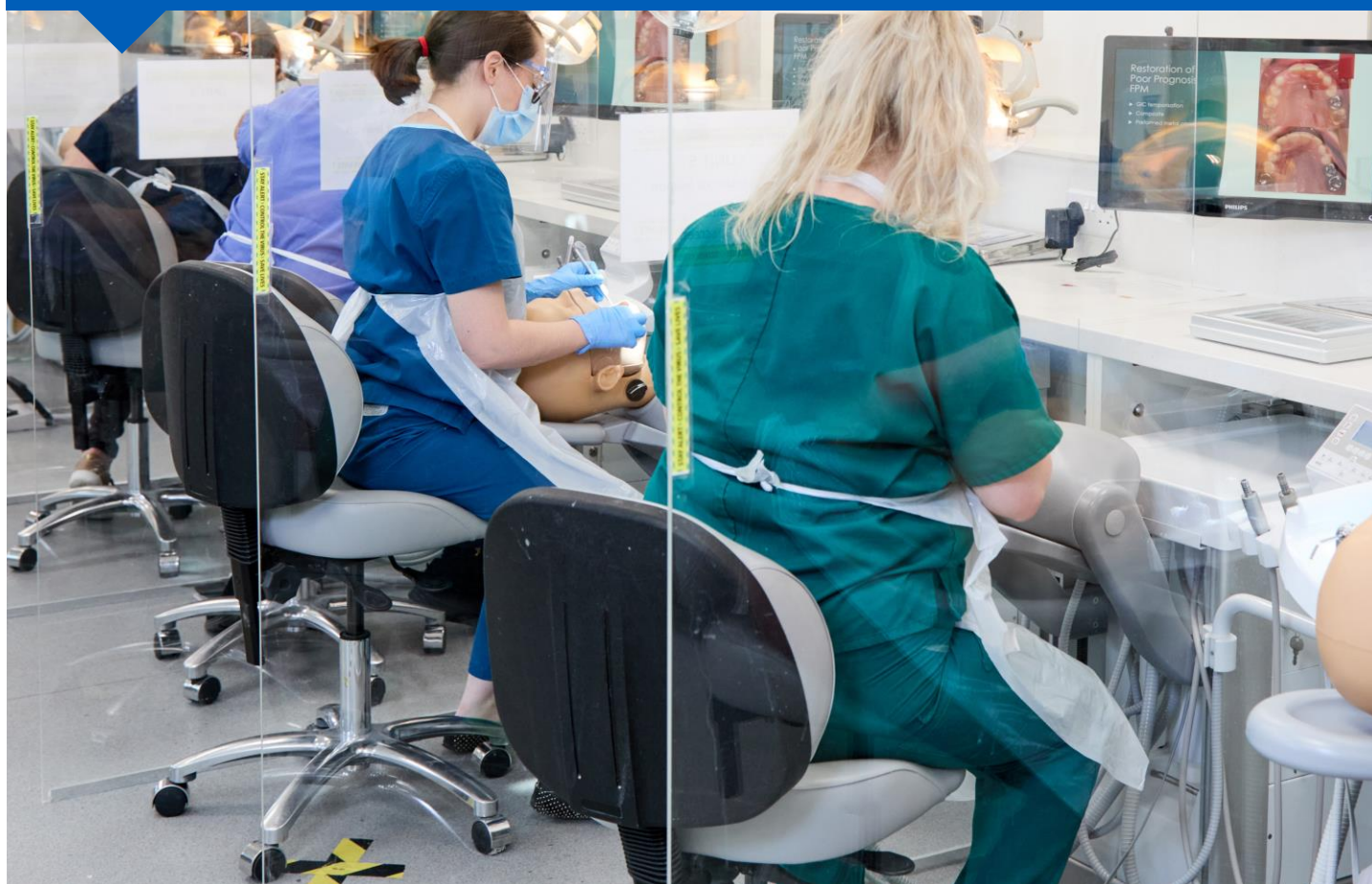


# Advancing Dental Care Review: Final report



## Full Equality Impact Assessment and action plan

Advancing Dental Care	Dental Education Reform Programme	
<u>Version Control:</u>  1.0	<u>Date of completion of Stage One Equality Analysis Screening:</u>  01.03.2021	<u>Date this document Approved by Programme Board on:</u>  18.05.2021
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## 2. Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. As a public body, Health Education England (HEE) is working hard to meet its legal duties under the Equality Act of 2010 and under the Human Rights Act 1998 to uphold and promote equality and human rights in everything we do.

