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“The views of part-time clinical teachers regarding their role in undergraduate education at the University of Bristol Dental School”

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ABSTRACT:

Introduction: UK dental schools are reliant on part-time teachers to deliver the clinical educational component of the course, the majority having a background in general dental practice. Opportunities for promotion are limited, as is the support for obtaining educational qualifications. The aim of this study was to ascertain the views of such teachers at a dental school. **Materials and methods:** An anonymous online survey was used to obtain both qualitative and quantitative views. **Results:** The response rate was 80%. The School has n = 50 part-time clinical teachers, who have been teaching for, on average 10 years, and for 3.0 sessions per week. 18% of teachers are recognised specialists. 46% of respondents have a formal teaching qualification, mostly at certificate level, and 55% thought it necessary to acquire a formal teaching qualification. 88% were happy with their role as clinical teachers. **Conclusion:** This study demonstrates that despite the lack of support and prospect of career progression, the majority of part-time clinical teachers at this institution are satisfied with their role.

INTRODUCTION:

Over recent years, dental education within the UK has seen huge growth. There have been significant increases in the number of both undergraduate and postgraduate dental students admitted to UK dental schools.¹ Dental student numbers rose approximately 29% between 2002 and 2012. ² It is anticipated that student applications to Higher Education will continue to rise for the academic year 2014/2015,³ and this will be compounded by the Higher Education Funding Council for England (HEFCE) proposed 10% cut in student intake for the same academic year. Along with higher student expectations, the introduction of student tuition fees and cuts in funding, this places significant demands on university staff to deliver high quality teaching. This standard of teaching is regulated in accordance with the 1984 Dentists Act and the relevant regulations of the General Dental Council (GDC) via their guidance document *Standards for Education*.⁴ UK dental schools rely heavily on part-time clinical teachers from primary dental care to support full-time academic university staff in providing quality education to their undergraduate students. As of 31 July 2008, 6% of the clinical academic team in UK Dental Schools were Senior Clinical Teachers and 14% Clinical Teachers. This represents an approximate 9% increase from 2007.⁵ In future it will become

even more important for UK dental schools to recruit and maintain high quality clinical teachers.

Well-established career pathways exist for both full-time academic and clinical staff within UK dental schools.⁶ However, there is no established career progression pathway for part-time general dental practitioners who contribute to dental undergraduate teaching, and as such there is little scope for promotion. In the institution where the authors teach, part-time general dental practitioners are employed as either clinical teachers, clinical teaching fellows or speciality dentists. Some staff are employed by the University, whilst others are contracted by the Hospital Trust. There is no differentiation in title for those dentists who are on a specialist register. Despite the lack of potential progression and development for staff, it is the authors' experience that when part-time clinical teaching positions become available at their institution, there are numerous applications for these positions. There is obviously some driving factor for this.

AIMS:

There are varying opinions as to why general dental practitioners teach. Many of these have no evidence base, and there has been little targeted research published. Despite this lack of published material, a recent study⁷ investigated the views of part-time practitioner teachers at King's College London. One of the study's conclusions was that *"It is not known if other UK dental schools have similar experiences to report and what career structures are in place to encourage and reward teaching excellence and leadership."* This current study has been designed as a follow-up study, to explore the views of part-time teaching staff at Bristol Dental School, and to look more closely at their existing and aspired teaching qualifications, and also their views on their current position. It is hoped that the study will provide further information on issues that affect part-time clinical teachers and UK dental schools, and thus add to the debate and discussion for clinical educators from the rest of the UK.

METHODS AND MATERIALS:

The cohort (n=50) were identified from the School's list of part-time clinical teachers of Restorative dentistry, Paediatric dentistry, Orthodontics and Oral Surgery, and also those who worked at the School's Outreach Clinic. The participants were sent an invitation via e-mail to participate in an anonymous on-line questionnaire (using www.surveymonkey.com).

