

# Advancing Dental Care (ADC) Review

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Developing people  
for health and  
healthcare

## ADC Key Phases

### **Phase I: ADC Case for Change (2017/18)**

England wide engagement exercise to set out service, educational and economic cases for change. Exercise produced 21 recommendations

### **Phase II: ADC Review Programme 2018/19**

**to 2020/21** Three year programme taking forward 21 recommendations through building the evidence base for improving the current dental workforce education & training infrastructure and engagement activities

# Strategic Drivers

## Changing Population Needs

- Significant improvements in adult oral health
- Pockets of entrenched oral health inequality
- Ageing population, prioritising different treatment modalities and care pathways
- Renewed emphasis on prevention
- “Putting the mouth back in the body” – poor oral health as a risk factor for other conditions.

## Supply: Funding & Commissioning

- Inequality in workforce distribution
- 10% reduction in dental school places
- 2013 workforce survey recommendation to increase DCP commissions
- 2015 CSR – end to therapist and hygienist bursaries
- Apprenticeship agenda
- Variation in tariffs and commissioning models

## Dental Education & Training

## Workforce Transformation

- Evidence that dentists could be released for more complex work if DCPs used their full scope of practice.
- Reports of dental therapists deskilling and working as hygienists.
- Opportunities to train more dentists with tier 2 skills.
- Opportunities for DCPs with enhanced skills to support prevention and oral health promotion.

## Context

- NHS Long Term Plan
- NHS People Plan
- GDS Contract Reform
- ADC Phase I report – 21 recommendations endorsed by HEE Exec
- Challenge from the system to collate robust evidence
- Brexit

# Phase II: ADC Review Programme



*Health Education England*

**Review aim:** To develop an education and training infrastructure that can respond to the changing needs of patients and services

## **Key questions:**

- What is the current and projected population need?
- What is the workforce profile and skills mix that will most effectively meet population needs?
- How can the education and training commissioning model be adapted to meet that workforce prototype?
- What are the training needs of the existing qualified workforce?

## **Review objectives:**

**Objective one:** Collate a robust evidence-base on the population's oral health needs and model the most appropriate dental workforce for meeting those needs.

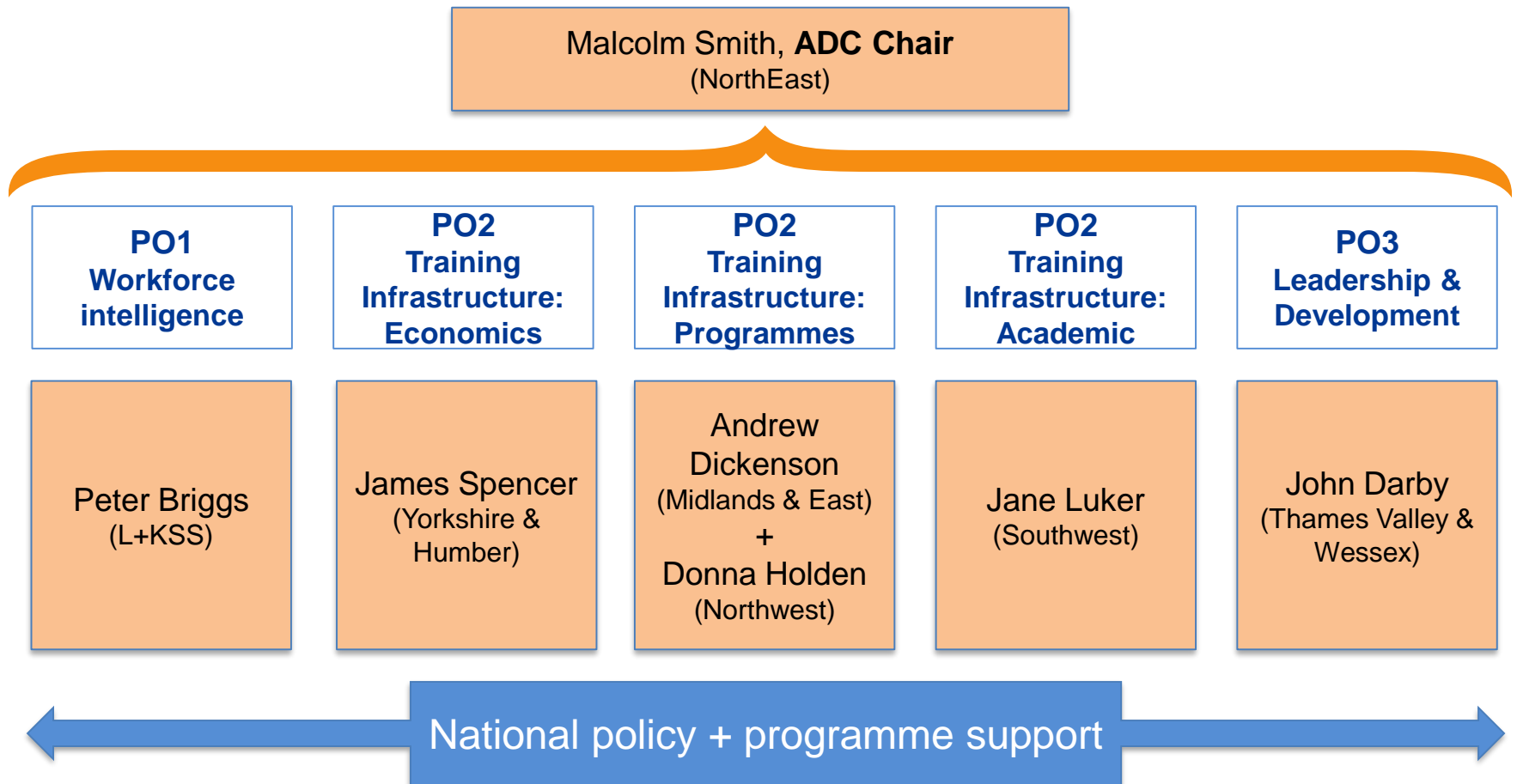
**Objective two:** Identify and evaluate new and existing innovative training approaches, and develop or upscale exemplars within funding envelope.

