

D21

Ymchwiliad i Ddeintyddiaeth yng Nghymru / Inquiry into Dentistry in Wales

Ymateb gan Ysgol Deintyddiaeth, Prifysgol Caerdydd

Response from the School of Dentistry, Cardiff University

Dentistry in Wales Consultation.

Written evidence

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I am delighted, as Head of the School of Dentistry to contribute to this consultation. I will be focussing my views and thoughts to the areas on which I can comment with knowledge therefore not all areas within this consultation will be commented on.

Background to Education in the School of Dentistry

The School of Dentistry sits within the College of Biomedical and Life Sciences in Cardiff University. It was established in 1964. Students are taught primarily within the University Dental Hospital and the School has a strong relationship with Cardiff and the Vale Health Board to enable undergraduate dental education to take place. Students in Year 1 spend the majority of their time in the School of Biosciences where they are taught the underpinning physiology, anatomy and body systems biology. They spend 1 day each week in the School of Dentistry beginning their professionalism education, skills in communication and work with senior students on teaching clinics learning how to take medical histories and develop experience of working in a clinical environment.

In addition to clinical teaching in the Dental Hospital, our students spend significant time in 2 education outreach centres within the community dental service. Year 4 students will spend clinical time in the dental unit in St Davids, Cardiff and Year 5 students will undertake clinical work in the Mountain Ash unit. Student feedback consistently suggests students not only enjoy these placements, but also gain significant clinical experience during this time. IN addition to these outreach centres, students also undertake residential clinical placements in centres across Wales (e.g. Gwent, Wrexham, Morriston) and outside Wales (e.g Plymouth).

Since 2017, we have begun to teach early year BDS students alongside the 1st year Dental Therapy and Hygiene students (both in clinical skills laboratory and on clinic) to emphasize the connected working across the dental team.

At our last GDC visit the School was rated as 'satisfactory' (the highest standard you can be awarded) and the School will be visited again in early 2019 as part of the GDC's new programme of visits. Our last National Student Survey (NSS) results in August 2018 reported that overall satisfaction with the BDS programme was at 95%, which was the 2nd highest in the College of Biomedical and Life Sciences and one of the highest across the University. All graduating students in 2018 were successful in obtaining a Dental Foundation Training (DFT) place.

Issues with the training, recruitment and retention of dentists in Wales

1. The School of Dentistry has 70 undergraduate places each year for home students along with 4 places for overseas students to study dentistry. This number of places has been maintained since the last cut to our numbers (a cut which was seen across the UK). The School does not struggle to fill these places, and applications are in the region of between 6 and 7 applicants for every place available. Entry requirements are published clearly on the School and University website and is consistent with those from other UK Schools. The School has not entered clearing for the Bachelor of Dental Surgery (BDS) programme. Recruitment of dental students is thus strong and consistent.

2. We currently recruit across the entirety of the UK and work within Cardiff University's need to maintain high entry grades as the University is a high tariff institution. However, our entry grades are commensurate with those across the sector.
3. Students comment that their decision to accept offers at Cardiff is influenced by the early clinical contact they receive in Year 1, the environment and opportunities of and within the University and City of Cardiff (small size, manageable living costs and environment).
4. The School has, for many years, adopted admissions approaches to encourage and increase applications from Wales and Welsh applications. Over the past 5 years the percentage of Welsh domicile applications – to enrolment ratio has improved, despite a static or gentle fall in total dental applications. However, relatively few applications come from students in North and West Wales. The School is currently undergoing its 5-year Periodic Review and this area of recruitment is a key focus. The School, now having a dedicated communications and marketing officer, is working with the University Central Recruitment Team who in 2017-18 introduced a north Wales tour to represent Cardiff University programmes. We will have specific dental content in these tours. All degree programme material is bilingual and we have created promotional videos regarding Dentistry at Cardiff delivered by both English and Welsh speaking students.
5. The School is also in the process of identifying Clinical Academic Lead for Welsh Medium Provision and this individual will work with the central team to identify potential Welsh speaking Student Ambassadors for key careers fairs throughout Wales. As Head of School I am also in discussion with the Welsh Dental Society (Welsh speaking general dental practitioners) to explore the opportunity of their members acting as 'School Ambassadors' to assist the School promoting dental careers and the School's programmes in their local areas.
6. We also recognise that the first year of the undergraduate programme, when students are transitioning to University life, is when Welsh speaking students may benefit most from access to Welsh speaking personal tutor. The School does not have many Welsh speaking academic staff and we are exploring the option to provide such tutors both from within the School and from other Schools.
7. However, as a Russell Group Institution we should look to recruit as widely as possible. We thus need to ensure that the programme they undertake in Cardiff, and the clinical experiences they gain in the Dental Hospital from working with our part-time clinical tutors who are practitioners in South Wales and in Outreach encourages them to want to undertake their foundation training in Wales.
8. Adequate and protected funding is required to ensure undergraduate dental education can be maintained but more importantly can embrace a modern dental curriculum including inter-professional education.
9. Currently funding comes from 2 major streams. Student fees are paid to Cardiff University and this funding, along with other income streams (postgraduate programmes, PhD fees, research grants) form the annual expenditure budget the School of Dentistry receives. This covers University academic, part-time clinical tutor and professional service staff salaries and a non-pay budget to support education and research activity. The second major stream is the Dental Service Increment for Teaching (SIFT). This is funding from Welsh Government and provided to Cardiff and the Vale Health Board. This supports the dental hospital infrastructure, vital as it is a teaching hospital and 75% of all treatments in the hospital are delivered by our students. This funding is not protected from cost reduction programmes and in my view it needs to be to ensure we can deliver a proactive dental curriculum in a dedicated teaching hospital.

10. At present applications from 5th year students to enter DFT is managed by COPDEND (Committee of Postgraduate Deans and Directors) and is a joint England and Wales process. This is an issue for retention of graduate dentists within Wales as there is no Wales only system and over 65% of Cardiff graduates leave Wales to undertake DFT elsewhere. We need to develop a process or structure to encourage Cardiff students to undertake DFT within Wales. If we can retain a greater number of Cardiff graduates undertaking DFT in Wales there is a chance to encourage them to stay longer term (hospital posts, further education, associate positions in practice) and thus retain students staying in Wales for DFT and beyond as practitioners. There needs to be some different thinking on if this is what is needed and if it can be developed alongside the Scottish and English systems. I have had initial conversations with the Chief Dental Officer and Postgraduate Dean around this subject.
11. It is important that moving forward we look at the issues as a whole and refrain from looking at the early stages of a dentist in isolation. Why do dentists leave once qualified or after initial practice? Are they returning back home to be nearer family, are there cost issues, is it an infrastructural problem?

The effectiveness of local and national oral health improvement programmes for children and young people.

1. The research from Professor Ivor Chestnutt, especially the Design to Smile programme, has been a significant success. In addition, a key strength in Wales is the work with the Oral Health Information Unit based in the School of Dentistry. Welsh Government currently funds a Senior Lecturer to lead this unit with Professor Chestnutt. This unit is vital to WG as it provides data and trends regarding oral health (including children) in Wales. It is also vital to the School of Dentistry as the undertaken is 'real-time' research providing data which influences policy. The Senior Lecturer supported delivers teaching in Dental Public Health to our students and this places our students in a unique position compared to their peers in other schools as they are able to see how this research delivers for a community. This research also has Research Excellence Framework (REF) opportunities as the outcomes from this work has significant impact. It is vital however that Cardiff University see this as important research and why.