 What barriers do you think there are to furthering your career and / or pursuing a career in academia?



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Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

18.a If you selected Other, please specify:

Showing first 5 of 15 responses	
Decent pay! We should not have to take a cut in salaries undertake research!	489880-489871-48471807
finances	489880-489871-48657483
<p>I actually was forced to leave my NHS dental hygienist post (which was my clinical career) due to development of a 'vulnerable back'. This had a devastating effect on me both personally and professionally - it would have been so beneficial if, at the time, someone had been there to guide me on how my skills (especially on Health Promotion side) could have continued to have been used or even if I could have had access to a pathway in research or education. Over the years, I have offered help with various research type initiatives and have completed so many surveys over <u>the years</u> all to no avail. Having no other option, I have developed a totally 'non clinical' role (identity) for myself - which started with delivery of the NEBDN Certificate in Oral Health Education course for 10 years - this ceased due to lack of uptake from DCPs (due to no funding for them and/or a failure to be supported in their learning in GDP). I now provide community based Oral Health Promotion (underpinned by GDC, NICE & PHE standards and full optimisation of a joint CRF & MECC approach re: health protection and ill health prevention). This activity is on a <u>self-employed / self-funded</u> basis.</p> <p>May I also comment that although Direct Access is in place (and has been for 6 years now) - still not being able to provide care under the NHS is absolutely ridiculous - as a minimum a DCP with enhanced skills eg RDH/T or RDN OHE could surely be deemed 'occupationally competent' in the provision of a DCby1 service? DCPs are required to maintain professional competency in their Scope (field) of Practice, hold Professional Regulation and Professional Indemnity so what else is required? Can academia and research help us all to sort this out especially in relation to the appalling situation we now have at both ends of the 'very vulnerable' life spectrum <u>is</u> young children and XGAs and oral care for older people (and vulnerable groups) in care homes.</p> <p>It is a privilege to be able to share my knowledge and skills towards facilitation of 'supported' oral hygiene '<u>self care</u>' with the many, many people who are now unable to access dental care services. Am hoping my small contribution is making some difference, after all, we are all 'in this together' aren't we? I am here to help to protect and preserve our NHS - via reduced use of for antibiotics for dental issues, support for better Diabetes management, reduce risk of stroke, CVD, oral cancer, reduce number of inappropriate patient presentations to GMP and A&E. There is much more 'in between' too.</p>	489880-489871-48800034
Retiring	489880-489871-48828598
Line manager and lead nurse as they are both registered staff nurses and are not interested in helping or furthering dental nurse career as they push the training for staff nurse and de skill the dental nurse	489880-489871-49040879

19 Can you give any other suggestions to encourage DCP involvement in academia?

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Showing first 5 of 86 responses	
nurses who work in hospital setting have greater access to academics and chance of becoming involved. nurses in GDP would find this very difficult and not know who or how to contact the right people. ask those in GDP for expression of interest using sites that nurses look at, social medial or BADN	489880-489871-48449780
Make the opportunities more widely known providing support to enable application.	489880-489871-48457245
For early stage researchers, involvement in the writing up of the project if only to see processes involved	489880-489871-48471807
Earn while you learn	489880-489871-48497502
good question but will need time to think about this..... may be consider a lecture/presentation about courses and topics available at a national conference or on social media to encourage interest?	489880-489871-48508199

Appendix 10:

DCP Academic Stocktake

Job title	GDC Registration	HEI	Qualification	Status
Team Lead Oral & Dental Research	Ther/Hyg	Newcastle University	PhD	Completed
Periodontal Lead	Ther/Hyg	Portsmouth University	PhD	Completed
Senior Clinical Teaching Fellow	Ther/Hyg	Eastman Dental Institute, UCL	PhD	Completed
Senior Clinical Teacher	Ther/Hyg	Dental Institute, Kings College London	PhD	Almost finished
Programme Leader BSc (Hons) Dental Hygiene/ Dental Therapy	Ther/Hyg	Teesside University	PhD	Just starting
Senior Lecturer in Dental Nursing	Ther/Hyg	Teesside University	PhD	1 year to go
Director of DCP School	Ther/Hyg	Bristol University	Masters by Research	Completed
Senior Lecturer for Public Health	Dental Nurse	Department of Psychology, Social Work & Counselling at the University of Greenwich	PhD	Completed
Research Dental Nurse	Dental Nurse	Newcastle Uni	Master's in clinical research	In last year
Associate Lecturer in Dental Technology	Technician	Newcastle University	PhD	Completed