HEE has set out its commitment to equality of opportunity, diversity and inclusion in our Diversity and Inclusion Strategic Framework 2018 -2022. This also sets out the steps that HEE is taking to meet the Public Sector Equality Duty, together with our wider statutory obligations and deliver against our Mandate from the Department of Health & Social Care.

This Equality Impact assessment template is designed to help HEE staff members to comply with the general duty. Should you have any queries or suggestions on this template, please contact the Policy and Regulation team at [policyandregulation@hee.nhs.uk](mailto:policyandregulation@hee.nhs.uk)

## 3. Background

HEE established the Advancing Dental Care (ADC) review in 2017, with the aim of developing an education and training infrastructure that can respond to the changing needs of patients and services. The ADC Review has consisted of three phases.

- [Phase I](#) identified new options and models for training,
- [Phase II \(a\)](#) produced a robust evidence base for the population's current and future oral health needs and
- [Phase II \(b\)](#) has modelled flexible education and training programmes for the dental workforce.

HEE's Advancing Dental Care Review team have been working collaboratively with system partners to reform the model for postgraduate dental education and training, widen access to dental careers and to create structured opportunities to upskill the workforce. The ADC final report provides a blueprint for change in line with the NHS Long Term Plan and People Plan ambition to develop a 21<sup>st</sup> century workforce that can supply a high-quality dental workforce with the right skills in the right place to deliver timely, prevention-oriented oral healthcare within an integrated National Health Service. Summary of proposals from the ADC review include:

Proposal	Actions	Who HEE will work with
<b>1. Reform postgraduate dental training</b>	Develop a two-year Early Years Programme to broaden trainees' experiences and to support career progression.	Association of Dental Hospitals (ADH); NHS Acute Trusts, Community Dental Services (CDS) and NHS Primary Dental Care providers
	Develop a Lead Employer Trust model to deliver flexible rotations of trainees	NHSE/I; ADH, NHS Acute Trusts, NHS Primary Dental Care providers, CDS
	Develop models for 'Middle Years' training posts to meet patient and workforce needs.	NHS Trusts; Dental Deans
	Improve the existing Dental Foundation Training model	NHS Trusts
	Develop flexible models of Dental Specialty Training to support workforce retention and career progression.	General Dental Council (GDC), NHS Trusts
	Explore how flexible entry onto the GDC Specialist List can be facilitated for SAS and Salaried Dentists	GDC
	Develop the Performers List Validation by Experience model to validate the skills and experience of overseas dentists on the NHS Performers List	NHSE/I
	Produce an equitable model for distributing postgraduate dental training places and work with stakeholders to improve the quality of available data.	HEE & NHSE/I Regions; NHSE/I; UK Health Security Agency
	Embed academic training and research activity across postgraduate dentistry	DSC; NIHR; Higher Education Institutions; NHS Trusts
<b>2. Improve the delivery of postgraduate training</b>	Review how the greater use of Technology Enabled Learning and blended learning approaches can enhance learning outcomes.	GDC; DSC; HEE's Digital Innovation and Transformation Directorate
	Strengthen the induction process for postgraduate trainees	Dental Clinical Fellows; NHSE/I
	Explore the concept of Centres for Dental Development to bring together education and training at all levels with service delivery models, particularly in areas of identified need	DHSC, NHSE/I, DSC, GDC
<b>3. Strengthen the interface between pre-registration education and post-registration training</b>	Review with partners how we can better prepare undergraduate dentist students for postgraduate training and pre-registration Dental Hygienists and Dental Therapists for clinical practice.	DSC; GDC and NHSE/I
<b>4. Widen access and participation in dental careers</b>	Support the utilisation of the apprenticeship model offer to diversify and <a href="#">grow a multi-professional dental workforce that responds to skills need in England</a>	Institute for Apprenticeships and Technical Education; NHSE/I; HEE Talent for Care Programme and Employers.
<b>5. Create post-registration skills development opportunities</b>	Explore models of accredited training to allow practising dentists to demonstrate Level 2 competencies	GDC and NHSE/I
	Work towards a standardised Dental Therapist Foundation Training model for all newly qualified dental therapists working in NHS primary care.	GDC; DSC
	Work with NHSE/I to support Dental Therapists working as hygienists to refresh their skills through Return to Therapy programmes.	NHSE/I, DSC, BDA
	Explore Advanced Clinical Practice in oral healthcare models for dentistry	NHSE/I; Employers and HEIs
	Review the evidence to consider credentials which respond to patient and service need for dental workforce skills	HEE Advanced Practice Programme; NHSE/I
	Consider how postgraduate dental training could be adapted to enhance the generalist skills of dental trainees	HEE Education Reform Programme

