Student Manifesto 2018–2020
INTRODUCTION

Dental students are the future of the dentist workforce. In order to continue to deliver sustained improvements in the nation’s oral health, it is vital that dentistry remains an attractive undergraduate course, able to deliver high-quality teaching that ensures graduates have the essential clinical confidence and experience they need for the world of work, and that those who are accepted onto a dental course can be confident that they will have a secure and fulfilling professional life ahead of them.

The British Dental Association (BDA) is the professional association for dentists in the UK. It represents dentists working in all spheres of practice, and also dental students studying in the UK. The BDA Students Committee includes representatives from all UK dental schools and works on behalf of students to agree and promote policies relating to dental students. This Student Manifesto sets out the relevant current policies on which the committee is campaigning.

In 2014, the BDA’s Students Committee set out its key priorities based on the issues affecting dental students at that time and the context for student dentists is no less challenging today. Nonetheless, over that period, the BDA was successfully able to prevent attempts to cut foundation dentists’ pay and, notwithstanding the 2016 shortfall, it is also welcome that in 2014, 2015 and 2017 every UK graduate was able to take up a DFT place.

Yet challenges remain across student finance, dental foundation training and in the clinical experience gained at dental school. These concerns are reflected in the BDA’s student membership survey, conducted in 2016, which found that 99 per cent of dental student respondents thought it was very or moderately important that the BDA focused on clinical confidence and experience, and 98 per cent thought the same of dental foundation training. The survey also found concern among dental students about the impact of NHS funding constraints, the growth of corporates and the UK leaving the EU on the dental profession.

In this context, this Student Manifesto seeks to address the core concerns of dental students and to highlight the potential to make changes that will improve the situation for student dentists and ultimately patients.

These policy priorities are set out in three areas:
- Clinical experience and the dental school
- Student finance
- Dental Foundation Training
Clinical experience

While a degree of variation is inevitable, dental schools should ensure that there is broad consistency in the clinical experience of dental graduates.

At present, there is divergence in the range and number of treatments performed between and within dental schools. This in part reflects the patient numbers and treatment need that present at the dental school, but there are a number of examples where dental schools have successfully increased patient numbers and maximised the opportunities to broaden the clinical experience of students within the treatments needed. Dental schools should look to share best practice of optimising opportunities for clinical experience and develop a shared expectation of the levels of clinical experience they should seek to facilitate for each student. This will help to ensure that dental students graduate with the clinical confidence they need to progress in their careers.

Academics

With dental students now paying £9,250 a year in tuition fees, it is incumbent on dental schools to demonstrate that they are providing high-quality teaching by senior and specialist academics that can justify these high fees.

While the number of dental academics has steadily increased over the last decade, the number of FTE professors, senior lecturers, and lecturers has fallen significantly since 2006. This is linked with the difficulty in recruiting and retaining staff with sufficient research backgrounds. These senior roles now account for less than two-thirds of the dental academic workforce and their number has decreased by 10.3 per cent since 2010. Meanwhile, the number of clinical teachers has expanded so that this group now accounts for the greatest proportion of the dental academic workforce. In the last year, the percentage of posts that were vacant was slightly down on the year before, but the number of vacancies in the most senior posts had increased. Moreover, 12 out of 18 dental schools reported difficulties recruiting to one or more specialty.

In order to maintain high-quality dental graduates and to ensure students receive ‘value for money’, dental schools must ensure they have sufficient senior and specialist academics to provide high quality education.

Student feedback

The overall satisfaction of dental students remains high and compares favourably with other clinical and scientific degrees. However, the National Student Survey results for BDS courses shows that there are areas for improvement, such as on assessment and feedback and the organisation of their courses. Dental schools must ensure that they use this student feedback to support improvements.

Stress

It is well known that university students experience stress and there are indicators it is on the rise. However, there is evidence that dental students can experience particular stress at particular stages in their courses, particularly regarding clinical work and onerous academic study. The BDA has undertaken qualitative and quantitative research into dentists' mental ill health and burnout and will be conducting further research into stress among dental students. All students should receive resilience training at dental school as well as advice on reducing stress.

Recommendations:

- There must be consistency in the clinical experience of dental students.
- Dental schools must ensure they have sufficient senior and specialist academics to provide high quality education.
- Dental schools must ensure that they use student feedback to support improvements.
- All students should receive resilience training at dental school as well as advice on reducing stress.
Student finance is a source of significant concern to all students and student dentists are no exception to this. In fact, given the length of their degrees, longer term lengths and having fewer opportunities for part-time work, they are likely to be even more indebted than their peers. The BDA estimates that dental students in England starting their course in 2017/18 could graduate with £76,055 of debt.

Cost of living

While the level of debt remains a significant issue, a greater and more immediate problem for dental students is the shortfall between student financial support and ever-increasing living costs, and the impact this has on students when they should be properly supported to concentrate fully on their studies.

