

# Flexibility in Dental Training

## COPDEND Strategy Workshop and Survey Summary Report

Version 1, 15 June 2023

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# What is 'Flexibility' in Training?

The NHS is committed to providing flexible training opportunities to support aspirations from trainees to work flexibility as well as to support trainees holistically in their personal development, wellbeing and reduce burnout.

At a time of challenging service and workforce pressures, it may appear counterintuitive to facilitate trainees taking more time out of training. However, these initiatives will not only benefit individual dentists but will result in a long-term sustainable gain for patients and service.

## Note from the Editors

On behalf of NHS England, it has been our pleasure to develop and deliver this report on Flexibility in Dental Training. This report outlines some of the fantastic contributions that have shaped the development of flexible training initiatives over the last year. We are extremely grateful to all the internal and external contributors and organisations represented. We hope this report is informative for dentists, educators and system colleagues and continues to enable meaningful change for all those involved.

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# Introduction

The Advancing Dental Care (ADC) Review (2021)<sup>1</sup> demonstrated changing societal trends. One of the recommendations was to explore options to develop flexible models of training within Dentistry. Improving flexible working patterns is also a key theme throughout the NHS, referenced in both the NHS Long Term Plan<sup>2</sup> and the NHS People Plan<sup>3</sup>.

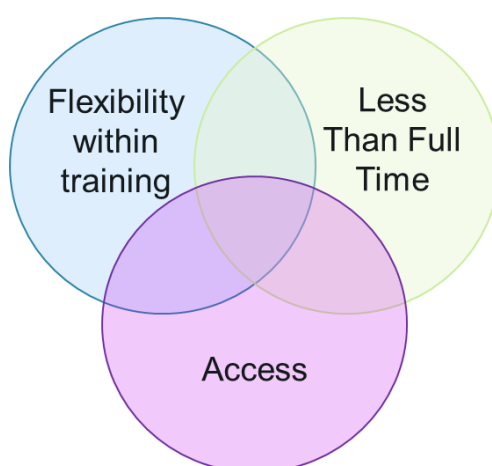
Many trainees now desire opportunities to pursue a more flexible approach to their training. Current pathways were identified as being too rigid; unable to meet the needs of current and future trainees. A reform of dental postgraduate training was recommended, with exploration of more flexible models of training.

The use of flexible concepts can help to impact training across three key areas:

**Access:** utilising flexible methods to widen access and participation in Dental Specialty Training (DST) for those with less typical career pathways (e.g., Dental Core Training (DCT) Year 2 Equivalence Certificate) and make it a viable career option for those who may otherwise be restricted by financial, geographical, or personal constraints.

**Flexibility within training:** promoting the uptake and improving access to Out of Programme (OOP) opportunities which offers protected time to engage in activities that develop non-clinical capabilities (e.g., research, clinical informatics, entrepreneurship, and leadership). This may help to create more well-rounded, agile and 'enhanced' clinicians.

**Less Than Full Time (LTFT) training:** providing the option to improve work-life balance and spend time on non-working days engaging in non-clinical, non-training-related activities or simply as a personal choice (e.g., introduction of LTFT Category 3 as seen in Medicine<sup>4</sup>).



**Figure 1:** Suggested areas linked to the concept of 'flexibility'

# Workshop Summary

In 2022, as part of the initial scoping, a strategy workshop session was held with representation from postgraduate dental education and training and trainees to identify options to increase flexibility, potential challenges in developing flexible training and explore solutions to mitigate these.