Delivery of these proposals will be through a four-year Dental Education Reform Programme (DERP). Some of these actions will be part of HEE’s statutory responsibility for postgraduate dental training and some outside of HEE’s scope of responsibility, such as pre-registration dental education and training. In moving to the delivery phase, HEE is clear that partnership working will be critical to successfully reform the structure of dental education and training to develop a multi-professional team-based approach to oral healthcare. The proposals and actions should overtime result in a capable and motivated multidisciplinary dental workforce, of a sufficient size, distributed equitably across England to meet population health needs. A progress review of the findings from this Equality Impact Assessment will be needed during the mobilisation and delivery phase of DERP which is anticipated to take place between 2022–2024 across HEE regions.

## 4. Summary: Stage 1 Equality Impact Screening

The following objectives from Phase (IIb) of the ADC review played an important part in assessing whether the actions from the ADC final report have an impact on people with protected characteristics:

- I. greater equity in the distribution of postgraduate training places to meet patient needs across England;
- II. improve flexibility within individual training pathways and between other training pathways (as stated in Interim NHS People Plan);
- III. improve training quality and learner experiences compared to existing models;
- IV. effective training models that can be delivered to more learners across HEE regions.

Results from the stage 1 screening of the equality impact assessment showed that the actions from the report could have an impact on people relating to the following protected characteristics based on report’s offer to increase flexibility in the postgraduate education and training pathway and widen access to dental careers that require further analysis:

Could have an impact: Yes	Could have an impact: No
Sex	Religion
Disability	Sexual Orientation
Age	Marriage and civil partnership
Maternity and pregnancy	Transgender status
Race	



## 5. Alignment to HEE Diversity and Inclusion Strategic Framework 2018 – 2022

Having considered the Framework, is the policy....	Yes or No
(i) Neutral and/or in alignment with the Framework?	
(ii) Positive – in alignment, but also furthers the HEE’s commitments in Framework?	Yes, the ADC report supports the framework by furthering the agenda of ensuring that the dental healthcare system has the right staff, with the right skills, values and behaviours.
(iii) Negative – is <u>not</u> in alignment and is conflict with HEE’s commitments in the Framework?	

## 6. Evidence base used to inform analysis

Sex	
<ul style="list-style-type: none"> <li>According to the (GDC)’s Annual Accounts report (2019) The workforce is becoming increasingly feminised: 50.2% of dentists are female; 90.2% of Dental Care Professionals (DCPs) are female.</li> <li>Dental Core Training (DCT) is an optional postgraduate training programme that dentists can pursue in order to further their skillset. HEE internal data (Table 1) shows the following gender percentages for dental core trainees (DCTs) from the 2019/20 postgraduate training pathway:</li> </ul>	
DCT year 1	Female: 64% Male: 34% Prefer not to say: 2%
DCT year 2	Female: 72% Male: 28%
DCT year 3	Female: 70% Male: 30%
Overall DCT gender	Female: 67% Male: 32% Prefer not to say: 1%
<p>Table 1: Dental core trainees by gender 2019/20</p> <ul style="list-style-type: none"> <li>General Dental Council’s figures of the current specialist lists show that although female dentists represent the majority in dental public health, paediatric dentistry and special care dentistry, men continue to dominate all other specialist fields.</li> <li>A study by Newton et al (2000), showed that female dental practitioners occupy lower positions in the employment hierarchies of the Community Dental Service</li> </ul>	

and the Hospital Dental Service. Women general dental practitioners are significantly less likely to be sole proprietor of, or a partner in, a general practice.

- The ADC final report's action plan to introduce flexible postgraduate training pathways will introduce a new level of accommodation to the differing needs of female dentists and DCPs. Flexible training pathways can positively impact female dental professionals to pursue the same opportunities as male colleagues and to reach senior or leadership positions.
- Dental Hygienists, Dental Therapists and Nurses have traditionally been almost exclusively female, in terms of service provision it is important to ensure that male participation barriers and enablers are identified and addressed so that professionals are representative of the population they serve and to ensure individuals entering these disciplines are supported and welcomed. As part of the Dental Education Reform Programme's implementation plan, we will monitor the profile of the DCP workforce and – working with relevant partners and equality leaders – adapt our approach as appropriate should inequalities begin to emerge as a result of the ADC report's action plan.

