# Research carried out into the Overseas Registration Examination

<table>
<thead>
<tr>
<th>Purpose of paper</th>
<th>To present research about the Overseas Registration Examination (ORE) and gain Council's agreement to publish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
<td>For approval to publish the research</td>
</tr>
<tr>
<td>Corporate Strategy 2016-19</td>
<td>Professionals – Objective 1: To gain a full understanding of the implications for dental professionals and current dental practice of the regulatory decisions we take.</td>
</tr>
<tr>
<td>Business Plan 2017</td>
<td>2017 Initiative one: Develop and put in place a Research and Evidence Strategy</td>
</tr>
<tr>
<td>Decision Trail</td>
<td>The research was commissioned by the Overseas Registration Examination Advisory Board and discussed at its meetings in June and September 2016. It was considered by the PRB in February 2017 and the Board requested that an action plan be developed prior to publication.</td>
</tr>
<tr>
<td>Next stage</td>
<td>Publication, if agreed.</td>
</tr>
<tr>
<td>Recommendations</td>
<td>The Council is asked to:</td>
</tr>
<tr>
<td></td>
<td>• consider the findings from the reports</td>
</tr>
<tr>
<td></td>
<td>• consider the action plan</td>
</tr>
<tr>
<td></td>
<td>• consider the recommendations for publication, communication and dissemination of the research.</td>
</tr>
</tbody>
</table>
| Authorship of paper and further information | Janet Collins, Head of Standards  
020 7167 6042 jcollins@gdc-uk.org |
| Appendices       | Appendix 1: Research Report: Survey of ORE qualified dentists  
Appendix 2: Research Report: ORE Stakeholders  
Appendix 3: Action plan  
Appendix 4: Article published in the BDJ, September 2016  
Appendix 5: OREAG Terms of Reference |
1. Executive summary

1.1 This paper summarises two research studies into the Overseas Registration Examination (ORE):
   - a survey of ORE-qualified dentists to find out about their search for employment and where they are working, and
   - qualitative research carried out by the Work Psychology Group into the experiences of those working with and supervising ORE graduates.

1.2 The survey found that over 70% of successful ORE candidates were employed as dentists but many had struggled to find a vocational training equivalence (VTE) place, with 64% taking over six months to secure a place and 21% taking over a year. In the open comments, some reported their view that they had been treated unfairly by employers.

1.3 In the qualitative research stakeholders working with ORE qualified dentists were interviewed to explore their perceptions of the ORE qualified dentists’ performance. The research found that stakeholders viewed the clinical and professional skills of ORE qualified dentists as being generally strong, while some development needs were identified in communications skills, including listening, challenges in gaining consent and explaining complex treatment plans and associated risks.

1.4 The research was considered by the Policy and Research Board (PRB) which suggested that it should be accompanied by an action plan covering the issues raised, both where they are for the GDC and where they would require input from other bodies. The paper therefore also describes actions which have been or will be taken based on the findings and seeks Council’s agreement to the publication of the research. The actions suggested are based on patient protection (in relation to the content of the examination and communication issues), on the principle that we should share our findings with others and on our public sector equality duty to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out our activities.

1.5 The Chair of the OREAG, Vince Bissell, will be at the Council meeting to answer any questions.

2. Introduction and background

2.1. The GDC Roadmap 2016-19 highlights the role of evidence and research and notes that actions put in place to achieve the four main aims of the roadmap will be based on evidence. The Evidence and Research Strategy (presented to Council October 2016) includes an objective to “undertake research to inform our approach to education policy, quality assuring the education and training of the dental profession”.

2.2. The Overseas Registration Examination (ORE) is a statutory examination, introduced in 2008 as a replacement for the previous version known as the International Qualifying Examination (IQE). Dentists who have graduated outside the EEA and who pass the ORE are able to register as dentists in the UK. The examination is overseen by the ORE Advisory Group (OREAG), whose role is to provide expert advice to the GDC executive on the academic quality assurance of the ORE, the development of the examination and the recruitment and appraisal of External Examiners. The Group is supported by members of the Registration team.

2.3. Historically there has been relatively little evidence about what happens to ORE graduates after qualification or about their performance once registered. Consequently, the OREAG
commissioned two research projects in Q2 of 2015 to contribute to the evidence base about the ORE. The research comprised:

- a survey of ORE qualified dentists to find out about their search for employment and where they work. The findings from the survey informed the qualitative research (see below); and

- qualitative research for an external research agency to gain in-depth insight from a range of dental stakeholders involved in supervising the practice of ORE graduates and working with them.

2.4. This paper summarises the key findings from the survey, provides comments from the OREAG on the implications of the report and sets out an action plan and recommendations for publication, and dissemination.

