Advancing Dental Care (ADC) Review

Malcolm Smith, Chair of ADC
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

### Workforce Transformation
- Evidence that dentists could be released for more complex work if DCPs used their full scope of practice.
- Reports of dental therapists deskillling 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.

### Dental Education & Training
- 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

### Context
Phase II: ADC Review Programme

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

Workstreams led by Postgraduate Dental Deans

PO1 Workforce intelligence
Peter Briggs (L+KSS)

PO2 Training Infrastructure: Economics
James Spencer (Yorkshire & Humber)

PO2 Training Infrastructure: Programmes
Andrew Dickenson (Midlands & East) + Donna Holden (Northwest)

PO2 Training Infrastructure: Academic
Jane Luker (Southwest)

PO3 Leadership & Development
John Darby (Thames Valley & Wessex)

Malcolm Smith, ADC Chair (NorthEast)

National policy + programme support
## Phase II Workstreams

<table>
<thead>
<tr>
<th>Workforce intelligence</th>
<th>Training Infrastructure: Economics</th>
<th>Training Infrastructure: Programmes</th>
<th>Training Infrastructure: Academic</th>
<th>Leadership &amp; Development</th>
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</thead>
<tbody>
<tr>
<td>Population need and change</td>
<td>Modelling costs of training</td>
<td>Portfolio careers</td>
<td>Existing academic workforce</td>
<td>Views of dentists and DCPs on leadership roles and abilities and need for further development</td>
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<td>Training distribution</td>
<td>Data on training costs</td>
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<td>Workforce data</td>
<td>Contribute to place-based pilots and DHSC tariff</td>
<td>International comparison and best practice</td>
<td>How academic careers can be developed and promoted</td>
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<td>Workforce NHS activity to support patients</td>
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- Modelling costs of training
- Data on training costs
- Contribute to place-based pilots and DHSC tariff
- Portfolio careers
- Increasing flexibility
- International comparison and best practice
- Existing academic workforce
- Motivations and barriers to training
- How academic careers can be developed and promoted
- 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:

<table>
<thead>
<tr>
<th></th>
<th>Dentists: population (STP)</th>
<th>DCPs: population (STP)</th>
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<tbody>
<tr>
<td><strong>Low conc.</strong></td>
<td>NorthWest London (1:797)</td>
<td>Milton Keynes, Bedfordshire, Luton (1:551)</td>
</tr>
<tr>
<td><strong>High conc.</strong></td>
<td>Shropshire, Telford &amp; Wrekin (1:3853)</td>
<td>Shropshire and Telford and Wrekin (1:1731)</td>
</tr>
</tbody>
</table>

• Differences in working hours in NHS practice related to gender and geographical location
## Workforce intelligence – supply

Recent figures illustrating HEE commissioning numbers

<table>
<thead>
<tr>
<th>Dentists</th>
<th>Numbers (2018/19)</th>
</tr>
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<tbody>
<tr>
<td>DFT</td>
<td>880</td>
</tr>
<tr>
<td>DCT</td>
<td>542</td>
</tr>
<tr>
<td>DCT 1</td>
<td>323</td>
</tr>
<tr>
<td>DCT 2</td>
<td>162</td>
</tr>
<tr>
<td>DCT 3</td>
<td>37</td>
</tr>
<tr>
<td>DCT 2/3</td>
<td>20</td>
</tr>
<tr>
<td>DST</td>
<td>484</td>
</tr>
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<table>
<thead>
<tr>
<th>DCPs</th>
<th>Numbers (2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Dental Technician</td>
<td>0</td>
</tr>
<tr>
<td>Dental Hygienist</td>
<td>128</td>
</tr>
<tr>
<td>Dental Nurse</td>
<td>442</td>
</tr>
<tr>
<td>Dental Technician</td>
<td>69</td>
</tr>
<tr>
<td>Dental Therapist</td>
<td>118</td>
</tr>
<tr>
<td>Orthodontic Therapist</td>
<td>0</td>
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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 DNAs 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