

Are clinical skills no longer a prerequisite to being a competent dental surgeon?

Craig Barclay¹

Key points

This paper explores clinical standards.

Delves into the subject of training.

Focuses on postgraduate training.

Abstract

The clinical standards of dentists are never re-assessed and the dental regulator, unlike the General Medical Council, has not introduced revalidation; therefore, the clinical standards of a dentist are rarely, if ever, re-evaluated.

Are clinical skills no longer a prerequisite to being a competent dental surgeon?

Recent amendments to the recruitment of trainees within the specialities of oral surgery and restorative dentistry have been proposed by the National Medical and Dental Recruitment Selection (MDRS) Programme Board.¹ Worryingly, these amendments include the removal of the practical and reflective stations.

As someone with over 35 years of experience in the dental profession as a speciality trainer, I have grave concern this body feels there is no need for any form of clinical competency assessment. They feel there is no requirement for candidates entering specialty training to have their level of clinical skills assessed. Indeed, revalidation at all levels within the dental profession currently appears to be devalued.

I believe that most of us experienced in undergraduate and postgraduate training would agree that COVID-19 has negatively affected the clinical exposure and training opportunities of our undergraduate and recent dental graduates. Therefore, it is now even more important to ensure when recruiting to higher speciality training that we utilise

a robust and equitable recruitment process safeguarding the appointment of the very best clinical colleagues to such posts.

It is therefore somewhat surprising the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) in justifying the decision of MDRS suggested that:

- ‘The progression of dental foundation and core trainees has not been severely impacted by the COVID-19 pandemic and we were therefore surprised to see the issue raised that dental treatment and skills development had been markedly reduced for these applicants. We are not aware of an increased number of dental core trainees requiring additional support in the last 24 months.’²

It would appear the decision by the national recruitment panel hasn’t just impacted dentistry. The Medical Schools Council (MSC) statement on the UK Foundation Programme (UKFPO) questioned the validity of the removal of educational achievements from the foundation ranking process. ‘The MSC strongly opposed the recent decision of the MDRS Programme Board and the UKFPO, to remove the educational achievement score from the 2023 allocation process for foundation posts.’³

Dentistry, with the exception of very few of its specialties, is a craft clinical discipline and requires the highest level of manual dexterity of all operators, as well as sound clinical decision-making and reflection. As the new curricula are currently being written

for speciality training it is surprising to see generic skills (surely expected to be attained at an earlier stage in professional training and experience) are being added.

Professionalism, leadership and management skills are clearly an essential part of a dentist’s training from undergraduate all the way through lifelong learning. However, despite clinical competency being essential for patient safety, the direct assessment of practical skills appears to have been systematically removed from almost all levels of teaching and training; from undergraduate, fellowship and postgraduate training to specialist training.

Although work-based assessments have been introduced into clinical training, it is rare within dentistry for a clinical supervisor to assess the clinical competency of a trainee carrying out a procedure, unlike a medical surgical assessment in an operating theatre. Overall, it should be the role of COPDEND and Health Education England to ensure that the processes involved in workplace-based assessments are robustly applied and adhered to by trainers and trainees alike.

As the previous lead for national recruitment for restorative and special care dentistry for over seven years with responsibility for transitioning the previous disparate process of local recruitment to a more robust and equitable national one, I was instrumental in developing the practical skills and reflective station. Experience over these years of running this station, along with five other assessment stations, clearly showed, from analysis of

¹Manchester, England, UK.
Correspondence to: Craig Barclay
Email address: craig.barclay@mft.nhs.uk

Submitted 28 April 2023
Accepted 9 May 2023
<https://doi.org/10.1038/s41415-023-6122-0>

the data, the value of how it discriminated positively in the assessment of candidates. Psychometrics using Cronbach's alpha test of reliability, inter-item correlation test and a two-tailed Pearson's test of correlation statistically clearly showed that there is a significant correlation at the 0.01 level between the communication arm of the exam and all the other arms, except for the practical exam on the models. The practical model exam is not correlated to the communication skills of the candidate and is therefore a vital additional assessment tool to aid in the ranking of speciality applicants.

COVID-19, halted face-to-face recruitment and practical examinations. The statistical data

clearly show the importance of the practical and reflective assessments. MDRS, mainly made up of non-clinical staff, have yet to reinstate these stations despite having given assurances to the profession that they would do so.

The question arises whether this recruitment body can reasonably be deemed to be fit for purpose, or indeed is contributing effectively to the betterment of the dental profession. Should its actions be called into question by those who seek to provide the highest standards in selection and training of the dental specialists of the future, and for the safety of the patients they will serve?

In conclusion, I would call upon those responsible for the management of our profession and particularly the organisations

entrusted with delivery of postgraduate training to review its effectiveness and qualifications to actually do so.

Ethics declaration

The author declares no conflicts of interest.

References

1. National Medical and Dental Recruitment Selection Programme Board. Personal Communication. 2023.
2. UK Committee of Postgraduate Dental Deans and Directors. Personal Communication. 2023.
3. Medical Schools Council. MSC Statement on the UKFPO decision to remove Educational Achievements from the Foundation ranking process. 2020. Available at <https://www.medschools.ac.uk/news/msc-statement-on-the-ukfpo-decision-to-remove-educational-achievements-from-the-foundation-ranking-process> (accessed July 2023).