Advancing Dental Care: Education and Training Review

Frequently Asked Questions

This document captures the questions and provides feedback to these and general feedback received during the course of the project so far. These questions below include those raised by attendees at the National Stakeholder Event on Friday 29th September via the online interaction tool, Sli.do.

**1. What is the purpose of the Advancing Dentistry Education and Training Reform project?**

Health Education England (HEE) exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

For the practice of dentistry and its related professions, the composition of the workforce and the training structure in place to deliver that workforce, are the product of historical developments and decisions. Consequently, to fulfil our remit, we believe the time is right to consider whether these existing models are the way to deliver the workforce best placed to meet future patient demand in the most effective and efficient way. Many factors will need to be taken into account, but critically this project will consider:

* the need for a more holistic strategy to meet current and future healthcare needs;
* demographic, technological and geographic factors; and
* future models of the commissioning and provision of services.

This project will explore, model and test the future direction for dental education and training, build consensus and develop recommendations for potential reforms through engagement with key stakeholders across the oral healthcare system.

**2. What are the intended outputs of the project?**

Our review does not have a pre-determined conclusion and will be open to suggestions and debate. That said, we will put forward some ideas as a starting point to work from based on early discussions within HEE, with the Chief Dental Officer and with a range of stakeholders.

The purpose of this exercise is to share our thinking as widely as possible; engage with stakeholders to receive feedback and develop the proposals; and assess the feasibility of such proposals from a variety of perspectives (educational, service, quality, economic, patient, legislative etc). The intention is to compile the stakeholder responses and evidence gathered to produce a report that will inform a decision on whether to proceed with such reform.

All outcomes of the project will be evaluated against patient care outcomes and pathways to ensure that the impact to patients is fully realised and at the centre of proposed reforms.

**3. How will HEE deliver this project?**

The stakeholder event held on 29th September enabled HEE to engage with key stakeholders to start conversations about education and training reform for the oral healthcare workforce in England. The outcomes from the workshops have been used to shape the Workstream for the project to develop ideas further and test their suitability to reform dental services for the future.

The following Project Workstreams have been identified:

1. Dental Training pathways
2. Post-Foundation Workforce Training & Development
3. Building on the Scope of practice – the future dental team
4. The Economic models for training
5. Short term adjustments to dental education and training

Working Groups will be established to explore each of the Project Workstreams. We will establish an evidence-base and conduct robust analysis by seeking views from the members of each Working Group, employing the expertise from the project team and consulting with stakeholders across the oral healthcare system.

The Workstream outcomes will inform and shape discussions at a second stakeholder event in early 2018. The final project outcome is a final report with evidence-base recommendations that will inform a future decision-making process by HEE’s Executive Team.

**4. Will the General Dental Services or Personal Dental Services Agreement (PDS) contracts be considered as part of the dental reform project?**

The project will focus on the potential future training pathways for the oral healthcare workforce in England, to ensure that we have the correct workforce profile to meet future patient demand in the most effective and efficient way. Other than changing commissions for training in each profession, this review provides an opportunity to explore new training structures and pathways with the aim of increasing flexibility and efficacy.

The evidence and advice that we hope to receive about the scope and make-up of the future dental team has the potential to impact on the contract for NHS dental services. HEE will be open-minded to the information that will form part of its evidence base to ensure that we assess the feasibility of a future model of the dental workforce and the training required to deliver it.

**5. Will HEE invite all the four UK nations to participate in this project?**

HEE’s remit is for training, education and workforce supply in England only. Nevertheless, it is recognised that the reforming the composition of the dental healthcare workforce and the training structures for delivering that workforce are likely to have a wider impact across the whole of the UK.

We are committed to consulting, sharing and discussing ideas with colleagues from Scotland, Wales and Northern Ireland. We have developed our Workstream to deliver our project objectives and propose that key stakeholders from the four nations participate in the working groups. We are of the view that representation from each of the four nations will ensure that we identify feedback, interdependencies and areas of impact across the UK.

Whilst HEE will be consulting with all four nations to ensure co-production throughout this project, any regulatory matters that arise will be a UK-wide issue and must be determined by the General Dental Council (GDC).

