

# Evaluation of dental vocational training in three regions

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## Background

This work is a replication of a study commissioned by the Director of Postgraduate Dental Education and Regional Adviser from the Oxford Region PGMDE region two years earlier (Thomas and Carroll, 2001). It sets out to clarify whether the earlier findings are generalisable across England and Wales. For manageability three regions were selected within fairly easy travel distance: the Northampton and Oxford scheme; the Wessex scheme and the Charing Cross Hospital scheme. The advisers in each scheme agreed to participate and were responsible for selecting six Vocational Dental Practitioners (VDPs) as a focus group on which the study would be based. In each case the VDPs were volunteers.

## Method

One of the researchers from the earlier study carried out the initial focus groups. Each group consisted of six VDPs, with a gender and ethnic mix in each group, all were present in each session. They had qualified in more than seven different dental schools and were training in a range of different sized practices.

Subsequently one researcher carried out a range of activities, which included two meetings with each of the identified focus groups, meetings with two groups of trainers; interview of a University lecturer who is currently researching vocational training and discussion for the purposes of triangulation with two advisers and two regional advisers involved in the schemes. (see Appendix 1)

## Model of evaluation

It was decided at the beginning of the study to adopt the Kirkpatrick model of evaluation as an aid to the required analysis. (Forsyth et al 1999)

This model stipulates four levels of evaluation (p6):

Level	Description	Evaluation context
1	Reaction	A measurement of the learners' feelings and opinions about the course
2	Learning	A measurement of what has been learned (facts , skills and attitudes)
3	Behavioural changes	A measurement of how behaviour has changed as a result of the learning
4	Results to the organisation	Impact of an innovation on the institutional environment

Using this model data from the VDP focus groups will be used to present an analysis. At the end of each section further comment from trainers and advisers involved in the process will be added.

## Comparisons

In essence the experience of VDPs in each of the schemes was very similar. There were some minor differences and these will be highlighted. There was considerable agreement on aspects of good practice. This will also be highlighted.

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There was also considerable congruency between this and the earlier study. However there were differences of emphasis and these will also be noted.

### Evaluation Level 1: Reaction

#### General

There was overwhelming support for the vocational training year in almost all its aspects (see below). It is seen as 'a safety net' and an excellent transition into general practice.

*Actually I think it's like driving, driving test, you have, you have your driving instruction and then you pass your test and then you're driving along the road and you come to a situation which you're worried about and you turn to see your driving instructor and they're not there. And this is quite good. It's like having someone just sitting in the back seat.*

In the final focus groups there was complete agreement about the value of having this opportunity to earn a standard salary, the day release programme, the social aspects and peer support and the 'trainer next door'.

#### The Appointment Process

The one area where extreme dissatisfaction exists is with the appointment process, from both the trainer and trainee perspectives; 'a nightmare', 'timing is very bad'. The problems seemed to be exacerbated by the schemes all coming out at different times.

*I think um the one thing is that all the schemes come out at different times and I don't know about you guys but I think that's absolute pain in the arse...*

*Yes, that's really bad.*

*...because not only, you're not only, if you don't get a job on one scheme you thinking about going to another scheme, so you try another scheme. If you don't get a job on that one then you've got the next one coming out, so (..) was looking for jobs, going on interviews from February through to must have been June – yeah, June. And he was, he had an interview just before his last written papers. It needs to be, I think it needs to be standardised on one day, get the ...*

*Needs to be all in one day.*

Individuals explained how they had beaten the system:

*I think it's great. I mean I was one of these people, we were told, well at Dental School that forget about, we're from London, forget about London because you're not going to get a place there and they also actually allocate their places very very late towards Finals, so I was looking in the Provinces, and I knew I wanted to go out west somewhere, and I wanted, I guess I wanted to get it all cleared up before Easter. This is going to sound so ruthless, but I wanted to get my position cleared up before Easter. It transpired that the Wessex Scheme which looked really attractive. They're the only scheme who left their details on the websites with the previous trainers right up until*

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*they were going to renew them, whereas London it was like 'oh no we can't tell you who was a trainer last year for you to go round'. They were all getting annoyed about that.*

One example was given of gender discrimination. When a female dentist telephoned she was told there were no vacancies, but male applicants to the same practice at the same time had been told to apply.

