Developing guidelines for postgraduate dental educators in the UK

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EDUCATION

IN BRIEF

- Provides an overview of the guidelines which define expectations of dental educators.
- Makes explicit the process of the guidelines development and how issues raised in the consultation were addressed.
- Provides a stimulus for dental educators in the discussion of 'where next?'

Commissioned by the UK Committee of Postgraduate Dental Deans and Directors (COPDEND), the purpose of this work was to establish UK guidelines for dental educators. The final document comprises 79 statements, in eight domains. Each domain has four zones related to what dental educators (1) know, (2) do with members of the dental team as learners, (3) do with other dental educators as learners and (4) lead on. Launched in November 2008, the document provides a framework of good practice for use in the employment, development and management of dental educators in the UK. The guidelines are readily available from the COPDEND website. A key purpose of this paper is to report on the process of development and a central part of that was the integration of feedback and consultation on early drafts. These processes elicited a total of 102 responses. Issues raised in consultation included: (1) how the zones interrelate; (2) differentiation between domains; (3) measurability; and (4) implementation challenges. This paper includes our responses to these issues.

Introduction

The postgraduate education of the dental team is hugely important. Although there is some excellent practice, there are no UK-wide guidelines that define expectations of dental educators. Dental educator roles include, for example: dental tutors; vocational training (VT) advisers and trainers; dental care professional (DCP) tutors (supporting dental nurses, technicians, therapists and hygienists); providers of 'training the trainers' programmes; managers and leaders of dental education; training programme directors; and consultant educational supervisors and trainers. The educator role is often only one aspect of a busy clinical post.

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Project aims

Commissioned by the UK Committee of Postgraduate Dental Deans and Directors (COPDEND), the aim of the project was to develop guidelines for dental educators working with post-qualification members of the dental team. The intention was not to propose standards for the educational environment or requirements of the educator. Rather, the purpose was to establish a framework of good practice which can be used in the employment, development and management of different dental educator roles, suitable for dental educators working in primary or secondary care settings, and with all members of the dental team.

The process of development

The guidelines were developed over a three phase process between January and November 2008. In the first phase, documents were collated through literature searching and contact with organisations across the UK (including the UK dental deaneries, medical and dental faculties of the royal colleges, professional and specialist organisations and the Postgraduate Medical Education and Training Board (PMETB). A first draft of the guidelines was based on the focused analysis of job descriptions, key reports,[1] policy documents and standards[2-6] and research literature.[7,8] This exercise was repeated by mapping further documents against the emerging draft guidelines.

The purpose of the second phase was to gain feedback on the emerging guidelines. Detailed feedback was received at two meetings of the project steering group which led to further review and revision. This draft was taken to the Conference of Postgraduate Dental Education UK (COPDEUK) in May 2008. Feedback was received directly from approximately 40 participants following small group discussion, job role mapping and most completed individual questionnaires. To gain wider feedback, an online survey was launched on the COPDEND website for one month in May/June 2008. Considerable effort was made to alert a wide cross section of dental and medical educators across the UK. Completed questionnaires were received from over 50 individuals.

In the third phase the draft report was issued for a two month consultation period from 1 August 2008. The guidelines for dental educators were posted on the COPDEND website as well as widely distributed via email (to over 75 individuals/organisations). Fourteen individuals/organisations responded. All responses

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Table 1 Structure of Guidelines showing number of statements in the four zones of each domain

DOMAIN	Zone 1 *dental educators know*	Zone 2 *dental educators do (with practitioners)*	Zone 3 *dental educators do (with other educators)*	Zone 4 *dental educators lead*	TOTAL
Educational theory and best practice	4	1	1	2	8
Learning and teaching in the workplace	2	4	1	2	9
Learning and teaching away from the workplace	3	4	1	3	11
Assessing the learner	4	1	1	1	7
Guidance for personal and professional development	4	2	1	2	9
Quality assurance	3	4	3	1	11
Management of education and training	4	5	1	4	14
Professionalism	3	5	1	1	10
TOTAL	27	26	10	16	**79**

were carefully considered and revisions made. The final document was published in November 2008.

An overview of the guidelines

The full document, *Guidelines for Dental Educators,* is available from the COPDEND website (www.COPDEND.org.uk). In overview, the guidelines are organised into eight domains:

1. Educational theory and best practice
2. Learning and teaching in the workplace
3. Learning and teaching away from the workplace
4. Assessing the learner
5. Guidance for personal and professional development
6. Quality assurance
7. Management of education and training
8. Professionalism.

Within each domain, the guidelines, given as statements, are organised into four distinct zones.