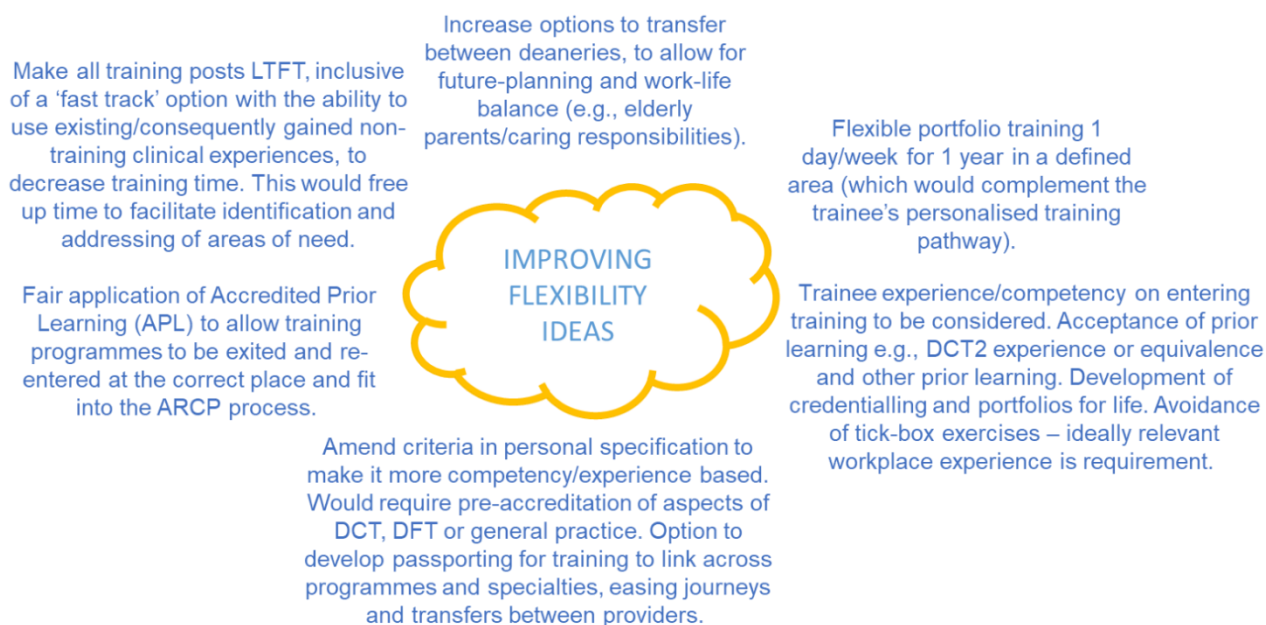
## **Themes identified during the workshop:**

- Developing individualised/tailored training pathways
- Supporting accreditation of prior experiential learning (APEL)
- Development of centralised budget to fund additional LTFT or supernumerary posts.
- Improving communication and awareness of opportunities.
- Improving access to resources and education.
- Supporting local workforce retention and recruitment.

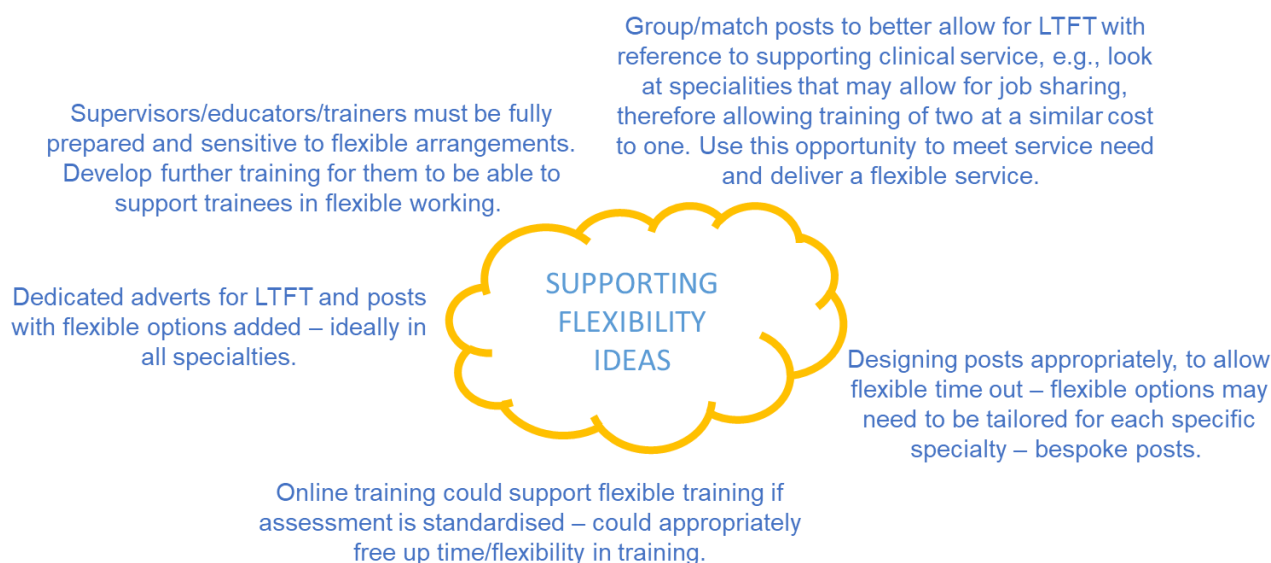
## **Areas identified to target improvement in flexibility:**