3. Survey of ORE Qualified Graduates

3.1. A quantitative survey was carried out in November and December 2015 with the 1,106 dentists who passed the ORE between 2009 and 2014 and were on the GDC register. Responses were received from 465 ORE graduates (response rate 42%). Respondents originated from 40 different countries, although 67% received their primary qualification in India or Pakistan. 77% of respondents were female.

3.2 The survey included closed and open questions - statistics are presented for the closed questions and key themes identified for the responses to the open questions. Where findings refer to ‘many’ or ‘some’ this reflects the language in the research findings to open question responses.

3.3 The questions in the survey covered the following areas:

- employment status;
- where graduates worked and in what type of practice;
- career paths;
- experience of working since passing the ORE.

Key findings from the survey are summarised below. A report of the research is attached as Appendix 1.

3.4 71% of respondents were working as dentists, 8% were working outside dentistry and 14% were not in paid employment. Most of those working as dentists were in general dental practice, 48% in independently owned practices and 39% in corporates. In terms of the type of care they were providing, 80% of those working as dentists provided a mixture of NHS and private care, 11% provided private care only and the remaining 9% NHS care only. For comparison, our most recent data on dentists (from late 2013) showed 58% providing NHS and private care, 17% providing only private care and 25% only NHS care.

3.5 The survey included an open question asking whether there were any barriers that were faced in the UK as an ORE candidate, focusing on three areas:

- in gaining, or trying to gain, employment;
- after starting employment as a dentist; and
- that they continue to face in employment.

3.6 In terms of key themes, a number of respondents did not report any barriers in finding employment, while others made positive comments about how the ORE had equipped them for work.

3.7 However, there were also negative comments, with some respondents encountering problems in more than one area. The open question format meant that some respondents did not
restrict their comments to these areas but also made general comments. The key themes are set out below.

VTE places

3.8 The most commonly cited barrier was finding a VTE place. There was a widely held view that ORE graduates struggled to find a place and that there were too few places available. Survey respondents also felt there was a lack of support and information about finding places. Some stated that finding a place was harder than passing the ORE.

Unfair treatment

3.9 Some graduates cited unfair treatment by employers. Some responses showed that ORE graduates felt that they were not treated fairly, were treated differently from UK and EU trained dentists and felt vulnerable to poor – even illegal - treatment, such as the female dentist who reported being told by her employer that she must not get pregnant for at least 18 months. They felt that private dentists prefer UK experience and that this disadvantaged overseas graduates. For some this meant having to accept unpaid work, pay for their own VTE or being paid lower rates than other dentists which made them feel exploited.

Impact on personal life

3.10 A significant proportion of participants commented on the negative impact the stress of the examination process and/or the lack of employment opportunities and/or unfair employment practices were having on their life, including feeling disheartened and stressed.

Suggestions

3.11 As part of their comments, respondents to the survey made some suggestions about action which they thought the GDC could take to assist ORE graduates once they have passed the exam.

These included:

- Information: providing more information/warnings about what to expect after passing the exam (visas, employment opportunities);
- VTE: better signposting for VTE placements, standardising the recruitment process for placements and better wages;
- Unfair treatment: signposting help for those facing unfair treatment in employment;
- Equality and Diversity: educating the profession in terms of working with registrants from another country;
- Employment standards: creating standards about hiring ORE dentists and policies on equality/ exploitation; and
- Awareness - increasing awareness of the ORE exam and the capabilities of its graduates within the dental sector.

Our response to these suggestions are set out in the Action Plan at Appendix 3. Where the concerns raised are not within, or solely within, our remit, the Action Plan suggests how we might highlight the issues and raise awareness of the concerns with organisations who may be better placed to deal with them (for example, the BDA in relation to conditions of employment.

4 Survey of ORE stakeholders

4.1 This project began with a rapid literature review of the evidence from dentistry and other healthcare professions about the factors that could affect ORE qualified dentists. The findings were used in designing qualitative depth interviews carried out with 21 stakeholders working
with ORE qualified dentists, including dental trainers, clinical directors and practice managers. The research was carried out by the Work Psychology Group between April and June 2016. The small sample size and nature of this research means that some caution should be exercised in interpreting the findings.

4.2 The interviews focused on gathering perceptions about the performance of ORE qualified graduates based on the four domains outlined in ‘Preparing for Practice’ (Clinical skills, Communication, Professionalism and Management and Leadership) and asked interviewees to identify areas of strength and areas for development. The report of the research can be found at Appendix 2.

4.3 The research found that in clinical skills, ORE qualified dentists were generally both knowledgeable and skilled, with few development needs.