### **Disability**

- According to NHS England's Workforce Disability Equality Standard (WDES) 2019 report: Medical and dental staff are less likely to declare a disability when compared to other clinical and non-clinical groups. For medical and dental staff, 1.94% of trainee grades, 1.2% of non-consultants career grade and 0.8% of consultants had declared a disability whilst data was 'unknown' for 35% (more than a third).
- HEE internal data depicted in Figure 1 shows the number of dental core trainees from the 2019/20 postgraduate training pathway according to disability status whereby 1.7% of trainees disclosed a disability and 1% not wishing to disclose. In addition, in 2019/20 there were 16/854 (1.9%) dental foundation trainees who disclosed having a disability.
- There is currently limited data for speciality trainees with a disability (as this is monitored and managed by each recruiting team) to determine the full extent to which the action plan would impact them. As part of the Dental Education Reform Programme's implementation plan, we will monitor the profile of the workforce and – working with relevant partners and equality leaders – adapt our approach as appropriate should inequalities begin to emerge.



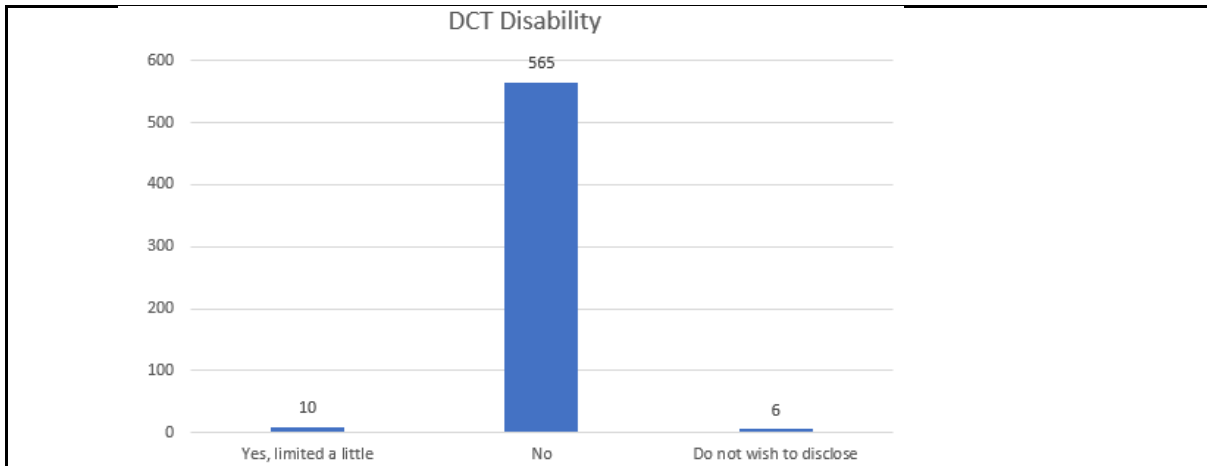


Figure 1: Number of dental core trainees and their disability status (2019/20)

- The report identifies more flexible training models, which will benefit all learners, and particularly those with specific care needs. There is sufficient flexibility in where and when additional competencies can be acquired, as well as support put in place to mitigate any potential impact on trainees due to this protected characteristic.
- In terms of service provision, a workforce that is equipped with the skills and values to deliver the right care, in the right place, at the right time, will also benefit patients with disabilities that affect their access to services delivered in traditional settings, such as the high street dental practice.

## Race

- HEE internal data depicted in Figure 2 shows ethnicity percentages for DCTs from the 2019/20 postgraduate training pathway:

### Dental Core Trainees (DCT) by ethnicity



Figure 2: HEE unpublished data – Percentage of DCTs by ethnicity vs UK population data by ethnicity.