Many told of the dilemma when one practice had offered a place but it was not the applicant's preferred choice.

*So it's difficult if you get offered a job right at the beginning and it's not really the Practice, you can work there, but it's not your first choice. You're in a dilemma, whether I should accept this one because I might not get another one later one.*

Choosing the right practice is fraught with difficulty.

*If you're stuck with one person that you hate, you're stressed for 12 months*

Trainers also used expressions such as 'nightmare', 'bun-fight'. However no-one offered any kind of solution to these problems although thought was given to this in every focus group. One trainee suggested that nurses should be involved in the selection process (though elsewhere this already happens). Trainees admitted that their choice of region was mainly to do with lifestyle expectations and not based on other considerations.

### Induction process

There was general agreement that it is really important to spend a few days in the practice before starting to see patients.

*My trainer had asked me to come in, to get to know the nurse, have a look at instruments. ....*

*I was learning the computer system...*

*Yeah.*

*..before I started because um if you have to learn it on the first day, it's going to take so much time between patients to put everything in. You don't know how to do this, how to do that. It's really helpful if you can get to know the Practice before you start work.*

*Yeah, 'cos my trainer asked me to do that. I didn't quite understand why. I was in there like two or three days and yeah I was just like shadowing and just like nosing around. But then on the first day like at the end of the day you really like do appreciate that you know you're in there and you're familiar around because you've been in there a few times and you've spoken to everyone so they all know you. But if it's all totally new on the first day then it would have been a complete nightmare.*

A non-work focus had also been appreciated, getting to know the others in the practice on a social basis before starting work. This is in line with good coaching practice. Ref Supercoach?

Most admitted to the initial experience being difficult: 'terror springs to mind', 'nerve wracking'.

## Tutorials

As in the earlier study huge variations were evident in tutorial practice.

### (a) Timing

Some had timetabled tutorials every week, e.g. Wednesday afternoon.

VDPs were not happy where tutorials started at the end of the working day;

*My trainer always wants it at 4 o'clock and he goes on and on and on, yeah, so if I say I'll go at 4 then I know that I'm going to be there till 7 o'clock at night..*

Most were quite happy to discuss issues during their lunch hour but wanted that to be at their own initiative rather than the weekly tutorial or work discussion initiated by the trainer.

### (b) Structure

Structured tutorials, with a list of topics to be discussed were appreciated, particularly at the beginning of the year. It is worth noting that some of the trainees had no experience of this and only had tutorials based on their own expressed needs. Most were able to request tutorials on specific topics. Topics included business as well as technical aspects:

*I think they intended them to be academic, but the thing is we're so full of information at the moment, there's other things that I want to know about. Like you know the filling in the forms, the NHS forms are grotesque.*

Particularly appreciated were demonstration tutorials where the trainer arranged an afternoon of appointments on particular treatments, and the trainee acted as nurse working with the trainer. This was mentioned in the earliest focus group and others took the idea back to their trainers and asked for similar arrangements.

There was also one example where the VDP had referred someone to a specialist and was invited to be present for the treatment, again very much appreciated.

### (c) Relationship

The data indicate a wide variety of trainer/VDP relationships from

*My tutor is a very good friend of mine.*

to

*I try to avoid him at all cost...*

*I have a set hour every Wednesday and he usually spends most of it moaning at me and then I ask a question and never get an answer and I go away a bit more confused so I've learnt now to ask the other five associates in the practice I get really good answer and a really good straight forward honest answer out of them. I have these tutorials from these other people but I always ask them, I never ask the trainer. I just get waffle and he blames me for not knowing the answer.*

### **The Day Release Programme**

The day release programme was highly valued in all three schemes:

*You should have them twice a week!*

*Gives you a break and you can reflect back on the past week*

All enjoyed problem solving sessions, based on their experience since the last 'day out'. The quality of speakers was commended. All three groups mentioned peer support, and two groups, the regional ones, mentioned social aspects on the night before the study day.

There were some problems with sequencing. In one scheme 'litigation' had been emphasised early on and both trainers and VDPs felt it would be more helpful later on. Similarly 'business' was appreciated later in the course. Trainees were uncomfortable where two lecturers overtly disagreed on one of the study days. They felt this undermined their confidence in choice of treatments.