- Accreditation of/accounting for prior learning
- Forward planning of training posts and design
- Offering additional opportunities and experiences aligned with curriculum and training needs.
- Development of communication strategy and resources to support implementation and access of initiatives.
- Inter-deanery transfers
- Funding pathways
- Identifying and growing local talent and workforce

**Stakeholders were invited to explore ways to improve and support flexibility.**  
Some of the suggestions have been included (Fig.2 and Fig.3)



**Figure 2:** Some of the ideas explored for ways to improve flexibility in dental training.



**Figure 3:** Some of the ideas explored for ways to support flexible modes of training

# Experiences of Flexibility in Dental Training – Summary Report

To help understand the experiences and needs of those involved in postgraduate dental training, trainees and educators were invited to participate in a survey, to identify areas for improvement and ways to address challenges within the existing system.

This report summary outlines that the definition of flexibility, with regards to training has evolved over time. Trainee respondents indicated they wanted opportunities to undertake flexible training in two main ways:

- The opportunity for varied training (developing non-clinical capabilities)
- The opportunity to train Less Than Full Time (LTFT).

Increased wellbeing, experience, employability, and job satisfaction were some of the benefits highlighted by trainees. However, some of the barriers included lack of accessibility due to time and financial commitments, limited awareness of flexibility options and a perception issue where trainees felt their choice would be frowned upon by senior clinicians/department staff and may impact employment prospects.

Many educators acknowledged the positive benefits for both their trainees and the service. Common challenges included issues with application processes, lack of support, negative attitudes, and uncertainty.

Many educators reported few negative impacts of LTFT/OOP. In cases where flexible training had negatively impacted on educators, these were often related to timetabling and rotations. A small number of individuals identified adverse experiences across multiple domains. This may be linked to a specific trainee, individual job plan or current service design. There is a suggestion that outcomes of LTFT/OOP may also be trainee dependent – with more organised or proactive individuals faring better within current processes.

Understandably, a more equitable approach when developing future initiatives is essential. Co-development can generate solutions that consider both parties, establish expectations through informed discussions and nurture a culture of shared understanding. Although it is often felt that engaging with flexibility initiatives needs to be trainee-led, negative perceptions are unlikely to give these cohorts the agency to ask for what is already available. Stories of poor experiences carry more weight than positive. Ultimately, to retain and support this workforce, the promotion of flexible working needs to be system wide.



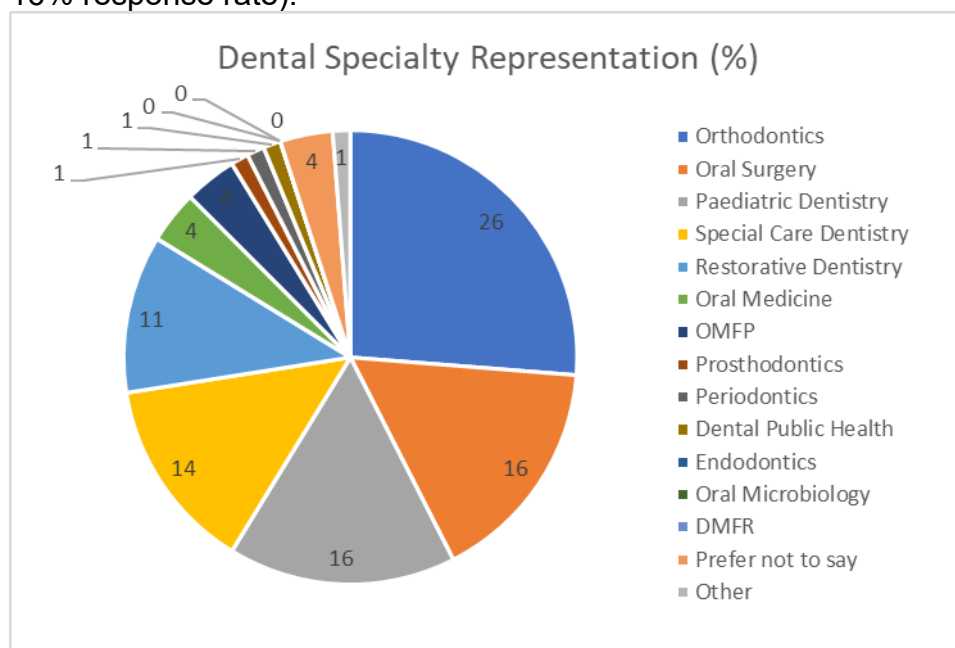
# Dental Trainee Survey Responses

To develop this work, a survey was circulated to current trainees. The purpose of this survey was multifaceted and aimed to identify:

- the awareness of flexibility options currently available to them as well as those being piloted within other professional groups e.g., medicine.
- challenges and barriers experienced by trainees of accessing or undertaking flexible training.
- the appetite of current trainees to undertake future flexible training initiatives.