This questionnaire, based upon the questions used in the King's College study, had been piloted within the School in February 2014 using a sample (n=5) of part-time GDPs, and was subsequently modified before the survey commenced. Following the initial invitation to participate, a reminder e-mail was sent to the participants two weeks later. The survey was designed to provide both mixed qualitative and quantitative data, and the questions posed are displayed in Table 1.

RESULTS:

The data derived from the questionnaire are presented in Tables 2- 6. The total number of completed questionnaires was 40, which gave a response rate of 80%. The majority of the questionnaires were completed in full, although a minority of respondents did not answer all of the questions.

Results relating to the post-qualification experience, the length of time spent teaching at Bristol, the relative amount of teaching undertaken by part-time teachers within the three departments and the percentage of staff on a GDC recognised Specialist List is shown in Table 2. The main quantitative findings from this study are shown in Table 3.

The post-qualification experience of the cohort varied with 6 years being the lowest number of years post-qualification, and 45 years the highest (mean = 24 years).

The teaching experience of the cohort also varied hugely, the mean being 10 years. Some part-time staff have only been recently employed at the School, with 5% of the total cohort being within their first year of teaching. 41% of staff had 5 years or less teaching experience. Some staff however had been teaching at the School for many years.

Table 4 shows the responses (n=10) from those staff who do not have a formal teaching qualification and who express no future intentions to study for one. Nearly one-half of the part-time teachers possess a formal teaching qualification, with 43% of them having a Certificate level qualification, and 3% of them having a Diploma level qualification. No respondent currently possesses a Masters level teaching qualification.

Only 55% of respondents thought that it was necessary to acquire formal teaching skills and training in the role, and of the overall 54% of respondents who did not already possess a

formal teaching qualification, 69% were either not studying for one or had no intention of studying for one.

Table 5 shows representative responses from staff relating to the question on whether or not they thought that they were encouraged to develop their career as a clinical teacher.

Table 6 shows the respective quantitative findings for teachers expressing satisfaction or dissatisfaction with their position.

DISCUSSION:

An online questionnaire was used for this survey as it facilitated being able to survey the entire cohort of part-time clinical teachers despite them working on different days of the week, and in different departments including the School's Outreach Clinic. It also allowed the data to be collected anonymously which hopefully encouraged a better response rate than if respondents could have been identified from their responses. The anonymous nature of the questionnaire also allowed respondents to respond honestly in order to improve the reliability of the survey. Despite a relatively small survey in terms of numbers, it allowed us to collect responses from all of the part-time clinical teachers at the School, and as such build up a representative picture of the cohort. It was interesting to note that nearly half of the responses were collected the day following the sending of the reminder e-mail.

The overall response rate of 80% is very similar to that of the study at King's College, London who received a response rate of 78%. There may have been some selection bias in that those who were generally more enthusiastic about their teaching role were more likely to respond to the survey than those who were not.⁷

Compared to the cohort at Kings College, Bristol has a higher proportion of staff having been employed for more than 10 years (36% compared to 26%), and there is an even greater difference when focusing on those staff who have been teaching for more than 15 years (26% compared to 3%). The longest serving clinical teacher has been employed on department for 32 years.

The mean number of sessions spent teaching at Bristol was 3.0, which is very similar to the 1.3 days spent teaching by staff at Kings College. The most popular amount of time to spend teaching each week was 2 sessions (54% of respondents). This is not surprising as the vast

majority of part-time clinical staff are also general dental practitioners and so have to balance their time between teaching and the running of their practice. It is likely that many part-time teachers could not afford (both financially and in terms of provision of patient care) to spend longer away from the practice. Only a minority (19%) of part-time clinical teachers taught a single session in the week. We can speculate that this is due to it simply being non-viable to travel to the School for a single session of teaching, particularly when many practitioners have a large distance to travel.