One scheme had a day where VDPs brought in their dental nurse and worked together on four-handed dentistry. This was highly valued but they wished it had been done much earlier in the year.

### **Advisers**

All five advisers working on the three schemes were highly evaluated. Having two advisers was seen as the optimum situation. In the scheme where there is only one adviser:

*..adviser not always being around. Because there are periods when we go for a month and we don't meet the adviser – and then it makes things really difficult if we have questions.*

*No father figure*

*....orphans*

Advisers were seen as support for when there are problems with a trainer and VDPs liked having two available in case there were issues which were difficult to talk to one about, because of his practice interests.

### **Trainer Comment**

There were no areas of disagreement with the above from the trainers' perspective. They used terms like 'lottery', 'grab it while you can' to describe the appointment process and pointed out that for some this will be the first time in their life they have experienced rejection.

Some had completed a vocational year themselves and valued it highly, those that had not wished they had.

The trainers praised the advisers too.

### **Evaluation Level 2: learning**

In order to evaluate at this level it is necessary to identify the intended learning outcomes and then to analyse whether they have been achieved. The objectives of the vocational training year are outlined in the Professional Development Portfolio (PDP) but are rather vague for assessment purposes. A slightly more detailed model was developed, based on the earlier study and the first round of focus groups. This model was presented subsequently to both advisers and trainees. Additions were made but there was general agreement that the model described the intended areas of learning in the VT year.

Skills and knowledge acquisition: a model

**Clinical knowledge:** diagnosis, treatment options, ethics,

**Technical skill:** appropriate use of tools, speed

**Social and communication skills:** liaison with nurse, liaison with other colleagues, diverse patients (children, adults with learning difficulties, "thick", anxious, "smelly", "difficult"), discussing treatment options and associated patient charges

**Administrative / business skills:** NHS paperwork, profit, charging, selling, Health and Safety at Work Act, selecting insurance, legal expectations

### **Methods of assessment**

As with any training course there are a variety of assessment options and a variety of players who are able to assess the different aspects. In this case the person best qualified to carry out assessment of all aspects is undoubtedly the trainer. The adviser can also carry out assessment. Self assessment through the PDP is central to the scheme. At present very little use is made of assessment by peers, patients or nurses.

### **Verification of assessment decisions**

The data provided examples on verification in three different ways, one example from each scheme. An adviser mentioned mid year practice visits, where he said that

*we also have what you call mid year visits where you go and visit each practice and watch the VDP at work in their practices.*

In the final case study presentations in another scheme the advisers and the trainers present were assessing using assessment criteria prepared by one of the advisers. This was a new development and the VDPs in the focus group complained that they were not given the criteria when they were briefed.

There was evidence in the other scheme of internal moderation of case study presentations, for borderline cases where the adviser was not happy with the standard of work presented by VDPs.

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This was not a particular focus of the study therefore there may have been other examples that did not come to light.

### **Clinical knowledge**

VDPs are already qualified dentists but there was general agreement that they needed to continue to expand their clinical knowledge. In particular they needed to develop knowledge of the treatment options available to patients under the National Health Service

This is formally assessed through the case studies near the end of the course. There are many opportunities for informal and formative assessment by the trainer, but it was not clear from the data how this is achieved.

In one mid year focus group all six respondents claimed to have had much negative criticism but no positive feedback from their trainers. In some practices the trainer 'always has a look at mine', in others if 'passing ... he would look' and more worryingly

*My tutor makes a point of not coming intruding in my surgery and that would undermine me as a dentist in front of my patient as well.*

The technology used to prepare the case studies (cameras, x-rays, video clips) did not seem to be used in an ongoing way for trainer, peer or self assessment. Indirect assessment could occur through discussion at tutorials and in problem solving sessions on the day release programme.

### **Technical skill**

As in the earlier study the speed with which they were expected to deliver treatment in order to achieve income came as an initial shock.