**Objective three:** Understand the CPD requirements of the existing workforce, and identify best practice.

# Advancing Dental Care

*Health Education England*

## Workstreams led by Postgraduate Dental Deans



## Phase II Workstreams

### Workforce intelligence

- Population need and change
- Training distribution
- Workforce data
- Workforce NHS activity to support patients

### Training Infrastructure: Economics

- Modelling costs of training
- Data on training costs
- Contribute to place-based pilots and DHSC tariff

### Training Infrastructure: Programmes

- Portfolio careers
- Increasing flexibility
- International comparison and best practice

### Training Infrastructure: Academic

- Existing academic workforce
- Motivations and barriers to training
- How academic careers can be developed and promoted

### Leadership & Development

- Views of dentists and DCPs on leadership roles and abilities and need for further development

# Patient needs

- Evidence of improvements in adult oral health over the last 30-40 years
- However, lack of data: reliance on oral health surveys from 2009 (adults) and 2013 (children)
- Improvement in the population's oral health in recent decades masks significant inequalities between child and adult population groups and geographies
- Reduced number of patients being seen by an NHS dentist in England
- Access to NHS dentists is at the worst it has been for a decade

# Workforce intelligence

- August 2018 GDC figures show 32,927 Dentists and 55,832 DCPs registered in England
- Significant variation in dental professional concentration across the country relative to local population:

	Dentists: population (STP)	DCPs: population (STP)
<b>Low conc.</b>	NorthWest London (1:797)	Milton Keynes, Bedfordshire, Luton (1:551)
<b>High conc.</b>	Shropshire, Telford & Wrekin (1:3853)	Shropshire and Telford and Wrekin (1:1731)

- Differences in working hours in NHS practice related to gender and geographical location



# Workforce intelligence – supply

Recent figures illustrating HEE commissioning numbers

Dentists	Numbers (2018/19)
DFT	880
DCT	542
DCT 1	323
DCT 2	162
DCT 3	37
DCT 2/3	20
DST	484

DCPs	Numbers (2017)
Clinical Dental Technician	0
Dental Hygienist	128
Dental Nurse	442
Dental Technician	69
Dental Therapist	118
Orthodontic Therapist	0

# Training programmes

- Geography (i.e. proximity of training post location to family / out-of-work commitments) most important factor affecting choice of where to study
- Greater clarity and streamlined recruitment process desired
- Community posts in DCT are desired along with 'step-on step-off' options
- Job security from training posts which offer 'run-through' is attractive
- Trainees envisage having a varied 'portfolio' career, potentially with teaching/research

# Academic pathways

- Academic training pathway is perceived to be complicated and careers of clinical academics is not always understood; this can be a barrier for dentists and DCPs
- Lack of awareness of research / training opportunities for dentists and DCPs post-qualification
- Variable exposure to research opportunities for undergraduate dentists and even less for DCPs in training
- Recent survey found 84% of DCPs were unaware of funding opportunities for research training and 73% would be interested in undertaking research in a primary care setting

# Leadership and development

- **Survey of approximately 450 dentists and DCPs**
  - however, not many DCP responses: only 34 DNs and nine Practice Managers completed
  - aiming for 1000 responses total and survey still available for completion by 22 Dec 2019
- Vast majority (92%) believe that dental professionals should have a part to play in the way NHS services are delivered; however only 16% feel they currently play such a part.
- Almost three quarters (73%) feel leadership development training is as important (65%) if not more important (8%) than job specific training.
- 47% of respondents noted lack of awareness is a major barrier to leadership development training uptake along with
  - training not being available as part of an individual's role (28%) and
  - lack of staff capacity to allow for training attendance (21%).

## Next Steps 2019/20 to 2020/2021

### 2019/20

- Final strands of evidence to be gathered and analysed and presented in ADC Discussion Document: Evidence for Change
- Evaluate existing areas of innovation in dental foundation/core/specialty and DCP training which support flexibility and less-than-full-time
- Prepare national plan for piloting training models in 2020
- Carry out extensive engagement with system stakeholders and patients

### 2020/21

- Evaluate new models of training for dentists and dental care professionals
- Continue engaging with system stakeholders and patients and develop system readiness for future flexible training pathways
- Present recommendations to HEE Executive on new training models for future HEE training commissioning based on training pilot outcomes

# Training pathways – ‘tube maps’

# About the tube maps

- Developed by HEE Clinical Fellow
- Different layers showing:
  - Base layer
  - Flexible / LTFT training pathways
  - Academic pathways
- Tube map pathways are not an exhaustive presentation of every single training pathway
- The maps focus on training pathways and not entry qualifications