Part-time clinical teachers within the School contribute the equivalent total amount of direct teaching to 20.4 full-time staff (based on a job-planned Lecturer who delivers, on average, 5 teaching sessions per week). However, it must be remembered that academic lecturers are not only involved with direct clinical teaching of undergraduates – they will also have roles in assessment, curriculum planning and management, which are all directly related to ‘teaching’. Thus if we only focus on the direct ‘face-to-face’ direct delivery elements, we overlook all other central elements of teaching. The replacement of full-time academic lecturers with part-time teachers will not cover all aspects of the role, and so this figure of ‘20.4 full-time staff’ equivalent is misleading. There is also an argument that employing more full-time staff, rather than part-time, would ensure that more comprehensive teaching was delivered to undergraduate students. It would be expected that full-time staff would have greater knowledge of the curriculum, teaching material and assessments, for example, and provide greater continuity of teaching. Despite these limitations of employing so many part-time staff, it must be remembered that part-time clinical teachers generally have great experience of dentistry in the primary care setting, which is where the majority of qualifying dental students will go on to practice. They can bring a wealth of information to the undergraduates, often providing a balanced, pragmatic viewpoint, and an understanding of current NHS regulations. They often think of their job as ‘at the coalface’ and see their position as one who helps students by example and as role models.⁸ Some also have the advantage of being Foundation Trainers and are thus able to bridge the gap between Dental School and general practice.

18% of part-time clinical teachers in this survey are recognised by the GDC as specialists in one or more of the component specialties. However, those teachers who are a single restorative component specialist often have their skills under-utilised, and are employed as

'generalist' clinical teachers. It would not be unusual, for example, to find that a recognised endodontic specialist is asked to supervise a clinical group of students carrying out periodontal treatment. It is suggested that better timetabling could enhance student learning by drawing on these specialist skills and knowledge.

When asked to rank the main reasons as to why part-time clinical teachers chose this role, the choices of 'vocation', 'having professional contact with colleagues' and 'contact with students' were the responses that were ranked highest most often. The highest ranked response of 'vocation' by 33% of respondents was reassuring, implying that the majority of part-time clinical teachers *want* to teach rather than *need* to teach. This would give support to the King's College study who also reported that 'vocation' was the prime reason for working within the department. Interestingly, only 9% of part-time staff at Bristol ranked 'career development' as their main reason, compared to 32% of respondents at King's College. This is most likely due to the lack of a structured career pathway and lack of opportunity for progression within our own institution. Only 3% of respondents reported that 'remuneration' was their main reason for teaching.

Only 55% of respondents felt that it was necessary to acquire a formal training qualification, and the responses can be categorised into three themes of "Not needed", "Lack of time/money" and "Age". This figure (55%) is much lower than the figure reported in the King's College study (97%). It is suspected that the main reason for this is the higher number of part-time staff in Bristol that have been teaching for a long period of time, compared to the number at King's College. This is backed up by the number of respondents who thought that age was their main barrier. Coupled with this, only 60% of respondents replied that they were positively encouraged to develop their career as a clinical teacher, and these qualitative responses are shown in Table 5. This marked split between those who feel encouraged and those who do not feel encouraged may be due to their methods of employment. For University employed part-time teachers, there is little opportunity for formal training, nor is there any funding available to support them. However, for part-time staff employed by the Hospital Trust, funding is available to support them via participation in a Postgraduate Certificate in Teaching & Learning for Healthcare Professionals programme, which is mapped to the UK Professional Standard Framework in accordance with the guidelines from the Higher Education Academy.⁹ It is disappointing that the

University provides less financial support than the Hospital Trust for part-time clinical teachers.

Reassuringly, 88% of respondents reported that they were happy with their role as a part-time clinical teacher, and 73% of respondents saw part-time clinical teaching as a long-term career option. The respondents who were happy had predominantly worked in the School for a significant number of years (mean = 11 years) compared to those who were unhappy who had worked for a shorter period of time (mean = 4.6 years). This is in direct contrast to the result of the King College, London study who stated that those respondents who claimed to be dissatisfied had spent, on average, longer teaching in their departments. Despite the lack of structured career pathway and lack of opportunity for progression, the majority of staff were satisfied with their position, which does not support the reports of others.¹⁰ Reported satisfaction amongst respondents may be affected by a number of factors, and it could be expected that the experience of working in different dental schools would affect the reported satisfaction rates¹¹. It may be difficult to draw more widespread conclusions from this apparent difference on the basis of two studies alone. However, several of the staff have been involved in teaching for many years and do not need to remain involved in teaching for financial reasons¹². It would be expected that those longer serving staff members have remained because they enjoy the experience of working within the school. Similar differences in reported job satisfaction are also seen in studies looking at dentists' job satisfaction in a wider context^{11, 12}.