Zone 1: dental educators know

This zone focuses on the knowledge components related to educator roles. For example, *Know the content of the learner's programme/curriculum, the required professional and clinical standards, and expected outcomes* (Domain 2).

Zone 2: with the dental team as learners, dental educators do

Zone 2 outlines the principal activities dental educators *do* in a direct, face-to-face educational role with learners within the dental team. For example, *Prepare appropriate learning resources and education materials (eg audio-visual aids, hand-outs, study guides)* (Domain 3).

Zone 3: with dental educators as learners, dental educators do

Zone 3 defines activities undertaken by dental educators for the development of *other* dental educators. It captures the advisory, supportive, overseeing or training activities which are undertaken by some dental educators. For example, *Advise or train other dental educators on the expected standards of professional behaviour and attitudes and how these could be achieved* (Domain 8).

Zone 4: dental educators lead

This zone comprises the leadership endeavour related to each domain. The activities listed are strategic, and reflect the appropriate culture, infrastructure, and innovation required to define a clear direction for dental education at a regional and/or national level. For example, *Lead the development of funding applications to support improvements in dental education and training* (Domain 7).

The zones act as an organising device for the activities related to different dental education roles. The focus of the statements in zone 1 is on the knowledge components related to educator roles. We anticipate that zone 2 captures the majority of dental educator roles – these are the people who are working face-to-face with the dental team learners. Zone 3 captures the trainers of the trainers, the advisory and support activities for *other dental educator colleagues* and 'overseeing' functions. Zone 4 is about strategic leadership and development.

The structure of the guidelines showing the distribution of the statements across the domains and the zones is shown in Table 1.

Seventy-nine statements is a considerable number, but there is no expectation that any one educator role would be looking to address *all* of them. It is expected that different roles will draw more heavily on some domains and within them, some zones more than others. Notably, individuals may not progress through each 'zone' over time, but be appointed to perform activities of a certain 'zone' in any given domain(s). However, they may develop additional aspects overtime and with appropriate training. In this sense the statements are developmental. There may be good reasons for appointing a candidate who does not *yet* meet all role expectations but can be seen as developing into the role over time and with appropriate further training. This is partly why this framework sets guidelines which allow local determination of essential and desirable (to be developed) requirements for different dental educator roles.

Issues raised in the consultation

The guidelines are readily available from the COPDEND website. A key purpose of this paper is to report on the process of development and a central part of that was the integration of feedback and consultation on early drafts. From the COPDEUK meeting and the online

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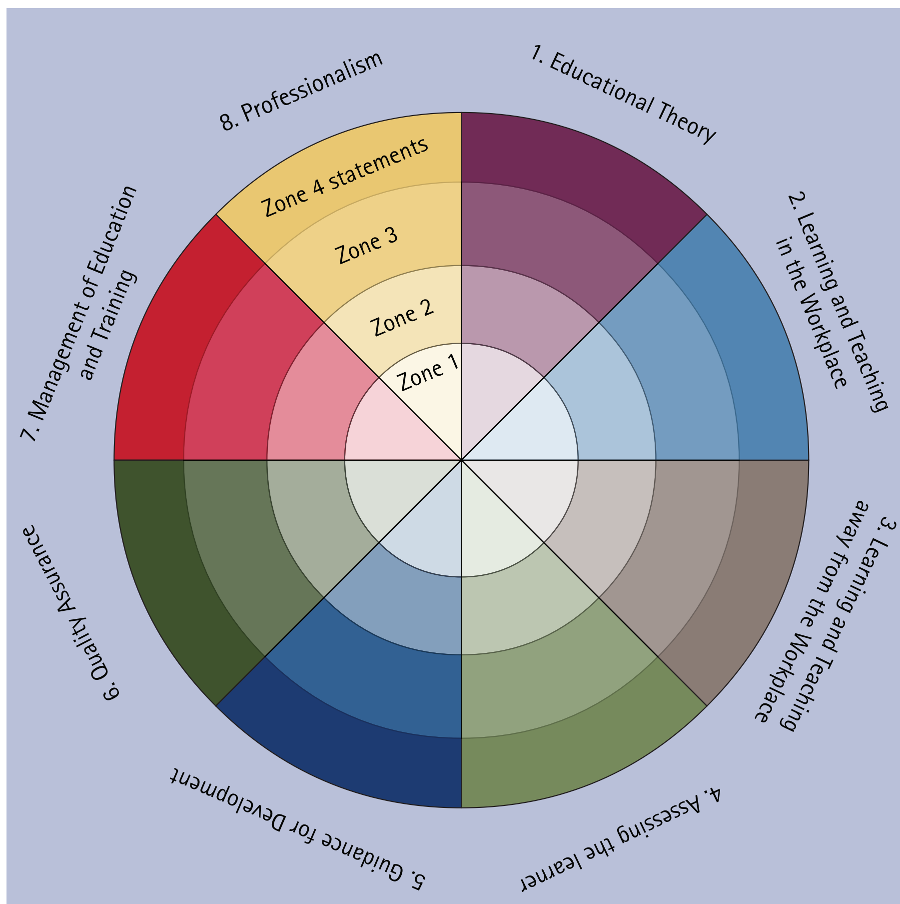