*It's really really time and money orientated.*

*Yeah, that's a big hassle.*

*Yeah, you've got to move fast if you want to make it.*

Appendix 1 in the PDP provides an ongoing record of weekly activity and therefore is a good assessment of the development of speed (linked to NHS income). Competence in the use of tools can presumably be inferred from increasing speed and from observation by the tutor where this is standard practice

With speed, with or without positive feedback from the trainer comes the increase of confidence. This is by its nature self-assessed, through practice, initially checking with the trainer.

*In the first month in the Practice you probably see the same amount of patients as I saw in 3 years in university.*

*it gives you confidence because you thought you know, "I made the right decision".*

Even so confidence can be undermined by the attitude of patients.

*I do feel different, but I still feel that sometimes, you are still not at that dentist level I've only been doing it six months. I still have a couple of patients that someone has said to me the other week 'oh you have taken a tooth out before haven't you?' they look at me and they're thinking I usually see someone that's 40 and how old exactly are you? Do you still feel 'oh god' and it makes you nervous and you're more likely to cock up or I did anyway – and broke a tooth.*

## **Social and Communication skills**

### **The dental nurse**

One of the strongest themes in this study was the problematic nature of the VDPs' relationship with their dental nurses. It was evident all the way through and took many different forms. Most VDPs had had no experience of working with a nurse in their dental school, though some had practised four-handed dentistry with peers as clinical partners. Initially their relationship was ambivalent and the VDPs were unsure how to deal with difficult situations.

*You see I've never dealt with a person under my sort of employment...*

*No.*

*...and if I had something like my nurse sings all the time. She sings really loudly in front of the patient and I've actually changed it to Classic FM so she wouldn't sing anymore, and she still sings opera now. And I don't know how to say, "Listen J I love your voice, it's great but I can't hear myself speak".*

And

*I have a couple of my nurses who try and use you as the new kid on the block. We are going to try and play this guy, and I have one nurse sipping her tea right next the patient's face as she's suctioning. And as soon as the patients out I've got to have a go at them cos it's just highly unprofessional.*

Many nurses received high praise in this study.

*I think on the timing you've got to look at the nurse's viewpoint as well. They're pretty good most of the time.*

*My nurse is brilliant actually. She's very good.*

*They're very sort of tolerant of us young pups.*

*They're good with the kids I find, the nurses.*

By mid year relationships had settled down, though not necessarily in the same way.

*I had a very different opinion of nurses when I first came, I've got a completely different one now, before it's well I'm the dentist you're the nurse I want this done that done, I've completely changed. If my nurses are getting stressed out then I'll put the x-rays through the developer or*

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*help her, because it gets a good relationship she'll realise that she'll do me favours when I'm running stressed.*

*Yes, pretty much I let her do her stuff, I don't go to the waiting room to get patients or things like that.*

*My nurse is horrible she starts crying and stuff like that, she hit me behind a basin once, she was arguing and raising her voice and I thought it was all building up inside. And it was really unprofessional and I wasn't happy about it at all.*

The trainees' relationship with their nurse appears highly significant and as one trainer said: *'they see an awful lot more of their nurse than they do of their trainer – more than their family'*

However nurses seem to be excluded from the assessment process. Two schemes had involved them in study days, one for four-handed dentistry the other for a day on avoiding back problems but there were no examples of VDPs using feedback from their nurses formally or informally, despite widespread acknowledgement that the nurses had specific useful skills that helped them through the year e.g. making appropriately timed bookings, talking to children. It is probably worth mentioning here that by the first focus group one VDP had trained a new nurse and by the final focus group a different VDP had trained five new dental nurses! It was generally agreed that working with one experienced nurse, with whom you had a good relationship was the optimum situation.

### **Liaison with colleagues**

There were no instances of problems with peers, other than nurses, in the practice.

### **Diverse patients**

This appears unproblematic. Some mentioned experience at dental school as being relevant. Anxious patients seemed to cause the most concern. There was genuine mystery as to why anyone should be afraid to go to the dentist, when the dentist was there to take pain away or make them look better.

### **Discussing treatment options and associated patient charges**

There was general agreement that patients in the dental school were 'nicer' than those in practice. Discussion indicated that this was because in practice charges were made for treatment whereas treatment in dental schools was free. (One trainer pointed out that this is not the case in Eire). By the final focus groups some were still not comfortable charging for NHS treatment.