**6. Does the Project Team have sufficient public health, multi-professional and educational input to ensure breadth of knowledge and robustness?**

The Advancing Dentistry Project Team is led by the Chair of English Dental Deans & COPDEND. To ensure a sufficient breath of knowledge and expertise across the dental healthcare system in running the project, the team consists of a Specialty Consultant, a Registered Dental Nurse, therapist, educators, General Dental Practitioners and Research Academics. The project will also be supported by HEE programme and policy expertise.

Our working groups for each area of the review will also include a broad cross-section of the oral health professions and patient representation.

We will continue to consult with patients, experts, dental professionals, trainees and employers to capture views and ensure co-production throughout this project. The project team will map stakeholders to make sure that HEE builds consensus across the oral healthcare system, developing support and recommendations for potential reforms, and informing a future decision-making process by HEE’s Executive Team.

**7. Following the publication of the Lancet’s article ‘*How will Brexit affect health and health services in the UK?*** ***Evaluating three possible scenarios’ [[1]](#footnote-1)* – what new workforce research will HEE be planning?**

The project team have received several different opinions as to the effect on the United Kingdom’s exit from the European Economic Area and Union. These range from those that think the restriction of movement of EEA dentists will lead to a workforce shortage to those that think it is an opportunity to expand dental professional training and become self-sufficient in workforce supply. We envisage that speculation about the issues will be raised in each of the Project Workstreams, but until the exact terms of the UK leaving are made public we can only surmise.

The bigger role of HEE in research on this matter is outside the scope of this project.

**8. If HEE is proposing to move towards a multi-disciplinary dental team approach, is it anticipated that Dental Care Practitioners will be required to be entered onto a performers list?**

The performers list regulations play an central role in the management of the workforce delivery in primary care dental services and are part of the governance structure to ensure patient safety and financial management. We would envisage that this subject will be tackled in several Workstream and, whilst we unable to mandate legislative change, we will be able to make recommendations within the scope of this project.

**9. Will HEE be looking at the Liverpool University 2018 pilot of dental education?**

The “common training” model, which will be piloted by Liverpool University from 2018 will be one of the potential approaches considered within Workstream one: exploring the options for dental training pathways. More information about Liverpool University’s BDS integrated undergraduate degree pilot will be available as the curriculum takes shape.

Alongside the examination of Liverpool’s integrated training pathway, we will also identify and examine alternative options, such as the modular approach; changing commissions in isolation; and developing of a skills escalator across all roles. We will also consider feasibility of these models.

All outcomes of the project will be evaluated against patient care outcomes and pathways to ensure that the impact to patients is fully realised and at the centre of proposed reforms.

**10. How will HEE ensure quality evidence will be produced for this project?**

The Project Team will establish a broad evidence base through several means, drawing information and feedback from literature sources, stakeholder engagement and scoping of existing good practice. The Project Team will also seek advice from educationalists and academics from within the oral healthcare industry to gather insight and expertise.

We will produce quality evidence by ensuring that any proposals are tested by relevant stakeholders and by collating of a wide variety of views and a robust analysis. The evidence produced will inform a decision-making process, by HEE’s Executive Team on implementation and next steps.

**11. it is understood that the project will address long term developments for the oral healthcare workforce. Are HEE considering any Workstream for the next 5 years to explore short term measurements that can be implemented too?**

HEE is committed to explore the immediate changes that could be made in the short term, alongside the consideration for long term reforms of the training and education system. As part of this project, we have established a Workstream dedicated to exploring and testing options that could be potentially be implemented quickly, for example whether only changing commissions would be preferable. This Workstream will run alongside the consideration and discussions for long term reform, which will form part of the Project Team’s recommendations to the HEE Executive Team.

We will ensure that all options are evaluated against patient care outcomes and pathways to ensure that the impact on patients remain at the heart of the project.

**12. Who do I contact if I have any further questions?**

Any further queries can be addressed to our team at advancingdentistry@hee.nhs.uk.

1. ‘How will Brexit affect health and health services in the UK? Evaluating three possible scenarios’ N, Fahy et al (2017) The Lancet [↑](#footnote-ref-1)