STUDENT FINANCE

The University of Manchester and the University of Bristol have estimated the cost of living for their students to be £9,390 and £9,384 respectively and, in London, KCL estimates the living costs for its students to be around £12,000 per year. Each of these figures exceeds the total financial support available by more than £1,000 for those on the English support package and those who do not meet the means-test criteria for the maximum loan will experience an even greater shortfall. With the University of Dundee estimating living costs there to be around £7,700 and the living costs in Edinburgh around the same as in London, the level of financial support provided by the Scottish Government is similarly inadequate for students to be able to cover their living costs. The level of financial support available in Northern Ireland also leaves students with a significant gap between income and expenditure.

In Wales, the current maintenance support provision is more generous, yet a recent review concluded that this was still insufficient and that students from middle-income households are particularly under-provided for by the current arrangements. The Welsh Government is in the process of reforming its student finance system and, in deciding the level of the total support package, it must ensure that it reflects students’ living costs.

Student finance should be designed to allow students, regardless of their background, to have the financial support they need to complete their studies to the best of their abilities. However, the systems across the UK currently fail to do this and are adding to the pressure and stress that dental students experience. While increased levels of financial support would lead to higher levels of student debt, it is preferable that students have access to government student loans than need to access higher cost and higher risk commercial borrowing. Therefore, all dental students must have access to maintenance support that allows them to meet the cost of living and that reflects their longer term lengths.
NHS bursary

The overwhelming majority of dental students will go on to commit decades of their professional lives to working in the NHS and to making an improvement to the nation’s oral health. The NHS bursary plays an important role in reducing the debt burden of dental graduates, as well as recognising the future contribution these students will make to the NHS workforce. By providing additional support, the NHS bursary has also played an important role in helping to widen access to the profession and there is a risk this will be undone if the NHS bursary were to be removed.

In light of the removal of the bursary for nurses, midwives and allied health professionals in England, there is still significant concern that there is no long-term commitment to continuing the bursary for dentists and doctors. The need for the NHS bursary, and a long-term commitment to it, is only underscored by the Department of Health’s desire to become self-sufficient in its supply of clinical staff. The risks of removing the NHS bursary to workforce supply have only been emphasised by the 19 per cent fall in applications to nursing for the 2017/18 academic year. Meanwhile, in Scotland, changes to the previously-universal dental students’ bursary will mean that only those students from households with incomes below £34,000 will qualify for a grant from 2017/18 onwards.

All dental students should be entitled to an NHS bursary during their studies and all four UK governments should make a long-term commitment to provide this.

Clarity and confidence

For more than a decade, student financial support has seen repeated and significant changes made to the level of tuition fees, the level of maintenance support and the system of loan repayment. Not only has there been near-constant reform, the student finance systems across the different nations of the UK are now substantially divergent. This has created a complex picture for prospective students considering the costs of study, the level of maintenance support and bursaries they will be able to rely on, and the extent of their repayment liabilities after graduation. Moreover, individual graduates can be left owing different amounts to different national student finance agencies under different loan repayment arrangements.

There is a clear need for a long-term, sustainable settlement on student finance and the NHS bursary that allows students to apply to university with confidence in and clarity about the support available to them. All governments of the UK must jointly produce resources that allow prospective students to easily find out what support is available to them based on their residency, where and what they will study and any other criteria, and how they will be expected to repay any loans. Where possible, it should also provide information on non-governmental sources of funding, such as charitable trusts that support access to dentistry and other professions.

Loan repayment

One area in which there is particular complexity and confusion is the repayment system. Student loan repayments are income contingent rather than being directly linked to the amount borrowed. While this is intended to ensure that repayments remain affordable relative to earnings, it creates a degree of complexity that makes it very difficult for students to anticipate how much they will repay.

In addition to this, retrospective changes to the repayment terms of loans already issued only create further confusion and, more importantly, are deeply unfair. A commercial lender simply would not be able to impose unilateral retrospective changes to the conditions of a loan and the Government should not be able to do so either. The retroactive freezing of the income threshold above which repayments are made will mean graduates are worse-off by hundreds of pounds.
In England and Wales, the student loan interest rate is tied to RPI inflation plus 0.3 per cent, meaning that, unlike the pre-2012 student loans and those in place in Scotland and Northern Ireland the sum of the debt increases in real terms. The interest rate is currently set at up to 6.1 per cent, far exceeding the Bank of England base rate, which stands at 0.5 per cent, and even the interest rates of many commercial loans.

With interest rates this high on large outstanding debts, some graduates will find that, despite their monthly repayments, their total debt will increase year-on-year. This 6.1 per cent interest is applied from the initial loan payment being made to students, meaning thousands of pounds in additional debt is accrued before students even graduate. Over the loan’s lifetime, the IFS estimates that the use of RPI plus 0 to three per cent adds £40,000 to the repayments of high-earning graduates compared to an interest rate based on CPI plus 0 per cent. By way of comparison, the interest rate for English and Welsh graduates on the pre-2012 loan scheme or those from Northern Ireland or Scotland is currently far lower, at 1.5 per cent, and is calculated based on RPI or the Bank of England base rate plus one per cent, whichever is lower.