*I feel guilty – especially poor elderly people, I feel so guilty. I hate them having to pay for it, when I know that they've barely got enough money to eat – and there has been a couple of times when I've done something and just not charged them for it.*

*It feels like we're holding them to ransom – we none of us went into it to do that*

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*I hate that, I leave it to my nurses or to my receptionist. It's like all of a sudden we're a Sales rep.*

VDPs felt restricted in what they could talk about while treating a patient. They said they were careful to avoid certain topics because of patient reaction.

*I've stopped mentioning that that I'm going on holiday – you can't say that to a patient, you can't make polite conversation, because they say 'Oh well I've just paid for your holiday'*

A patient had seen a VDP while dropping her brother off at a gym. *'Do you go in the evenings? And I said 'Yes' – Oh it's alright for you, you can afford it, it's really expensive there.'*

This awareness of patients' attitudes had led to one VDP never admitting he is a dentist in social situations and another cycling or walking to work and leaving his 'flash car' at home.

### **Administrative / business skills**

From the beginning of the VT year a key aspect valued by all had been in the area of dealing with NHS paperwork. It was covered by trainers, guest speakers and nurses. It is easily assessed as it is a legal requirement that it is done correctly.

Input on legal and business aspects was welcomed toward the end of the course. This was also requested as tutorial topics. It was not clear how this was assessed other through self-assessment and tutorial discussion.

### **Self assessment and the PDP**

In all the above categories it is valid to use self assessment. This should be captured in the PDP. The PDP is an A5 clip file. It has a clearly defined structure, clear explanations for each section, built in involvement of trainer and adviser and is soundly based in Reflective Practice theory. The VDPs detest it! (This was also the case in the earlier study.)

Even in the first focus groups they were saying; 'I just don't know what to write'; 'just racking your brain for the sake of it'.

By round 2, when they had only to fill in two sheets of A5 a month: 'waste of time'; 'just silly'; 'just a chore'; 'it's a hassle'; 'that's rubbish'.

*I find myself writing the same thing every week and every month.*

*Q: Can you give me an example of what you write?*

*Be more confident and earn more money, and say the same thing next week*

and

*... most people, they do it late on a Wednesday night or first thing in the morning in the car.*

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In the final sessions all three focus groups said that the PDP was one of the things that could be improved on the course.

*You just write what you can remember*

*Load of rubbish – though it still creates a time when you and your trainer absolutely have to meet up*

*We did the last 9 months all last week!*

*Just make it up anyway*

*Repetitive*

*Not even a true reflection*

*It was explained quite well*

*It was done in a negative way though, 'cos you've got to fill it out.*

*I feel like I'm writing it down to keep them happy*

*This portfolio business, it's hopeless*

*I've never liked writing feelings down..that was the hardest thing*

*I can not understand the action plan*

*Would be OK but to do it every single week, or every single month, every single week in the first 12 weeks..that was a chore.*

There are two surprising aspects to this. Firstly these are all intelligent people and in other medical professions there is a much greater demand to achieve a reflective process than in this portfolio. Indeed reflective practice is a key aspect of the Post-Technocratic Curriculum (Bines and Watson, 1992) The PDP also gives permission to write the reflection in other ways if they do not like the given format. Secondly the next stage in the reflective process (based on the Kolb Experiential Learning Cycle), abstract conceptualisation (Hillier, 2002, p 72/3) is highly valued by the VDPs; they look forward to discussing incidents, and these sessions are seen as high spots on their day release programme. Also interestingly there were several incidents when talking with the VDPs (not necessarily in the formally recorded session) that they became really involved in discussing complex issues or mistakes that had made. Yet when I asked if they had written about that in the PDP it was obvious that it had not really occurred to them.

In the 18 VDPs there were two examples where the PDP had been used effectively. One was where a mistake had been made early in the course and the process of completing the PDP helped to put it in perspective when achievements had also been recalled. Another VDP had used it to record trying out things learned on the study days and thought that was 'quite cool'

One adviser uses the PDPs to evaluate the trainers he is responsible for. He confessed though that questions he writes in the PDP, in response to VDP reflections, are not necessarily followed up by him at a later date.