- The Diversity in Dentistry Action Group’s final report (2021) highlights work by Dr Neville, Lecturer in Sociology at Bristol University, regarding the lack of ethnic diversity of the dental workforce across the dental pipeline particularly as you move further down the supply pipeline with data showing less ethnic diversity at each subsequent key transition points from secondary school to university entry, general practice, specialism and clinical academia. Data shows how BAME dentists are also persistently underrepresented at other key stages in the dental pipeline in clinical academia, in dental specialties and at the professorial level.
- The above data points to the existence of a “leaky pipeline” for students from BAME backgrounds who want to pursue a career in dentistry in the UK at both the point of educational access (college enrolments) as well as when they progress through their career and into specialist training. Although it is important to note that this “leaky pipeline” does not appear to discriminate evenly as Asian British minorities are represented in the profession.
- The high financial implications of studying dentistry have been argued as a substantial barrier against the participation of some ethnic minority groups in dentistry (Gallagher et al., 2017). The report’s action plan to introduce flexible postgraduate training pathways, upskill the workforce and to facilitate apprenticeships across the dental profession can have a positive impact on individuals who may not be able to currently access and participate in dentistry or dental care professions through flexible earn and learn opportunities.
- It is important to note that there continues to be key information gaps in research exploring the barriers that prevent or enablers which encourage BAME students (except Asian students) to study dentistry and progress into specialty and clinical academic careers.

### Age

- General Dental Council’s Registrant data (2019) shows that the majority of the DCPs (60%) are under 40 years of age and approximately of half of dentists registered with the GDC are under 40 years of age (Figure 3).

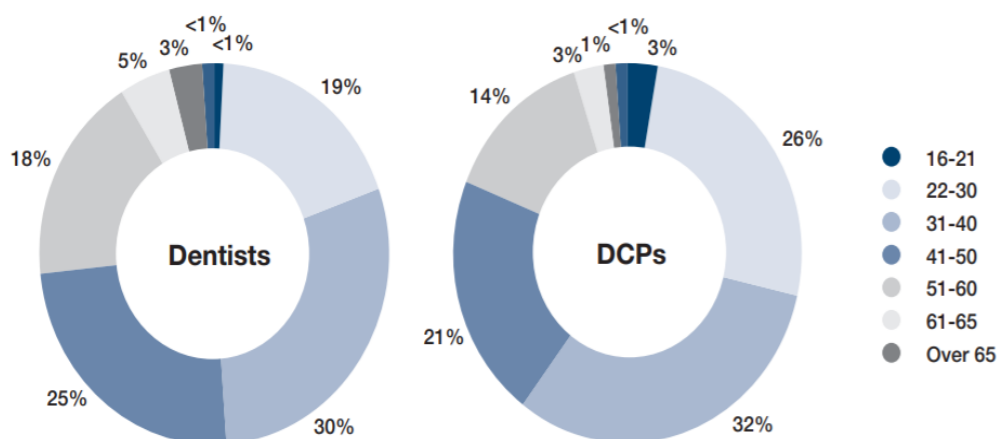


Figure 3: GDC Registrant age groupings as of 31 December 2019.

- HEE internal data depicted in Table 2 shows the age of Dental foundation trainees (DFTs) and DCTs from the 2019/20 postgraduate training pathway:

Age	Number of DFTs	Number of DCTs
23-27	779	546
28-33	45	75
34-40	22	12
40 plus	9	2

Table 2: HEE unpublished data - Dental core trainees and dental foundation trainees by age (2019/20).

- ADC Phase I report highlighted that dentists and DCPs in their early careers would appreciate flexibility in training pathways to enable them to step on and step off as well as change their mind if a particular pathway is not for them.
- The ADC final report’s action plan to introduce alternative postgraduate training pathways and explore advance clinical practice pathways/ credentials should have a positive impact for dentists and DCPs to continue their career development on a part-time basis following completion of pre-registration and foundation training. This should support the maintenance of generalist skills while generating income to manage any debts incurred during pre-qualification training. It would also provide flexibility to reflect and change career direction if wanted.

## Maternity and pregnancy

- Data regarding maternity and pregnancy is limited across the dental profession. See section above concerning work issues pertaining to the protected characteristic of sex and how the ADC report will positively impact individuals requiring flexible careers.

## Religion

- General Dental Council’s Registrant data (2019) shows a range of religious groups represented amongst dentists and DCPs Registrants. Data is limited on undergraduate and postgraduate trainees’ religious groupings (Figure 4).