All governments of the UK should end the practice of applying interest before students have graduated, legislate to prevent any worsening of the loan terms retrospectively and ensure that interest rates are at or below inflation.

• Graduate-entry dental students should be entitled to the same overall level of student finance support as first-degree students.

Recommendations

• All dental students must have access to maintenance support that allows them to meet the cost of living and that reflects their longer term lengths.

• All dental students should be entitled to an NHS bursary during their studies and all four UK governments should make a long-term commitment to provide this.

• All governments of the UK must jointly produce information resources which allow prospective students to easily find out what support is available to them.

• All governments of the UK should end the practice of applying interest before students have graduated, legislate to prevent any worsening
DENTAL FOUNDATION TRAINING

Places
As the next step on their professional journey, it is natural that dental foundation training (DFT or Vocational Training (VT) in Scotland) would be a core concern for dental students; particularly given that 14 graduates were unable to find a training place in 2016. It is clearly unacceptable that given the personal investment in both the time and energy of the student, and the taxpayers’ money expended, that any UK dental graduate should be left without the offer of a DFT place. The departments for health must ensure that every UK dental graduate has the offer of a DFT place upon graduation.

Satisfactory completion
DFT should be a supportive period to assist newly qualified dentists to move to becoming ‘independent practitioners’ by allowing them to expand their scope of experience and settle into the profession, and should not act as another checkbox exercise. There is a risk, if it is implemented poorly, that satisfactory completion becomes a stressful additional hoop to jump through, rather than being a light-touch and supportive addition to DFT.

To avoid these problems, satisfactory completion must:

• Be standardised and consistent across all HEE local teams, deaneries and training bodies in the devolved nations.
• Be revised based on learning from best practice.
• Only lead to a foundation dentist not receiving a certificate of satisfactory completion in exceptional circumstances.

While there are over-arching principles about the implementation of satisfactory completion that can be set out now, it has only been applied in England and Wales from 2016/17 and, therefore, further research is needed to understand its impact and the experiences of foundation dentists.

Pay
Previous proposals to reduce foundation dentists’ salaries have been abandoned but concerns remain about future attempts to change aspects of the payments. DFT pay must not be cut and should increase at least in line with DDRB recommendations.

Unlike medical trainees following graduation, those completing their DFT are qualified dentists and registered with the GDC. Any cut to foundation dentists’ pay would undermine the morale and motivation of a workforce already facing prolonged public sector pay restraints.

National recruitment assessment
The national recruitment assessment must offer a fair opportunity for dental students to demonstrate skills and abilities critical to their performance as a dentist through a variety of assessment methods. Therefore, the national recruitment assessment should consist of no less than 50 per cent face-to-face communication and discussion-based assessment, in line with any relevant equality considerations.

COPDEND has suggested that it will look to alter the timing of the assessment so that it takes place in the summer following dental school finals. There has been clear and overwhelming opposition to changing the date of the assessment from dental students. The national recruitment assessment should remain in late autumn.
Recommendations

- The departments for health must ensure that every UK dental graduate has the offer of a DFT place upon graduation.
- Satisfactory completion must:
  - Be standardised and consistent across all HEE local teams, deaneries and training bodies in the devolved nations.
  - Be revised based on learning from best practice.
  - Only lead to a foundation dentist not receiving a certificate of satisfactory completion in exceptional circumstances.
- DFT pay must not be cut and should increase in line with DDRB recommendations.
- The national recruitment assessment should consist of no less than 50 per cent communication and face-to-face discussion-based assessment.
- The national recruitment assessment should remain in late autumn.
- COPDEND, if necessary through statutory formal means via Health Education England and deaneries in the other UK nations, must engage with and consult the BDA about any change to DFT.

Consultation

Across all these areas, COPDEND, if necessary through statutory formal means via Health Education England and deaneries in the other UK nations, must engage with and consult the BDA about any change to DFT. Too often, changes have been made without any, or without sufficient, consultation that have then had unintended consequences, required further revision or been reversed altogether.

The Students Committee will seek opportunities to engage with the Young Dentists Committee, the Education, Ethics and the Dental Team Working Group and the Central Committee of Dental Academic Staff on DFT and other training issues that are of mutual concern.

Study days

The concept of DFT as a programme that includes four days a week in practice and a weekly day-release course has been shown to work well over many years to ensure that transition. We are concerned about proposals that the number of study days might be significantly reduced, thus impacting both on the learning at study days and the peer support derived from the weekly events.

NOTES
1 ‘Survey of Dental Clinical Academic Staffing Levels 2017’, Dental Schools Council, July 2017
2 manchester.ac.uk/study/experience/student-life/living-costs/
3 bristol.ac.uk/fees-funding/advice/living-expenses/
4 dundee.ac.uk/study/pg/scholarships-fees/living-costs/
5 ed.ac.uk/studying/international/finance/cost-of-living
8 ‘B7 Applicants at the 30 June deadline (2017 cycle)’, UCAS, July 2017
9 ‘Higher Education funding in England: past, present and options for the future’, Institute for Fiscal Studies, 2017