## Respondent Demographics:

The designed survey was circulated through multiple channels including HEE Local Offices, trainee forums, social media, and trainee-led WhatsApp groups. After remaining open for 3 weeks, a total of 80 responses were received (approximately 16% response rate).

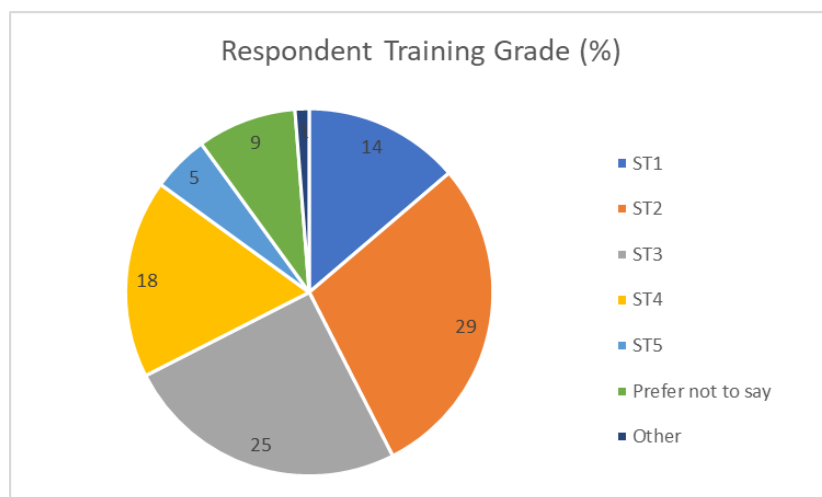


**Figure 4:** Dental specialties represented within survey respondents.

There were no respondents from Endodontics or Dental and Maxillofacial Radiology, although 3 (4%) indicated they preferred not to say. There are at present no Oral Microbiology trainees.

Highest representation included Orthodontics (26%), Paediatric Dentistry (16%), Oral Surgery (16%) and Special Care Dentistry (14%).

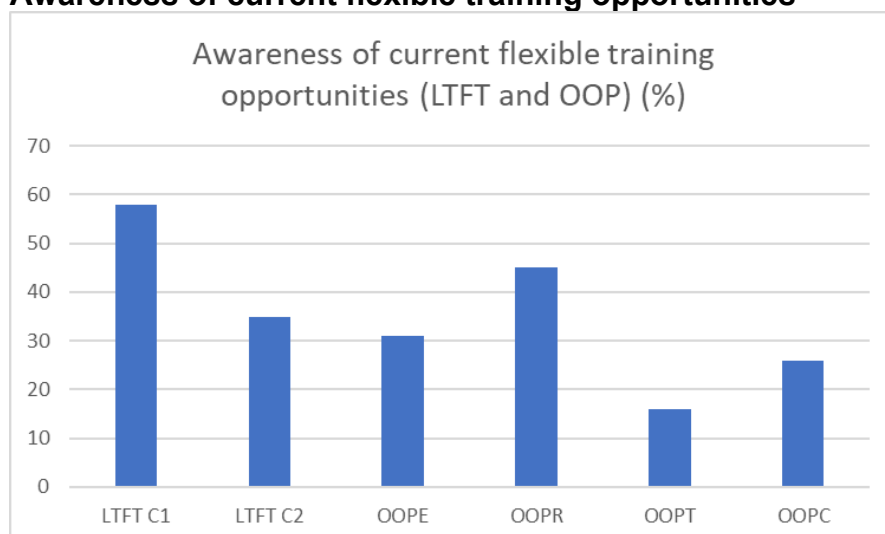
Many respondents were in their Specialty Training (ST) year 2 (29%) or ST3 (25%) years respectively. The higher proportion of respondents in their middle to latter years of training, could be an indication that flexible training initiatives may be of greater interest to those further on in training. There may be a wish to focus on the transition and acclimatisation to training at earlier stages. However, it is worth considering there are limitations to this data and those who chose not to respond to the survey, may be in earlier years of training.



