

Undergraduate outreach for the whole team

During more than forty years of dental education in the UK it has been possible to witness a dynamic evolution. The training and education of any dental workforce must be directed towards the needs and demands of its stakeholders. These stakeholders include the population to which oral healthcare is directed, students, dental professionals, the purchasers of healthcare, those funding dental education, and competition from abroad.

All these influences are constantly changing. We have a population which is ageing and retaining their teeth for longer, in addition to which the success of implants and adhesive dentistry has modified patients' attitudes to restorative dentistry. This results in great demands on the dental team to provide the necessary ongoing maintenance and healthcare advice and fundamentally changes the nature of clinical practice. The new commissioning of healthcare through the primary care trusts and the impact of the new contract may also have a significant effect on the development of dental education and its links with National Health Service provision; as purchasers of dental education it is influential in determining where and how it is delivered.

Trying to predict future manpower requirements in such a dynamic environment is as difficult and uncertain as trying to predict the long range weather forecast, but the changing influence of so many factors will almost certainly mean that the balance in numbers between dentists and dental care professionals (DCPs) trained in the future will need to be frequently re-addressed. This places considerable pressure on education providers to respond quickly and effectively to make sure that every member of the dental team is appropriately trained and 'fit for purpose'.

There has been a gradual change in the

role of the dentist on completion of the undergraduate course to place more emphasis on the role of team leader rather than that of primarily a performer equipped to provide clinical expertise in all aspects of primary care. This has received greater importance recently with the rapid expansion of the dental team in both numbers and diversity, together with the change in the Dentists Act to facilitate the expansion of the clinical activities of these groups. With the compulsory registration of dental nurses and the evolution of so many different DCP training programmes, the importance of delivering team dentistry is now well acknowledged. This development in team training is extremely challenging to introduce into the undergraduate course within the confines of a dental school, not least because of the complexity of timetabling. There has recently been an increase in the number of dental schools and the number of dental undergraduates being trained and although dental schools have been able to provide some of the best dental education in the world, they are at the same time now struggling to keep pace with the new technologies, are experiencing greater problems in attracting motivated staff and are suffering difficulties in coping with limited capital funding.

In the past, undergraduate education has been almost entirely delivered within the confines of dental schools. It is important that any curriculum should be both patient- and learner-centred and since 97% of dental care is delivered in the primary care environment, the importance of outreach training in that environment involving an integration of the whole dental team highlights the potential benefits of teaching within the community. Many universities have followed the examples of Manchester, Liverpool and Sheffield and are developing outreach training as a fundamental component of the undergraduate course. New dental undergraduate schools

have been established, such as the Peninsula Dental School and the University of Central Lancashire (with the first dental education centre in the UK), sited in areas of the UK with identified population need, and in which great emphasis is placed on teaching within primary care. This is also occurring at the University of Warwick, where orthodontic outreach training is delivered at a dental education centre in Leamington Spa in which all members of the team (orthodontic nurses, therapists and postgraduate students) are taught on integrated courses so that the importance, contribution and respect created by the interaction between the members of the orthodontic team can be fully developed.

Flexible pathways

There is also a need for all members of the dental team to be able to realistically advance their roles through additional training so that each member may achieve their ambitions through flexible career pathways. This may encourage the development of more modular part-time training programmes. Students may also be partially or entirely self-funding; as consumers their influence on the design and development of the course structure will therefore be significant. In looking at the broader aspects of outreach training throughout Europe it is undoubtedly important that the Association of Dental Education in Europe (ADEE) will play a highly significant role in harmonising dental education, sharing good practice, and promoting European co-operation in quality assurance development. 📌

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