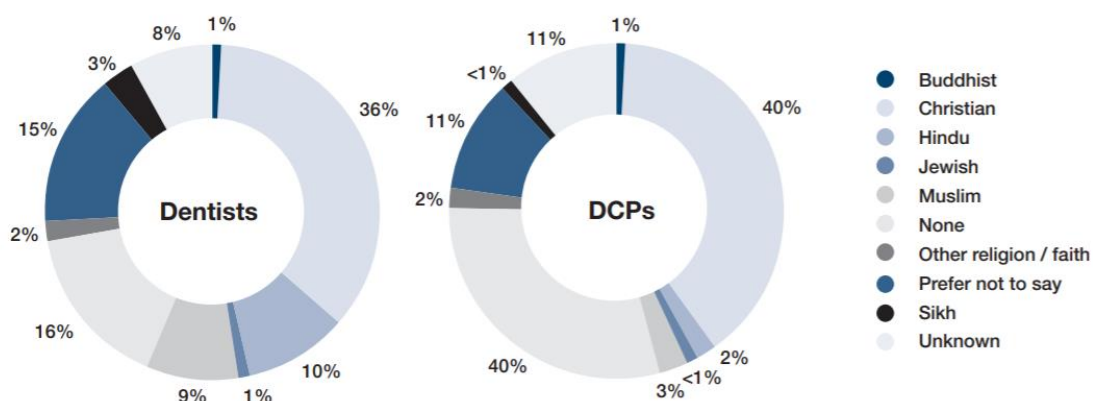


Figure 4: GDC Registrant religious groupings as of 31 December 2019.

- The report’s actions apply to all trainees and staff irrespective of their religious grouping. There is sufficient flexibility in where and when additional competencies can be acquired, mitigating any potential impact on trainees due to this protected characteristic.
- As part of the Dental Education Reform Programme’s implementation plan, we will monitor the profile of the DCP workforce and – working with relevant partners and equality leaders – adapt our approach as appropriate should inequalities begin to emerge as a result of the ADC report’s action plan.

## Sexual Orientation

- General Dental Council’s Registrant data (2019) shows more than 20% of either Dentists and DCPs sexual orientation status being undisclosed/unknown and 1% of either workforce identifying as bisexual or gay (Figure 5). Data is limited on undergraduate and postgraduate trainees’ sexual orientation.

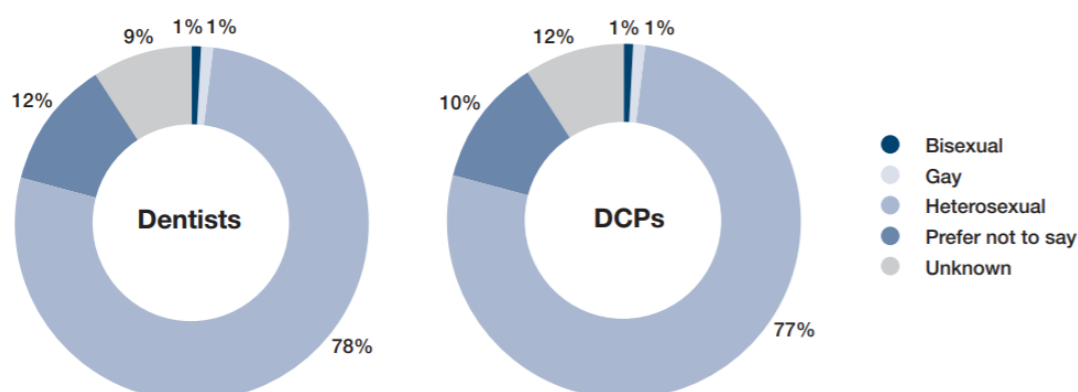


Figure 5: GDC Registrant sexual orientation groupings as of 31 December 2019.

- The report’s actions apply to all trainees and staff irrespective of their sexual orientation.

- As part of the Dental Education Reform Programme’s implementation plan, we will monitor the profile of the DCP workforce and – working with relevant partners and equality leaders – adapt our approach as appropriate should inequalities begin to emerge as a result of the ADC report’s action plan.

## Marriage and civil partnership

- General Dental Council’s Registrant data (2019) shows the majority of dentist registrants were married (52%) and 1% were in a civil partnership. For DCPs 38% were married and 2% were in a civil partnership. Approximately 20% of the workforce’s marital or civil partnership status remains undisclosed/unknown (Figure 6).

