

# First impressions – reviewing current research on education and training

*The second article in this series from the NEBDN focuses on the research that has been undertaken regarding education and training, the barriers that are preventing dental nurses from reaching their goals, and what is needed to encourage the workforce to stay in their roles*

In our last article, we looked at how the world of dentistry is changing and we asked if dental nurses had the appropriate support to keep up with these changes. Our aim is to undertake credible research to ensure the National Examining Board for Dental Nurses (NEBDN) qualifications and training meet the needs of the evolving role of the dental nurse. Our first task was to establish what evidence already exists about dental nurses' views and opinions regarding training and education and as predicted, there is very little evidence to guide us.

## Dental nurse education and training have a proud history

Formal dental nurse training started in the 1930s at the Eastman Dental Hospital and the University of Bristol. In 1936, Mr Philip Grundy, a GDP from Lancashire, first envisaged a qualifying examination for dental nurses, and in 1943 the NEBDN held its first examination. Significant changes have taken place in the last few decades, with government funded National Vocation Qualifications and apprenticeships, as well as the introduction of statutory registration for dental nurses with the General Dental

Council (GDC) in 2008. The provision of post-registration qualifications and CPD training has also increased as dental nurses widen their scope of practice.

## Government and regulatory body statistics

According to the GDC's update in July 2014, there were 65,305 registered Dental Care Professionals (DCPs). In terms of numbers, dental nurses have been the largest GDC registerable group since their introduction to the register in 2008. In England, the average age of a dental nurse is 38.7 years, with 60.1% of dental nurses working in general practice (Robinson et al, 2010).

## Organisational surveys and statistics

A number of dental bodies have undertaken research in to dental nurse training and education over the last 10 years. In general, the statistics collected have been part of a larger survey canvassing all DCPs. The results of these studies have therefore tended to be relatively small and focused on selected membership groups.

## FGDP (UK) Dental Care Professional Learning Needs Survey 2012

The Faculty of General Dental Practice (FGDP) conducted a survey into the learning needs of DCPs (FGDP, 2012). The purpose of this was to ascertain DCP generic training needs via an online questionnaire emailed to FGDP (UK) DCP members and delegates at a number of

FGDP (UK) conferences. Although a total of 465 questionnaires were completed, only 83 were by dental nurses. The results below summarise the findings from all of the DCP groups:

- 53% are satisfied with the amount of training available
- 63% are satisfied with the quality of training available
- 59% are allowed time off to undertake training
- 41.6% are willing to pay up to £50 for a course without a qualification
- 31.2% are willing to pay up to £500 for a course with a qualification
- 29% stated that the biggest barrier to attend training is cost

Key barriers to education and training were the cost of courses, location and the inability to find cover or rearrange working hours to attend training. A blend of face-to-face and distance learning - allowing tutor contact - seemed to be the most popular training option.

Although interesting, do these results represent what dental nurses are thinking now? We are now 6 years on from registration, so has our new 'professional status' provided more opportunities for education and training?

## British Association of Dental Nurses 2012 – 2013 Salary Survey results

This annual survey is completed by BADN members and covers basic questions about dental nurses' current pay and employment status.

The results confirmed that dental nurses tend to be poorly paid, BADN

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reported that 41% of dental nurses working full time only earned between £15,000 to £20,000 per annum (BADN, 2012); these findings mirror those from the Annual Survey of Hours and Earnings publication from the Office for National Statistics, their data revealed the average dental nurse salary in the UK, in 2012 was £17,949 (ONS, 2012).

As well as identifying poor remuneration, BADN's survey also reported that nearly half of dental nurses received no financial contribution from their employer towards CPD costs.

## BDA Omnibus Survey 2009

The purpose of the survey was to ask 1,500 BDA members (all dentists) from all fields of dentistry for their views on dental nurses' education needs.

The results revealed that there was an average of 4.6 full-time equivalent dental nurses in practice. Only 8% of practices have a formal budget for dental nurse training, and 4.7% of practices had nurses working towards other qualifications (BDA, 2009).

## Academic studies into dental nurse education and training

In our previous article (Parker, 2014) we mentioned that there has been little qualitative academic study in dental nurse education and training. In a report prepared by the FGDP (UK) for the GDC by Eaton et al (2011), a team of academics were asked to establish what evidence, in terms of published scientific literature, exists to demonstrate the range of likely positive and optimum impact of CPD (and training) upon the practice of individuals within the dental team. A total of 94 papers were included in the review and graded in terms of their scientific rigor and relevance (see Table 1).

Of these 94 papers, only one (Ross and Ibbetson, 2006) was identified specifically for dental nurse educational needs and this was graded as Grade 5 in terms of strength of evidence. The authors commented, "A

**Table 1**

The grades of evidence	Strength of evidence
Grade I	Strong evidence from at least one systematic review of multiple, well-designed, randomised control trial/s
Grade II	Strong evidence from at least one properly designed, randomised control trial of appropriate size
Grade III	Evidence from well-designed trials without randomisation, single group studied pre and post intervention, cohort, time series of matched, case-control studies
Grade IV	Evidence from well-designed, non-experimental studies from more than one centre or research group
Grade V	Opinions of respected authorities, based on clinical evidence, descriptive studies or reports of expert committees

general observation was that there was a lack of solid scientific evidence from which robust conclusions can be made".

A more recent published paper on the impact of GDC registration and CPD development (Turner et al, 2012) has tried to address this by carrying out an online survey of a randomly selected sample of dental nurse GDC registrants on the subject of CPD. Similar to the FGDP (UK) survey findings, they reported that cost and distance were significant barriers to education. Only 44% of respondents stated they were satisfied with their job and some of the reasons quoted for this was: low pay; low satisfaction; poor recognition for good work; and lack of opportunity to use their abilities. Almost a quarter expressed an intention to leave the dental nursing profession and only 19% of the respondents agreed that they found it easy to take time off for CPD and training.

## Conclusion

Based on the little available research it appears that some dental nurses have felt undervalued; underpaid and not understood. The research, although not all scientific, has been describing the same image for a number of years. We think it is sad that the conclusions made in the 2006 paper by Ross and Ibbetson have not changed as much as we would have liked in the last eight years:

- Dental nursing consists of a comparatively young, predominantly

female workforce, the majority of whom do not remain in the profession on a long-term basis.

- There is little career progression, although the workforce is anxious to see this develop.
- There is a distinct lack of equity in access and funding of CPD for dental nurses.
- Arrangements for the provision of CPD are overdue and will intensify at the point of mandatory registration.
- Poor remuneration and conditions of employment play a significant role in the loss of dental nurses from the workforce.
- There is a need to encourage individuals into this profession by way of a defined career structure, as exists in medicine, with the certainty of appropriate financial reward.

I am sure you identify with some, if not all, of the above so what can we do about it? To start to make a change we need more evidence, and the only way to get the evidence is to undertake more robust, scientifically credible research, which can then be used as part of future negotiations. If we want people to start seeing who we really are then we need to start looking at ourselves.

In the next article in this series, we will continue to review the research and look to see what assumptions we can make from this.