The PDP is designed to close the loop in the professional learning process but seems a long way from achieving this.

### **Trainer comment**

The current regulations do not allow VDPs to fail the VT year. In effect they have a certificate of attendance, which allows them to practise as a NHS dentist. They are qualified dentists before they commence the year therefore it is argued that they can not be failed at the end of another year's training. However almost all the trainers in the study were quite clear that they had had VDPs that they did not consider competent at the end of the year. There were various reasons for this, both in terms of clinical / technical skills and communication skills. They were adamant that if they could have failed these individuals, they would have done. Some had counselled the incompetent general practitioner back into hospital practice or academic research. In one instance the VDP was being kept on as an associate so that his training could continue.

In essence this means that assessment is taking place, but in terms of evaluation the course is not achieving the objective that 'the VDP should be eligible to practise unsupervised as a principal within the GDS'. (CVT, 2000)

### **Evaluation Level 3: behavioural changes**

As VDPs are working as they learn, in essence this is a post-technocratic curriculum (Bines and Watson, 1992). They are constantly implementing their learning though as indicated above they find it difficult to express their learning in reflective writing. It is clear from the data that what is happening through this process is the development of professional judgement. They commented: 'you don't need to be as efficient at dental school': a different ball-game ; 'at dental school you do what you're told'

This was expressed in terms of their discomfort when two lecturers disagreed in a study day. As their confidence grows they learn to trust their own judgement and not be bullied by demanding patients.

*Had to stop myself falling into the trap of OK we can do this for you, when it actually didn't need to be done*

This process is congruent with Lave and Wenger's ideas about situated learning in Communities of Practice. Being accepted as a VDP allows 'legitimate peripheral participation' (Lave and Wenger, 1999) into a new community of practice. As they practise they 'learn to talk' and to develop their identity as a general practitioner (ibid.)

Although some became used to 'selling' by mid year the whole area of charging which is central to this particular community of practice caused difficulties.

*And yet they'll stick a hundred and forty quid's worth of tyres on their car. The mention of a seventy pound crown that can last them 15 years –ohhh!*

In round 2 they were asked 'Do you feel like a professional now?'

*Well I mean I guess you do feel like a professional when you're actually in your working environment, but after then you know there are people in*

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*pain and you know that you're the person that's actually sorted them out, you wait for a long time to come and actually see you and you can actually do something to help them out, so that way it does feel good.*

*Overall, not really .....I don't feel like a professional. And especially as I still feel like at the end of the day I am in a training process not to become specialist but training to get my number ... I still feel like a post graduate student so to speak and till I finish this, and maybe for me it's a personal thing, I get my own private space and be an associate and I won't feel like a professional until then.*

*Q: So the perspective from the University is Yes I am now qualified? But if you asked me now I'm thinking no way would I have been a dentist then, even now.*

*Q: Even now, not yet, you're getting there? There's a lot of learning, put it that way.*

At this stage about half the respondents said that they felt like a dentist and a professional. Some felt they were not allowed to be complete professionals.

*I would if I had, like, the power for, like, the decision making in the practice, but it gets to a point, like, when you're working, but when it comes to the point where there is something that you want changing and something you're not happy with, but we have not got the authority there then it makes you feel less so, I'll just give you an example we ran out of, like, appointment cards. They're not very nice, you see much better ones out there that you might promote the practice and things, so I said, we ran out of appointment cards, oh why don't we get these other ones, like, they're much better and you get them for the same price I'm sure, and everyone ignored me and you got the same ones again and again...*

As the training neared its end there were examples of where VDPs had become aware of their own professional judgement. In one incident the VDP had stepped in to deal with a patient being belligerent to a receptionist and told her that if she did not calm down he would refuse to treat her. Another told of his pleasure when his trainer had started to ask his opinion on difficult cases. Another explained that she no longer made instant judgements, as to which treatments would be chosen, as patients arrived.

It seems clear from the data that as VDPs begin the vocational training year they are not just trainees but have been admitted to legitimate peripheral participation in a community of practice. On first inspection their training is in the hands of a trainer and an adviser. But it is much more complex than that.