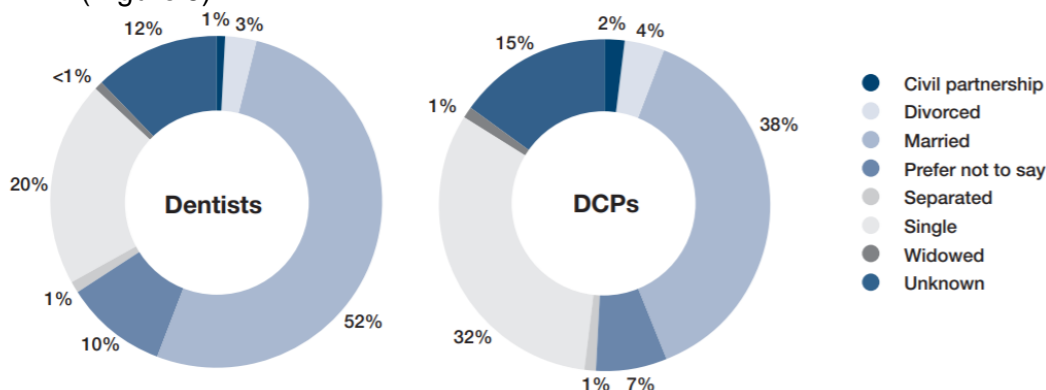


Figure 6: GDC Registrant marital status groupings as of 31 December 2019.

- The report’s actions apply to all trainees and staff irrespective of their marital or civil partnership status.
- As part of the Dental Education Reform Programme’s implementation plan, we will monitor the profile of the DCP workforce and – working with relevant partners and equality leaders – adapt our approach as appropriate should inequalities begin to emerge as a result of the ADC report’s action plan.

## Gender reassignment (Transgender)

- There is insufficient data to quantify the likely impact on transgender people for the ADC report’s action plan from a workforce and service provision perspective. We believe this will form part of the resulting equality impact assessment devised locally when implementing this programme and will feed-into the programme checks to ensure that staff, and service users are not disadvantaged. The report’s actions apply to all trainees and staff irrespective of gender reassignment (Trans) status. Gender neutral terms should be integrated into training content as much as possible.
- As part of the Dental Education Reform Programme’s implementation plan, we will monitor the profile of the DCP workforce and – working with relevant partners and

equality leaders – adapt our approach as appropriate should inequalities begin to emerge as a result of the ADC report's action plan.

## Other

### Socio-economic factors (general information)

The number of entrants from deprived socio-economic backgrounds into dentistry remain low compared to all entrants to higher education. Research analysing the number of applicants and admissions to dentistry from 1996 to 2011 showed that the odds of applicants gaining admission were lowest if students were male, mature (>20 years), of Black ethnicity, from a lower socioeconomic classification (Niven et al 2019).

Undergraduate dental education reforms were outside the scope of ADC review. However, dentists and dental care professionals in the system today and in the future from low socio-economic backgrounds may be positively impacted by the ADC report action plan. The introduction of flexible postgraduate training pathways/career opportunities and apprenticeships may encourage individuals to advance careers through earn and learn opportunities.

## Evidence:

- General Dental Council (GDC) Annual Reports & Accounts 2019; published online: [website](#).
- Newton, J., Thorogood, N. & Gibbons, D. A study of the career development of male and female dental practitioners. Br Dent J 188, 90–94 (2000).
- NHS England's Workforce Disability Equality Standard (WDES) 2019 report published online: [website](#).
- Neville P, 2018, 'Exploring the ethnic diversity of UK dentistry', MedEdPublish, 7, [1], 55.
- S.Teli, 2014, The changing face of Dentistry. MDDUK. Published online. [website](#)
- Gallagher, J. E., Calvert, A., Niven, V., & Cabot, L. (2017). Do high tuition fees make a difference? Characteristics of applicants to UK medical and dental schools before and after the introduction of high tuition fees in 2012. British dental journal, 222(3), 181–190.
- GDC Registration statistical report (2019: published online: [website](#)
- HEE: Advancing Dental Care: Education and Training Review, Phase 1 report; published online: [website](#)
- HEE unpublished data 2019/2020: Number of dental core trainees and foundation trainees in accordance with age, sex, ethnicity and disability.
- Official Statistics: Disability facts and figures 2014; published online: [website](#).
- Niven, V., Andiappan, M., Cabot, L. et al. Embarking on a professional career: social advantage in dentistry and medicine. UK dental and medical student applications and admissions, 1996-2011. Br Dent J 227, 411–418 (2019).