Fig. 1 A diagram for mapping job roles against domains and zones

survey, 88 completed questionnaires were received. The later formal consultation period yielded an additional 14 written responses from individuals or organisations. Although limited in number, perhaps a consequence of the earlier feedback phase, many gave fulsome responses.

All responses were carefully reviewed. Issues raised in the questionnaire feedback and the consultation were classified as either general and related to the overall structure and purpose of the guidelines, and those that were specific, referring to detail within the statements themselves. Specific items are reported only briefly here. The general issues have been grouped and reported under four themes: (1) how the zones interrelate; (2) differentiation between domains; (3) measurability; and (4) implementation challenges. These general issues and specific comments informed the revision process and strengthened the cohesion and clarity of the final version of the guidelines.

How the zones interrelate

Questions were raised about the interdependence between zones and whether zones are intended to build on one another. In the earlier feedback it was suggested that using these guidelines to establish job descriptions could limit applications to posts as some potential applicants may not yet be able to fulfil all expectations.

As noted above, individuals may be appointed to perform just certain activities related to specific domains and zones although, with training, may develop other aspects over time. Indeed, in response to a question about the necessity for an individual to be engaged with *all* the statements within a zone or *all* the elements within an individual statement, our position is that these guidelines do not *require* engagement with either all statements within a zone or all elements within a statement. The exception is zone 1 where it would be expected that dental educators would be working towards knowledge and understanding of all statements within their domains of activity. We also suggest domain 8, zone 2 should be core. This zone captures the professional values which underpin the work of all dental educators. It includes statements about adopting a positive attitude and an ethical approach to the educator role (seeking feedback on strengths and weaknesses, engaging in on-going education), and employing good communication skills.

Statements within zones 2, 3 and 4 provide indications of the key activities at these levels. By not making engagement in *all* statements within a zone a requirement, different dental educator roles can be shaped around different statements within a zone. Similarly, it is not necessary to be seen to be engaged in all the elements within a statement. However, this approach did not find favour with all: one reviewer in the consultation suggested that it becomes a 'pick your own competencies' approach. We accept that it is a 'pick your own' approach and it is up to the employer in negotiation with the educator to shape the boundaries around that mix.

The diagram (Fig. 1) can be used to map job roles against the domains. The circles are divided into eight to represent the eight domains and the domain names are indicated around the outer edge. The four circles represent the zones, with zone 1 being the inner core, though to zone 4 on the outer band. Appropriate shading of the segments in Figure 1 can provide a visual representation of how a job role maps against the domains and zones.

Differentiation between domains

A number of questions were raised about the differentiation between domains: professionalism crosses all domains and has its own domain yet leadership also crosses domains but doesn't have a separate domain. Also, there is a separate management domain although elements of management feature within zone 3 in some domains.

These points were well made and we agree that professionalism underpins all domains. However, if personal and professional attributes had been built into each domain, the document would have become repetitive. Giving it a distinct domain sends a clear signal about the importance of professionalism in dental education roles. In relation to this point, it was asked in the consultation if under-pinning values could be iterated at the outset of each domain. Our response here was to point out that much of the content regarding underpinning values is captured in domain 8 (professionalism)

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and we emphasise again that zone 2 of domain 8 forms part of a 'core for all'.

A similar approach was not adopted for leadership because leadership does not underpin all activity of every domain. It falls into a distinct zone which is concerned with defining a clear direction within each domain. We recognise that management has both a separate domain and features in other domains at zone 3. Where they relate to specific elements of a domain it makes sense to locate them within that domain. As for having a separate management domain, without it some activities, such as fair recruitment, would need to appear repeatedly. Management is a distinct domain about ensuring that systems are in place and followed.

Measurability

In the feedback process, some reviewers raised questions related to the measurability of the statements and some confusion was expressed about whether the statements were 'standards' or 'guidelines'. One asked how dental educators might be assessed and what should be done about under-performance. For one reviewer, this confusion was restated in the consultation phase where they argued that the structure suggested that the statements were competencies and thus the aim of the document is unclear.