CONCLUSION:

This study found that the majority of part-time clinical teachers were happy with their roles within Bristol Dental School and also saw part-time clinical teaching as a long-term career option. A significant number of staff continue to teach for many years which is in contrast to the findings in other UK schools. Most staff view their job as a vocation and are also motivated by their contact with fellow staff and students. They are not motivated primarily by remuneration. Sadly, there remain insufficient opportunities for career progression and an inequality of development opportunities between NHS and University employed staff within this institution. This is a subject that needs addressing as it may be difficult to

maintain teaching standards when there is high reliance placed upon part-time teachers, some of whom have difficulty accessing appropriate relevant educational training have little in the way of career pathway.

This study was conducted as a follow-up to a recent study⁷ at King's College, London, and as such, the broad findings are very similar. Although the focus of our own study is similarly limited to a single institution, we hope that it adds to the overall body of knowledge about this vital group of dental educators in the UK.

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Table 1 The questionnaire used in the survey

What year did you qualify as a dentist?

How long have you been teaching in the department?

How many sessions do you work on the department each week? (1 day = 2 sessions)

Are you on a recognised GDC specialist list (Y/N)?

Are you content with your position as a part-time clinical teacher (Y/N)?

If so, please explain why you are content with your position. If not, please explain how this could be achieved.

Do you see this as a long-term career for you (Y/N)?

If so, please elaborate why you see this as a long-term career for you. If not, please explain why you see this as only a short-term career.

Please rank in order of importance why you chose to teach in this department (1 = most important, 7 = least important)

Remuneration/Status/Lack of current career direction/Keeping up-to-date/Professional contact with colleagues/As a vocation/As part of your general career development/Contact with students

Are there any other reasons?

Do you have a recognised teaching qualification?

No/Yes (Certificate level)/Yes (Diploma level)/Yes (masters level)/Yes (other)

Do you feel it is necessary to acquire formal teaching skills and training in your role (Y/N)?

Are you positively encouraged to develop your career as a clinical teacher (Y/N)?

If so, please explain how you are encouraged to develop your career as a clinical teacher. If not, please explain why you feel that you are not encouraged to develop your career as a clinical teacher.

If you do NOT currently have a teaching qualification, are you studying for one, or planning to study for one?

Yes/No/I already have a teaching qualification

If you answered 'No' to the above question, please explain your reasons for this

Table 2 Cohort structure and identification of key teaching attributes

Mean number of years post-qualification	24 (range = 6 – 45, mode = 38)
Mean number of years teaching experience at the School	10 (range = 1 – 32, mode =6)
Mean number of sessions teaching per week at the School	3.0
Staff on a recognised GDC Specialist list	18%

Table 3 Main quantitative findings of the cohort

	Quantitative findings (%)
'Seeing this as a long-term career'	73
Main reason for teaching in the school (% of respondents ranking top response)	
As a vocation	33
Professional contact with colleagues	27
Contact with students	24
As part of your general career development	9
Keeping up-to-date	3
Status	3
Lack of current career direction	3
Remuneration	3
'Having a recognised teaching qualification'	
Certificate level	43
Diploma level	3
Masters level	0
Other	0
'Feel it is necessary to acquire formal teaching skills and training in the role'	55
'Positively encouraged to develop your career as a clinical teacher'	60
'Studying for, or planning to study for a teaching qualification?'	
Yes	17
No	37
Already have a teaching qualification	46

Table 4 All responses (n=10) from staff not possessing a formal teaching qualification and who have no intention of studying for one