4.4 The area where most development need was identified was communication. The main issues highlighted were around language and culture, including listening skills, challenges in gaining consent and explaining complex treatment plans and associated risks.

4.5 Cultural issues included differences in the status accorded to health professionals in overseas and UK contexts, cultural norms around the status of men, women and children that influence communication styles and the non-verbal communication styles of patients. However, it was noted that these issues were not unique to ORE graduates and were also found with some EEA graduates.

4.6 The professionalism of ORE graduates was generally perceived as high. They were seen as very motivated, diligent and organised in relation to learning and development. Some interviewees did identify areas for development, including seeking advice, personal accountability, practical professional skills (such as timekeeping) and record keeping.

4.7 Perceptions of management and leadership skills was mixed. Some of the issues highlighted for development were working in multi-disciplinary teams, attitudes to teamwork and referrals.

4.8 Some issues were also highlighted that could be considered for inclusion in the exam itself. These were:

Clinical:
- Taking radiographs, assessing their diagnostic quality and interpreting the findings;
- Choice of dental materials and types of available clinical instruments.

Communication:
- Obtaining consent and the principles surrounding this.
- Communication skills focussing on empathy and building rapport;
- Patient consultations where the dynamic of the communication is changed by the presence of a husband or male relative;
- Consultations involving nuances of language;
- Consultations where the subtleties of body language have to be interpreted;
- Consultations involving anxious patients;

Professionalism:
- Emphasis on record and note keeping in UK practice to prepare ORE graduates for the standards expected in the NHS
- Awareness of and approaches to seeking advice
Management and Leadership:
- Approaches to referral patterns so that ORE qualified dentists can approach UK practice with a full understanding of standards regarding referrals.
- Increasing awareness of UK dental team structures (i.e., the roles of other members of the dental and other healthcare teams) as well as wider UK social structures (i.e., the absence of hierarchies) to support multi-professional working.

5 OREAG response to the findings

5.1 Details and progress of this research were reported to PRB at the June 2016 meeting. The findings from the research were considered by the OREAG at its meetings in June and September 2016. The Group asked for the research to be considered by the PRB and was asked to provide comments to accompany that consideration. It made the following points:

Survey of ORE Graduates

a. Some of the issues raised about skills and abilities would be picked up by the OREAG as part of the contract re-negotiation for the provision of the exam (see paragraph 6.1 below).

b. OREAG has recently published a paper in the British Dental Journal to inform the profession about the principles of the examination and its quality assurance, with a view to raising awareness in the profession.

c. The OREAG suggested the GDC consider how it responds to the data emerging from the study in relation to professionalism and was of the view that some of the issues raised go far beyond the remit of the OREAG and the GDC.

Research with ORE stakeholders

d. OREAG views the evidence from the study as providing a very positive indication of the validity of the ORE as a means of assessing the work readiness of overseas-qualified dentists wishing to work in the UK. However, they noted that the small sample size meant that there should be caution in interpreting the finding. They also note that the research does not allow for comparison with the performance of UK Dental School BDS-qualified dentists.

e. The OREAG supports the view that both research studies should be disseminated to a wider audience as a peer-reviewed article in a suitable academic journal and also agrees that both studies should be shared with other professional organisations such as the BDA.

6 Subsequent findings and further action:

6.1 As the OREAG noted, while ORE graduates were seen by the stakeholders who responded as being clinically sound, there is no evidence as to whether there are significant differences between them and UK graduates or EU graduates. We are already planning to carry out research into the skills and abilities of new graduates (beginning later this year) and will extend the scope that work to establish comparisons. Action beyond that will depend on the findings.

6.2 The content of the examination was discussed with the providers as part of the contract renewal in 2017. The OREAG wanted to ensure that the examination has been developed to expand its coverage to the full range of outcomes in Preparing for Practice (it was previously mapped against The First Five Years). The Group is confident that the areas identified for possible improvement by the stakeholders can be addressed via further development of the examination. See the Action Plan at Appendix 3 for more information.

6.3 Communication skills – Candidates for the ORE are required to demonstrate their competence in English as part of registering to take the exam. They do this by achieving specified levels in independently assessed testing systems such as IELTS or by providing other evidence. At this
meeting, the Council will also be considering a paper on the review of English Language Controls following the extension of those controls to applicants from the EU in 2016. The evidence set out in that paper shows that the majority of applicants for the ORE still chose to demonstrate their competence in English via the IELTS (55% of the sample), although 20% had chosen to do so via the newly-introduced criterion of having a primary dental qualification which had been taught and examined in English. It also shows that there has only been one significant sanction imposed on a registrant for lack of fluency in English and that person had not come onto the register via the ORE.

