

Mind the gap: Are dental trainees satisfied with their clinical experience?

An investigation of the clinical experiences of dentists within the national dental foundation training programme in the North West of England
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Foundation training (FT) is potentially the most vital period of a new dentist's life in building knowledge and confidence in providing treatment. It is an opportunity to gain clinical experience whilst developing clinical skills. Therefore, it is important to measure whether foundation dentists (FDs) feel satisfied with the training provided and whether the training sufficiently covers all necessary aspects of dentistry.

In this paper, Palmer *et al.* use three investigatory tools (a questionnaire, clinical logs and NHSBSA activity data) to analyse the experience of FT. The results demonstrate that the majority of FDs felt that the case mix covered a wide range of clinical conditions. However, 40% of respondents felt that there were undoubtedly gaps in their clinical experience; for example, some FDs responded that they performed very few endodontic treatments, crowns, bridges and metal dentures; procedures that dentists at this point of their career should be confident in providing.

These gaps in experience echo previous research and could be the cause of a reported lack of confidence within some training practices in



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the field. The authors also question whether little experience of bridgework reflects the declining popularity of bridges in favour of dental implants.

Although the study shows that FDs are largely satisfied with their FT, the authors emphasise

the need to address gaps in training and make changes in the way training is provided to ensure that FDs are highly competent and confident in performing clinical procedures.

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Author Q&A

with Nick Palmer
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Why did you choose to study dental foundation training?

I've been involved in the delivery of postgraduate education as a postgraduate tutor and foundation trainer for many years. Dental foundation training (DFT) has developed significantly since it became mandatory in 1992. With the recent changes and proposed formal assessment of satisfactory completion I felt it important that these were tested by robust research to ensure that they fulfilled the needs of foundation dentists (FDs), the aims and outcomes

expected of the national DFT programme. This study follows on from our previous research of aspects of DFT.

Did any of the results surprise you?

The research team were surprised at the wide range in numbers of clinical procedures performed and UDAs completed by the FDs in this study. We were concerned at the variance between the self-reporting of clinical procedures in the training portfolio log and the NHSBSA data, even allowing for time lags in the processing of claims. We were also surprised to note gaps in experience in minor oral surgery and prosthodontics as these had been highlighted in other studies some years ago.

Will this study lead to a change in training in the North West?

A number of changes have been introduced to deal with the gaps in experience. All

educational supervisors (trainers) are now required to confirm as part of their contract that minor oral surgery and crown and bridgework will be made available to FDs. FDs will also be asked to produce two case studies, one based on minor oral surgery, and one on crown and bridge. Training programme directors will now have access to FD's activity data from the NHSBSA which should lead to more accurate self-reporting in the new foundation training portfolio and robust data for assessing FD development. I understand that there is also a move to introduce nationally recommended minimum numbers of clinical procedures. This should ensure an equitable experience for foundation dentists and deliver the expected outcomes. ■