This uneven sketch of the enterprise (available if there is legitimate access) might include who is involved; what they do; what everyday life is like; how masters talk, walk and work; and generally conduct their lives; how people who are not part of the community of practice interact with it; what other learners are doing; and what learners need to learn to become full practitioners. (Lave and Wenger 1991 p.95)

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The VDPs' learning is in the hands of trainer, advisers and also other colleagues, peers, nurses, receptionists, and patients. During this year they move from qualified dentist to professional general dental practitioner. They go forward at different paces and learn from different experiences. Over-arching the knowledge, skills and attitudes they learn is the acquisition of professional judgement.

### **Evaluation Level 4: results to the organization**

Forsyth et al (1999) state that evaluation at level 4 is 'difficult and time-consuming' (p14) yet this is in effect the main purpose of this study. All those associated with the VT year value it highly as a supported transition to general practice. Trainers gave examples of their peers who had found it so difficult to adapt to this regime without the VT year that they had left dentistry. So anecdotally the VT year improves retention of qualified dentists to contribute to both the NHS and private practice. Certainly none of the 18 VDPs in the three focus groups left before the end of the year.

Another important aspect of the structure of the year arose from the trainers. Two of those who contributed had, in the earliest stages of their career, worked for fraudulent dentists who had been sent to prison. The trainers see the vetting process as ensuring access to ethical practice and as such it is highly valued.

It is not for this study to judge whether the VT year provides value for money for the NHS or on a wider basis the entire dental service for England and Wales, though this could be the focus of further research. On an individual basis it is very cost effective for the VDPs who had student debts of between £25,000 and £50,000 as they entered the year. It enables them to begin general practice without incurring any more debt as would almost certainly, according to the trainers, be the case without the VT year.

There was concern from both groups of trainers that the VT year is not only 'finishing school' for dentists but is now providing core practice and instruction which in the past would have been delivered in dental school. The implication of this is that the 'year' may need to be extended in the future.

It is also worth mentioning the benefits to the trainers under this heading. Being a trainer provides 'something else at work apart from clinical dentistry'.

*They question everything you do..., makes you go back and assess what you do.*

*Breath of fresh air, having younger people in the practice.... Good for the practices to have a VDP.*

*Tremendous satisfaction out of seeing them become confident, competent colleagues..*

Particularly in the rural areas the VDP provides 'extra manpower in the practice' and is a good way of expanding the practice.

### **Recommendations**

On the basis of the data it would seem sensible to continue the VT year in very much the same pattern as exists already. However there are possible changes that could be considered.

1. The appointment process is the cause of stress and dissatisfaction for trainers and trainees. It is suggested that discussion continues to seek solutions.
2. The day release structure is well received and should continue, maintaining the high quality of speakers and the extra activities such as the Chicago conference and team building courses. VDPs would welcome having access to more than one adviser. The programme works best when constantly evaluated (at level 1) and the evaluations are seen to influence the structure. In particular the data suggest that four-handed dentistry with their nurse is included in the first two months of the year and litigation, accountant, business and insurance based topics are put on later in the year.
3. There is such variation in the provision of tutorial in the practice that this would seem to need immediate attention. The tutorials should be time-tabled in the working day and be seen to have a structure. Maybe this structure could be provided by the advisers, so that they in their turn can focus their problem solving sessions on aspects already discussed in tutorial? A list of topics should include early on at least one tutorial where the nurse(/s) who works with the VDP is included and a dialogue can take place in a calm and professional way on how they can best work together.
4. Assessment also appears to be an area that can be developed. Perhaps there should be a minimum percentage sample of treatments that has to be checked by the trainer (either in person or through photographic technology). Nurses (and others) could be more involved in terms of informal feedback, particularly on communication skills. The key question around assessment is whether the system should either fail VDPs or withhold certification until an acceptable standard has been reached.
5. Reflective practice should be an integral part of the development of professionalism. The PDP appears to give a good skeleton for reflection but it is not working in practice. There may be several ways forward in this. Advisers could experiment with encouraging VDPs to experiment with different ways of doing individual reflection; a written journal; mind maps; before and after photographs; using prompts from a variety of models. It is probably most important for advisers and trainers to really believe in the process on which the PDP is based and it may be that they need training sessions and more experience of keeping up a reflective process themselves. They need to emphasise that professional development and reflective practice should continue throughout their career and that they will not always have the time and opportunity to enjoy the group reflective/problem solving sessions that they have in the VT year. Other experiments might involve a requirement that /new learning /theory is specifically linked to critical incidents, and that action planning can only be completed following a group problem solving session where others' ideas can be integrated.