6.4 The ORE research was carried out before the change to the legislation but, while that makes it likely that a significant majority of the ORE graduates would have sat IELTS, we cannot tell that for certain, nor can we distinguish in the sample between those who had and those who had not.

6.5 Providing support to registrants new to UK practice was one of the issues considered in the development of *Shifting the Balance*, which includes the following: “New registrants who have undertaken their training outside the UK may face specific challenges in their transition to working here. These may include understanding the workings of the NHS and contracts, adapting to different patient expectations or different ways of working within a dental team. We are considering the role we should play in assisting these registrants in overcoming such challenges and helping to ensure that avoidable problems for patients or registrants do not arise.”

6.6 As part of the further work on the *Shifting the Balance* proposals, we are exploring ways in which this could be done, including the provision of more information on our website, the development of other materials and the possibility of running sessions for dental professionals new to the UK (similar to the GMC’s ‘Welcome to UK Practice’ sessions).

6.7 It appears that the communication issues identified in the OREAG research are more to do with wider communication skills than with language proficiency. Matters such as the need to fully explain treatment options and the need to listen to the patient can be addressed to some extent via the ORE but should also be included in any ‘welcome to UK practice’ offering and supported via the VTE year, while more general issues such as differences in attitudes to healthcare professionals and aspects of professionalism would be better suited to the latter. (Building on this, individual needs should subsequently be identified and addressed via mentoring, appraisal and reflective practice).

6.8 We will also continue to monitor the development of the Faculty of General Dental Practice’s clinical language competence test which aims to test language skills needed in practice rather than general competence in English. The test could be added to the list of routes open to ORE candidates to prove their linguistic proficiency.

6.9 Management and leadership – issues with teamworking and treating all colleagues with respect have been raised with us in another context not related to the ORE. We are already in the process of producing some articles for dental journals on multi-professional practice and the importance of teamworking. We can also include this information in the registrant newsletter as that goes to everyone. Welcome to UK practice provision should also include teamworking.

6.10 Since this research was carried out, we have received the findings of the FtP data analysis conducted by Peninsula. Those findings show that, when the data is analysed by ‘route to registration’ (UK qualified, EU qualified, ORE graduates), ORE graduates are under-represented at all stages of the FtP process when considered against the numbers on the Register and are also the least likely to feature in the process. This would suggest that any issues which are found are not serious and/or are being handled through local supervision.
6.11 A number of comments from ORE graduates included terms which are a cause for concern, including unfairness and exploitation. The OREAG has already published an article in the British Dental Journal\(^1\) (see Appendix 4) describing the principles of assessment used to ensure that the ORE is robust but fair and the steps taken by the Group to assure its quality, with a view to raising awareness of the levels of knowledge and skill which ORE graduates have to demonstrate.

6.12 We will share the concerns raised by ORE graduates with relevant bodies such as the BDA and the health education bodies.

6.13 The draft GDC Equality, Diversity and Inclusion Strategy objectives which touch on registrants as well as objectives for the GDC, including:

- Reinforce the importance of registrants addressing EDI in the workplace through implementation of our standards;
- Registrants believe that we conduct our work fairly;
- Analyse profiles and demographics of new registrants and those in fitness to practise procedures to identify trends, inform future guidance and communicate messages to the profession; and
- Understand the diversity of our registrants and the implications of this for our work as a regulator.

Implementation of the strategy will provide opportunities for the GDC to share messages with registrants about the importance of these issues and to monitor progress.

7 **Publication, Communication and Dissemination**

7.1 One of the objectives of the GDC’s evidence strategy is to ensure that our research is transparent and accessible. The strategy makes a presumption in favour of publication and notes that we should use, publish and disseminate findings.

7.2 The research will be of interest to a range of stakeholders (for example, employers, NHS Deaneries and the British Dental Association), some of whom will be in a position to take action with us.

7.3 As a result, it is recommended that the research reports are published on the GDC website as the next step in the action plan. We will also proactively share the research and the plan with partner organisations in the course of setting up round table discussions to address the concerns.

8 **Recommendations**

8.1 The Council is asked to note the research and action plan and to agree that they should be published on the GDC website and used to raise awareness of the issues.

9 **Appendices**

Appendix 1: Research report. Survey of ORE Graduates

Appendix 2: Research report for the ORE Stakeholder Research (Work Psychology Group)

Appendix 3: Action plan

Appendix 4: BDA article, September 2016

Appendix 5: OREAG Terms of Reference (for information).

\(^1\) The Overseas Registration Examination of the General Dental Council; Bissell et al, British Dental Journal Volume 221 no. 5, September 2016