**Figure 5:** Training grades represented within survey respondents.

Consequently, the development of flexible initiatives should be focused on the latter stages of training. It has been suggested that taking time out to pursue other interests may be detrimental to progression and thus it is arguable whether this should be done at an earlier or later stage. However, with the time frames involved in accessing and applying to flexible initiatives, it would make sense to raise awareness and promote earlier in the training process.

### Awareness of current flexible training opportunities



**Figure 6:** Bar chart indicating which of the currently available flexibility options within the Dental Gold Guide 2021 trainees are currently aware of.

Results showed that respondents were aware of flexibility options including LTFT Category 1 (58%) and Out of Programme for Research (OOPR) (45%). However, fewer were aware of other available OOP options, such as Out of Programme for Clinical Training (OOPT). Respondents also indicated a lack of awareness of the multiple categories of LTFT.

In relation to flexibility pilots currently being undertaken within other professional groups, far fewer respondents demonstrated awareness; Flexible Portfolio Training (7%), LTFT Category 3 (16%), Out of Programme Pause (OOPP) (7%).

### **Trainees' experiences of accessing or undertaking flexible training**

Over a third of respondents (35%) reported they had applied to/been or were currently undertaking LTFT or OOP schemes. Of these, 21% reported experiencing challenges/barriers in undertaking this. Challenges were identified at all stages; from accessing and undertaking, to returning to clinical practice.

Challenges described included:

- Declined applications or refusal of requested WTE.
- Provision of extensive personal evidence of parental responsibilities
- Feeling prejudiced against as LTFT versus Full-Time (FT) colleagues
- Lack of regular meetings with supervisors
- Uncertainty around SuppoRTT availability e.g., Keeping in Touch (KIT) or clinical days.
- Lack of access to study budget whilst OOP
- Lack of induction
- Missing local courses/teaching on non-contracted days
- Uncertainty around return to clinical practice e.g., no confirmed placement
- Lack of planning for clinical support on return

However, one respondent specifically highlighted their unit being very supportive throughout their LTFT experience and on return to training.

## Trainee attitudes and concerns towards flexible training

Respondents highlighted many benefits to flexible training options and some concerns were also expressed.

Trainee perspective	
Benefits	Challenges
Developing additional skills	Flexible working is a “ <i>pipe dream</i> ” and not financially feasible for all.
Enhanced employability	Concerns LTFT would be frowned upon by consultants, resulting in poor departmental treatment and affecting employment prospects.
Increased job satisfaction	Limited support for LTFT was reported in some regions.
Improved quality of life and mental health	Reduced access to clinical/theatre lists with preference being given to FT colleagues.
Ability to see patients over longer periods, seeing courses of treatment to completion.	Concern that LTFT trainees will be expected to shoulder a similar level of service provision to their FT equivalents, creating extra pressure.
Accessing experiences not otherwise available / challenging to undertake alongside FT clinical training.	LTFT trainees would still require SPA time resulting in further reductions in clinical experience.
Supporting trainees unable to undertake clinical work, to continue developing non-clinical capabilities.	“ <i>Stigma</i> ” around LTFT is present, with feelings that senior views were still “ <i>draconian</i> ” and “ <i>old-fashioned</i> ”.
Supporting different personal circumstances e.g., financial benefits of undertaking specialist work alongside post-CCST training or Tier 2 contracts.	Lengthens training process
Boosting contact with potential post-CCST employers.	
Providing opportunity to work across different units.	

**Table 1:** Identified positive and negative aspects of flexible training options for trainees.

Overall, interest in pursuing flexible options was widely expressed. However, respondents felt they needed more information on the options available and a clearer, consistent application process. Several respondents knew of LTFT but unaware of different categories. It was highlighted that being provided information on flexible options during inductions would be beneficial. A desire was also

expressed to be able to undertake flexible or LTFT training without a reason; to improve morale, quality of work and resilience within the workforce.

A subset of trainees desired flexible training opportunities but felt unable to undertake current options due to financial restrictions. Reasons included the need for a full-time salary to support family, and costs associated with training including personal costs such as accommodation. Related to this, it was suggested that ease of inter-deanery transfers should be increased, reducing the need to remain within the same region for prolonged periods.