### **Conclusions**

The vocational training year is an excellent learning experience for newly qualified dentists who wish to practise in the NHS or privately as general practitioners. There are many examples of good practice in all three schemes examined. There are inevitably areas where more thought and consideration could improve the experience for all those involved in the achievement of full participation in the general dental practitioner community of practice.

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## Evaluation of dental vocational training in three regions

### Appendix 1

Scheme	Research activity	Recorded ?	By?	Date
Oxford	Focus group of 6 VDPs	y	JC	19/9/02
	2 <sup>nd</sup> focus group of same VDPs	y	RAC	30/1/03
	Document: Person Spec for Trainer	y		
	Focus group of trainers	y	RAC	8/5/03
	3 <sup>rd</sup> focus group of same VDPs	y	RAC	22/5/03
	Case study portfolios		RAC	4/6/03
	Meeting with regional adviser	n	RAC	30/6/03
London	Focus group of 6VDPs	y	JC	20/9/02
	Interview with VDP adviser, also a VT	y	RAC	31/1/03
	2 <sup>nd</sup> focus group with same 6 VDPs	y	RAC	14/3/03
	Interview with University lecturer, completing 3 years research into Vocational Training	y	RAC	14/3/03
	3 <sup>rd</sup> focus group with same 6 VDPs	y	RAC	20/6/03
Wessex	Focus group of 6 VDPs	y	JC	3/10/02
	Meeting with VDP advisers re Trainer training	n	RAC	21/3/03
	2 <sup>nd</sup> focus group of same 6 VDPs	y	RAC	21/3/03
	3 <sup>rd</sup> focus group of same 6 VDPs	y	RAC	19/6/03
	Focus group of trainers	y	RAC	19/6/03
	Observation of case study presentations		RAC	19/6/03

## **Appendix 2**

Dentists: trainers' focus group

Please can you each say first name, how long you've been a dentist, how long a trainer, brief description of where you work now.

Why did you become a trainer?

Why do you remain a trainer?

When I asked you how long you'd been a dentist did you date it from leaving University or finishing VT year? Why?

Do you think of the trainee as a 'dentist' right from the start?

Have any of you ever had serious doubts about a trainee's competence at the beginning of the VT year?

ΣIs there a pattern to this? (E.g University, age, race, gender)

At the end?

ΣWhat did you do?

ΣIf you could have failed a trainee would you have done?

Do any of you have a teaching or assessing qualification?

Anything you'd like to tell me?

### Appendix 3

Dentists: Focus group schedule for mid-year session

**Introduce self: OBU, SL, Teacher training for PCE**  
**Follow up questions**

London	Did any of you ask for demo type tutorials as a result of the last session ?
Oxford	M having problems with trainer, has this been sorted out?
Wessex	Jude didn't ask about portfolios last time

1. Is this the same group who met Jude last time?
2. What has changed since then?
3. Who or what has contributed to that change?
4. What has been the role of tutorials in the interim?
5. How would you characterise your relationship with your trainer compared to others in the group?
6. What has been the effect of the VDP days out of practice on you? On your professional development?
7. Is your professional development dependent mostly on work based experience or on these CPD days? Do you feel like a professional now?
8. How do you know you are developing professionally? Self-assessment, portfolio entries, tutorials, patient feedback, tutor feedback,....?
9. What advice would you now offer to someone starting out in VT?
10. What's the best and worst aspects of the organisation of the VT scheme?
11. Looking ahead what do you see coming?

#### **Appendix 4**

##### Dentists' final focus group

1. Three things you have liked/enjoyed about the VT year
2. Three things that would have improved the year
3. What were the most significant things you learned?
4. Did you learn anything that you decided not to use/implement?
5. Future plans?
6. one group: follow up focus group 2 where all said they had had no positive feedback / praise.
7. Individual: relationship with nurse, has it improved? Did he find out what went wrong?