## 7. Engagement activity

The ADC final report is informed by views from stakeholders, trainees and trainers to understand their learning needs and aspirations and challenges and opportunities they foresee from the initiatives. These views were collated through independent research which evaluated cohorts of ADC training pilots and therefore took a whole workforce approach to capturing representative samples of new and experienced registrants' views. This was achieved through mixed methods of interviews with stakeholders, trainees and trainers; a self-completion survey circulated to all DCTs which received 83 usable responses 2020 and 140 usable responses in 2021; an online survey of Dental Therapist Foundation and Return to Therapy trainees (generating 34 usable responses in 2020 and 22 usable responses in 2021); and secondary data sources including preference data and local evaluation reports.

A series of sixteen stakeholder engagement events were also hosted across the seven HEE regions in 2019. Events were attended by hundreds of dentists, Dental Care Professions, trainees and students from different backgrounds.

The report's actions have also been developed alongside a range of stakeholders through Reference groups, to ensure that the views of the service, the workforce, patients, and their representative bodies, as well as the regulator and public health experts are properly consulted. The following organisations were engaged with in developing the ADC report action plan:

NHS England/Improvement	Department of Health and Social Care	Nuffield Trust
Office of the Chief Dental Officer England	Public Health England	British Society of Dental Hygiene and Therapy
Faculty of General Dental Practice (UK)	NHS Business Services Authority	Local Dental Networks Manchester
British Association for the Study of Community Dentistry	Department of Health & Social Care	Healthwatch England
British Dental Association	British Association of Clinical Dental Technology	Patient Advisory Forum
British Association of Dental Nurses	Orthodontic National Group	Local Dental Committee
British Association of Dental Therapists	Local Dental Networks Essex and East Anglia	

## 8. Human Rights & Responsibilities

As a public body, HEE has an obligation to promote and protect human rights, and all public bodies must act in a way that is compatible with the European Convention on Human Rights.

Having considered the ADC report's action plan we conclude that this report supports the principles of Human Rights in treating individuals fairly, with dignity and respect – while still safeguarding the rights of the wider community. We have not identified any potential conflicts with the Human Rights Act.

### **9. Diversity Analysis & Assurance: Conclusions**

We have considered the impact of the ADC report's action plan on each of the protected characteristics, and we can conclude the following:

- The ADC action plan will have neutral or positive impacts on the aims mentioned in the public sector equality duty.
- Our view is that the proposals are neutral or will have a positive benefit in relation to the elimination of unlawful discrimination, harassment and victimisation.
- Our view is that our proposals will not be detrimental to equality of opportunity and proposals are likely to advance this to some extent. The increase in flexible pathways/ career opportunities and plans to facilitate greater equitable distribution of postgraduate training places may help to advance the equality in the workforce and contribute towards greater equitable service provision.

## 10. Assurance Action Plan

Category	Arising Action	Committee overseeing arising action	Timeline and/or date for follow-up review	Lead responsibility
Data collection	Taking into account the gaps in the information currently available on protected characteristics, work with the Dental Education Reform Programme and HEE Regional teams to collate information and case studies on the impact of implementing the action plan for individuals with protected characteristics to support the filling in of gaps in evidence in the future.	Dental Education Reform Programme Assurance Board	Mobilisation and Delivery phase (2022 – 2024)	Dental Education Reform Programme manager
Involvement and consultation	Invite members relevant stakeholders, Patient Advisory Forum members and consult Healthwatch to consider equality issues and needs of people with protected characteristics at future Dental Education Reform Programme Assurance Board forthcoming meetings.	Dental Education Reform Programme Team	Mobilisation and Delivery phase (2022 – 2024)  Benefits realisation and closure phase (2022 – 2024)	Dental Education Reform Programme manager
Analysis of evidence	Learn from the national evaluation of the ADC dental education and training pilots and consider implementation consequences from an equalities perspective.	Dental Education Reform Programme Team	Mobilisation and Delivery phase (2022 – 2024)	Dental Education Reform Programme manager



## Health Education England

Category	Arising Action	Committee overseeing arising action	Timeline and/or date for follow-up review	Lead responsibility
<b>Risk:</b> State if these actions impact on or should be escalated for inclusion on the Risk Register.				Should gaps in knowledge emerge or indications of inequalities arise seek input and advice from relevant partners and equality leaders and adapt HEE's approach as appropriate.