The need for increased primary care experience as part of future flexible options was highlighted by multiple respondents, recognising a significant proportion of dental care is delivered in this setting.

A total of 9 respondents (11%) stated explicitly they would not be interested in pursuing flexible training options. It was felt that flexible training was a “*lifestyle choice*”, with training being “*long enough already*”. Some expressed concerns around what their non-contracted days would be used for – one respondent reported it would likely be used for training-related work, so “*probably not worth it*”.

There is a need for a shift in equity towards individuals unable to access current flexible options, providing opportunity and protected time within training, to support acquisition of desirable achievements. Some respondents stated that rather than taking large portions of time out (e.g., being OOP), they would prefer a protected 1-2 days per week to engage in other activities alongside clinical care and continuing to support their patients.

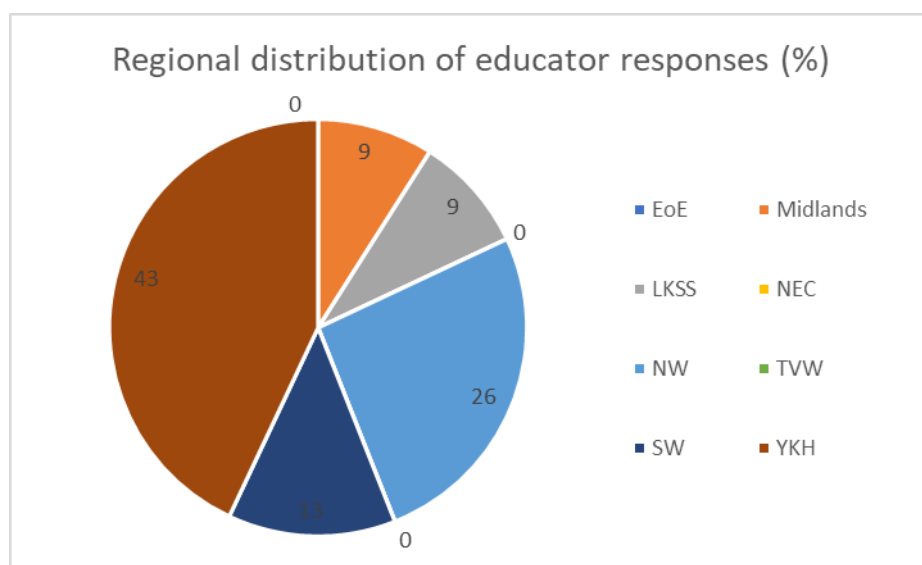
# Educator Survey Responses

It is vital to consider the experiences and needs of those responsible for supervising and supporting trainees within new flexible pathways. A separate survey was circulated to current educators, to understand their experiences of managing trainees who are Less Than Full Time (LTFT) or Out of Programme (OOP).

## Respondent demographics

After remaining open for 3 weeks, a total of 23 responses were received. Of those responding, 48% identified as Educational Supervisors, 24% as Training Programme Directors (TPDs), 16% as fulfilling both these roles. The remaining respondents identified as 'other' (12%).

A significant number of respondents represented Paediatric Dentistry (34%). Other specialties represented included Orthodontics (17%), Special Care Dentistry (13%), Restorative Dentistry (13%), Dental Public Health (8%), Oral Surgery (4%) and Periodontics (4%). There was no representation from other specialties including mono-specialties Prosthodontics and Endodontics.



**Figure 7:** Geographical distribution of Educator respondents.

There was no regional representation from East of England, North-East and Cumbria, and Thames Valley & Wessex.

## Impact of OOP and LTFT on trainees and the wider team

Respondents indicated overall, a positive or strongly positive impact was had by the introduction of OOP and LTFT initiatives across all domains; training and education (60.8%), trainee morale (60.8%), trainee wellbeing (69.5%), service provision (13%), service quality (26%), clinical practice (34.7%), and assessment performance (39.1%).

Negative impact was indicated predominantly in relation to service provision (34.8%) and service quality (21.7%). One respondent indicated negative impacts across all domains. One respondent indicated strongly negative across three domains: service provision, service quality and clinical practice.