Our response was to reiterate that these are *guidelines* for dental educators. Throughout it is made clear that the document offers *guidelines* not *standards*. The statements were not written as 'standards' or competencies where evidence could be collected to demonstrate achievement. One intention is that the guidelines can be used as the basis of appraisal and to set plans for professional development. However, a further step would be required to develop these guidelines into measurable standards against which dental educators could be assessed.

Implementation challenges

That the implementation of these guidelines may have resource implications was raised in the consultation and this is something that we recognise, for example, in terms of training and the appointment of personnel to fill gaps.

One commentator asked whether these guidelines should be for NHS funded dental educators or all dental educators; for educators of the NHS dental team or also dental practitioners outside the NHS? Our position is to recognise that the NHS provides considerable investment in the education and training of the dental team and supports a raft of NHS educators. However, a great deal of training is provided by private organisations, and dental practitioners are free to select from either source. In recognition that these guidelines should be applicable to all dental educators, the steering group recommended that specific reference to 'NHS' may limit their applicability.

A request was made for web links to relevant background documents and this is something that could be developed over time by others who put on courses in response to these guidelines.

Specific questions and comments

Some of the specific items identified in the feedback phase or consultation period can be mentioned only briefly. These included: terminology for educational activity which is <u>not</u> in the workplace, where 'research' should feature, whether the learning of practical skills is sufficiently highlighted, suggestions for additional knowledge components, inclusion of reference to the patient and educational supervisors, deleting reference to counselling and coaching and to specific assessment tools, clarification about continuing education qualifications, recognition of existing good practice, reference to educators inspiring and motivating learners, removal of specific references and suggested modifications to the wording of particular statements.

Two commentators made specific reference to the importance of the document being 'as flexible as possible to allow individual deaneries to interpret as they see fit for their own best purpose'. Another commented 'I would not like to see all the domains and subsets being imposed upon our College Tutors and Examiners'. This is in some contrast to the response from another who was critical of the document presenting 'guidelines' rather than required 'competencies' or 'standards'.

It is also important to report that most of the responses included favourable remarks, describing the guidelines as 'an extremely useful piece of work', 'comprehensive... clearly written and structured', 'an excellent document', 'a document of great clarity'. There was explicit support for the ethos of the document and its structure:

'I like the way in which the guidelines are divided into the eight domains and four zones. This is a good structure that is easy to understand.'

'I support the ethos of the document and feel it will take the provision of postgraduate education forward... The document is well structured and is logical and straightforward to work through.'

Conclusions – where next?

As they stand, these guidelines can be used in clarifying expectations of different dental educator roles; informing future training for dental educators; appraisal and shaping plans for professional development; organisational planning (mapping dental educator provision); and agreeing standards and defining competencies for different dental educator roles.

An important use of the guidelines is in the identification of development needs. Using the guidelines to inform further training can support and stimulate existing educators. Although some individuals may not yet meet all role expectations, if a pragmatic approach is adopted in the early implementation of these guidelines, the framework can be used to set aspirations. At an organisational level, the guidelines can inform the composition of dental educator teams, resource implications and strategic planning.

As developed and presented, the statements are *guidelines*. However, they could be used as the first stage in defining agreed standards, if this was desired by the profession or deemed useful at a local level to suit own needs and purposes. However, in doing so an increased emphasis on measurability should not be at the expense of the overall aim of supporting and developing dental educators. It was clear from the consultation process that the imposition of a rigid framework would not be welcomed by those who argued that it could stifle innovation and discourage initiative and individuality.

Our hope is that these guidelines will be useful to dental educators and their employers and those with whom they work. The document provides a framework of good practice for use in the employment,

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development and management of dental educators in the UK. Perhaps they are only the first stage of a move towards the development of standards. Whether standards are needed is a discussion which needs to be undertaken within the profession. Whatever the outcome of such discussion, let us not undervalue the importance of this first step. In the words of one respondent to the consultation:

'The guidelines are very comprehensive, useful and easy to read. Outlines how comprehensive and diverse, challenging and rewarding the role of a dental educator can be. Excellent for recruiting potential new educators and supporting and stimulating existing educators. Wide circulation might be an incentive to young enthusiastic graduates aspiring to the role of a dental educator'.

Once these guidelines have had opportunity to bed down, it will be important to evaluate the extent to which they are used, for what purpose and whether revisions are required. This is something we recommend should take place in 2010.

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