Theme: "Not needed" (n=3)
"Not needed for a clinical situation."
"If you have high clinical skills and can communicate one to one in the clinic you don't need to add a teaching qualification to your dental qualifications and hard won experience. Mere possession of impressive educational qualifications but a lack of clinical skills does not add up to a lot of use to a school of dentistry."
"If my role as a specialist supervisor required this"
Theme: "Lack of time/money" (n=4)
"Lack of time, busy in my own practice and home life."
"Time! Juggling a family, CPD, a busy partnership in practice along with teaching commitments at the dental hospital, governorship at a grammar school and a foundation trustee. Along with my number of years of experience in a teaching role I hope I deliver an excellent product which I am always looking to improve. My feedback as far as I am aware is always very positive."
"Cost and time."
"While running a practice, teaching one day a week, having a young family and other regular commitments mean that I would prefer to do a qualification at a later date when it is necessary to do so"
Theme: 'Age' (n=3)
"If I was younger I would."
"Have been taught it as an apprentice and I am due to retire soon."
"Near retirement and would not find it any benefit."

Table 5 All responses (n=19) relating to being encouraged to develop their career as a clinical teacher

Those encouraged (n=9)
"Supported in completing TLHP cert, but by NHS Trust rather than University, which I believe is wrong"
"Head of department very keen on completing formal teaching qualification and funding available through SAS fund"
"Through TLHP and academic teaching meetings"
"Attendance of specialist courses. Watching other experienced teachers teach."
"Well encouraged as part of appraisal but not necessarily much further than current position and not to stop general practice to become full time clinical teacher."
"I have received support to achieve PGCE I have been given additional roles to expand my breadth of teaching"
"Teaching at the hospital highlights areas where my knowledge base is deficient. Also speaking to clinicians who are on specialist registers or who have different skill sets stimulates you to acquire these skills (or attempt to!) and go on different postgraduate courses."
"Encouraged by other members of staff, doing short teaching courses showed the benefit of more in depth teaching knowledge, positive student reaction also encourages me to do more in this field as they seem to really appreciate the teaching and time they receive."
"Annual appraisals usually encourage me to continue in my studies and to stay involved with teaching, both undergraduates and DCPs."
Those not encouraged (n=10)
"Development has not been something I've noted since commencing my present role in 1993 but I don't consider this an issue. If student feedback suggested I could improve my teaching I would consider further training. I've no idea why training has not been suggested to further my career. I'm not aware career progression was possible."
"I am given time in my working week to develop my teaching however I have not had much financial support from the university to further my teaching qualifications"
"Little opportunities are offered along with time constraints"
"Over my 4 years it has been asked if I have teaching qualifications and I have attended the day teacher training put on by BDH. But other than that it has not been mentioned. I'm not that concerned either way."
"I have carried out my teaching training for my role at FD1 trainer, although this was added on to an original teaching qualification I already had, one which I did in my own time in 2000 for a role teaching on a dental nurse course. I do not believe that there has been any input from anyone within BDH for me to continue with my teaching training - if I did so it would be because I sourced it and followed it through."
"Probably because I was an academic at Bristol previously and having done it for many years there is little more development possible"
"Development has not been something I've noted since commencing my present role in 1993 but I don't consider this an issue. If student feedback suggested I could improve my teaching I would consider further training. I've no idea why training has not been suggested to further my career. I'm not aware career progression was possible."
"Supported in completing TLHP cert, but by NHS Trust rather than University, which I believe is wrong"
"My job title (a long time ago) was "demonstrator". This I feel is still the most accurate definition as I show the student how to carry out clinical procedures and develop their clinical skills on live fellow humans. This cannot be done in the lecture theatre, the seminar room or the laboratory."
"Department is very supportive. Career development is difficult as emphasis is placed largely on supervising students. More structured staff peer review and development sessions would be desirable which may necessitate cancelling clinics"

Table 6 Respective quantitative findings for teachers expressing satisfaction or dissatisfaction with current position (n = 33)

	Teachers seen as overall satisfied	Teachers seen as overall dissatisfied
Prevalence	88%	12%
Mean post-qualification experience	22.7 years	24.3 years
Mean number of years teaching	11 years	4.6 years
Mean number of sessions teaching per week	2.8	2.0