Impacts for trainees undertaking LTFT/OOP	
Benefits	Challenges
Tailoring training to the trainee	Developing confidence in clinical skills/performance may take longer.
Levelling the playing field for less advantaged trainees	Impacts on case progression/patient experience
Gaining wider learning and experiences	Missed teaching/educational opportunities/clinical sessions.
Following cases over longer time periods/to completion	Stress linked to missing opportunities.
Potential financial benefits (depending on non-contracted day activity)	Break in training at early stages may adversely affect outcomes.
Improved clinical practice/exposure (depending on non-contracted day)	Perception of contributing less to service
Building primary care links (depending on non-contracted day activity)	Developing working relationships more challenging
Improved health, wellbeing, and morale	Reduced exposure/acceptance of additional departmental roles
Time to consider/plan career journey.	Balancing all tasks within a reduced timeframe e.g., administrative work
Stronger clinician; training over longer time periods and experiencing more	Delayed completion date

**Table 2:** Identified positive and negative impacts of LTFT/OOP options for trainees as identified through educator responses.

It was suggested that trainees may not fully appreciate impact on training when they request LTFT/OOP options. More informed discussions as part of application processes may be beneficial.

Impacts of LTFT/OOP on the wider team and service	
Benefits	Challenges
Improved access to specialty training	Trainee may identify a more desirable career path and leave.
Attracting high calibre candidates	Challenging timetabling/rota design/differing placement start times depending on OOP
Reduced service disruption as trainees in post longer	Reduced service provision by that trainee and gaps within service
Improved consistency in management for patients - same trainee/clinician for longer	Less predictable commitment to clinical activities
Reduced sickness	May result in FT colleagues with additional workload/departmental roles.
Improved retention	Reorganising educational elements around LTFT trainees may inconvenience others.
LTFT can support trainees working in other roles alongside training e.g., CDS – encouraging individuals to remain in more remote CDS posts and upskill.	Slowing the rate of specialists produced affects sustainability of smaller specialities

**Table 3:** Identified positive and negative impacts of LTFT/OOP options for the wider team and service as identified through educator responses.

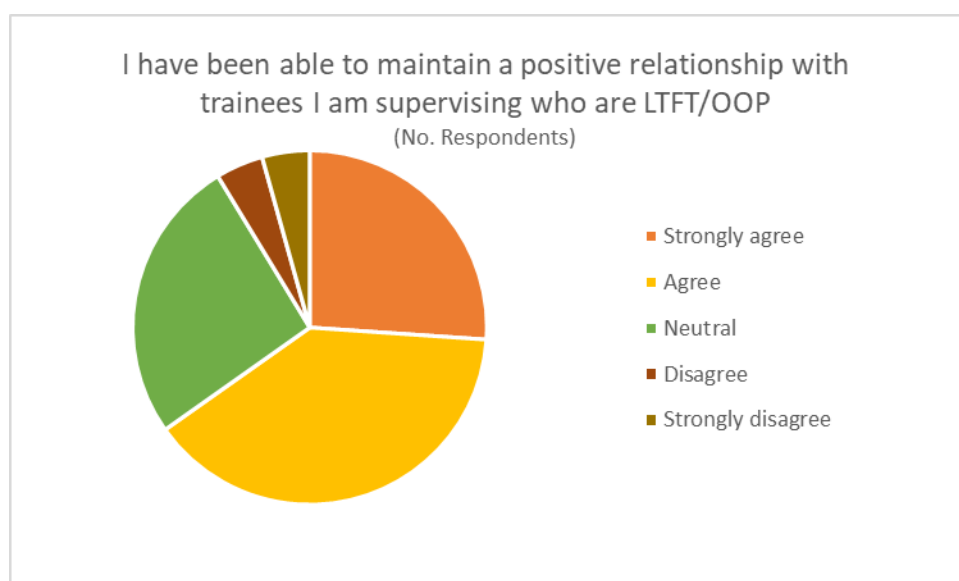
### Impact of OOP and LTFT on Educators

Respondents indicated overall that OOP/LTFT initiatives had either no or unknown impact for them. Domains commonly impacted included workload (69.6%), meetings (69.5%), re-adjustments to assessment programmes (65.2%), creation/amendment of timetables (43.5%) and access to teaching/training/assessment (60.8%).

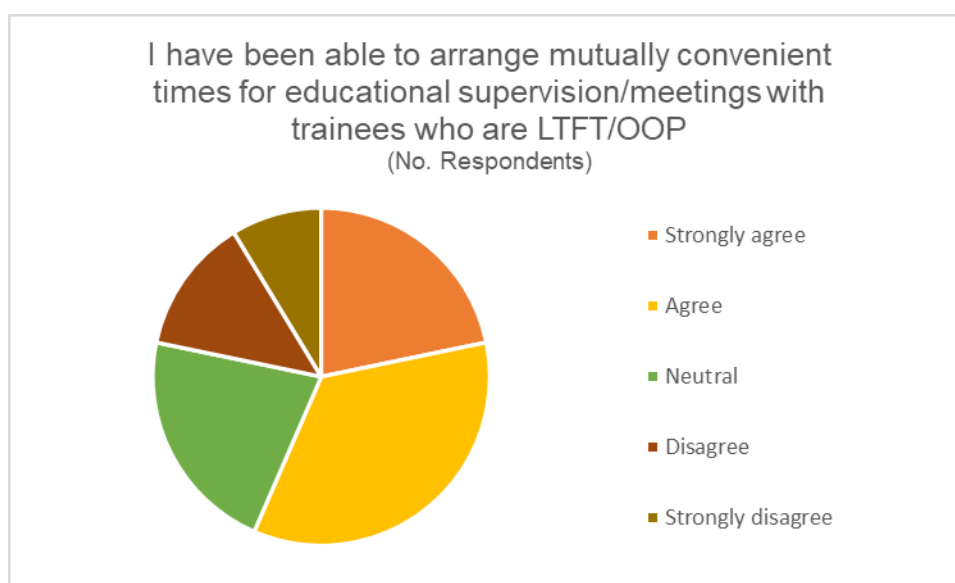
It is noted that in relation to 'creation/amendment of timetables' 39.1% of respondents indicated a negative impact of LTFT/OOP, and 21.7% of respondents indicated a negative impact on 'workload'.

Three respondents indicated negative or strongly negative impacts across all domains.





**Figure 8:** Responses as to how Educators felt trainees' being LTFT or OOP impacted on their ability to maintain a positive relationship.



**Figure 9:** Responses as to how Educators felt able to organise supervision or meetings with trainees being LTFT or OOP.

Respondents indicated a range of experiences of LTFT or OOP, from little to significant impact. Comments included:

- A need for more notice of planned non-clinical activities
- OOP results released late cause delay in arranging rotations and the associated stress of the unknown
- Developing timetables to consider altered study leave/annual leave and new CCT dates is time consuming and frustrating.
- Challenging to find time for completion of required Structured Learning Events (SLEs)
- Lack of clarity around processes, time scales and prolonging training.

However, some respondents highlighted that Educators are generally more than happy to accommodate teaching/training/meetings around their trainee activities. Being LTFT made no difference to day-to-day clinical activities within their departments, and that the same assessment arrangements are used for all trainees, with no need for readjustment.

#### **Facilitators to supervising trainees LTFT/OOP:**

- Telephone
- MS Teams/virtual meetings
- Flexibility in working days.
- Professional Support Units (PSU)
- Sharing diaries
- Organised trainees – taking the lead/responsibility for own training.
- Maintaining a clinical day during OOP – contact on that day
- Adapting placement length to meet training requirements.

#### **Challenges in supervising trainees LTFT/OOP:**

- Working days clashing with available consultant hours/conflicting work commitments
- Not able to meet face to face.
- Depending on commitments on non-working days, trainee flexibility can be challenging.
- Lack of organisation/responsibility on part of trainee
- Reluctant to take on additional departmental duties or contribute to quality improvement projects.
- Timetabling; difficult to accommodate trainees attending some units for only 1.5 days.
- Require more support/attention than FT, but same remuneration for TPDs/ESs
- Reluctance on trainee's part leading to a negative perception of experiences.
- Lack of guidance on timescales and processes for LTFT – trainees often end up working/meeting on their non-contracted day.
- Working from home causing reduced contact time

### **Educator suggestions to enhance flexible training opportunities:**

- Enhance and establish pathways, providing advanced notice to plan Trainee activities, maximising clinical placements and teaching activities.
- Enhance and establish pathways, providing advanced notice allowing service planning for staffing, ensuring as little disruption as possible.
- Offer training on a part-time basis, allowing trainees to continue working in primary care/CDS roles; services could have more than one LTFT trainee, equivalent to a full-time trainee.
- Consider offering more posts overall if many are LTFT, to enable easier timetabling and access to training opportunities.
- Need a policy for sickness reporting, as well as annual and study leave, whereby the TPD is automatically informed. With trainees working across different units, these have potential to be mis-used.
- Increased flexibility with inter-deanery transfer, supporting trainees who need to move whilst training.

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