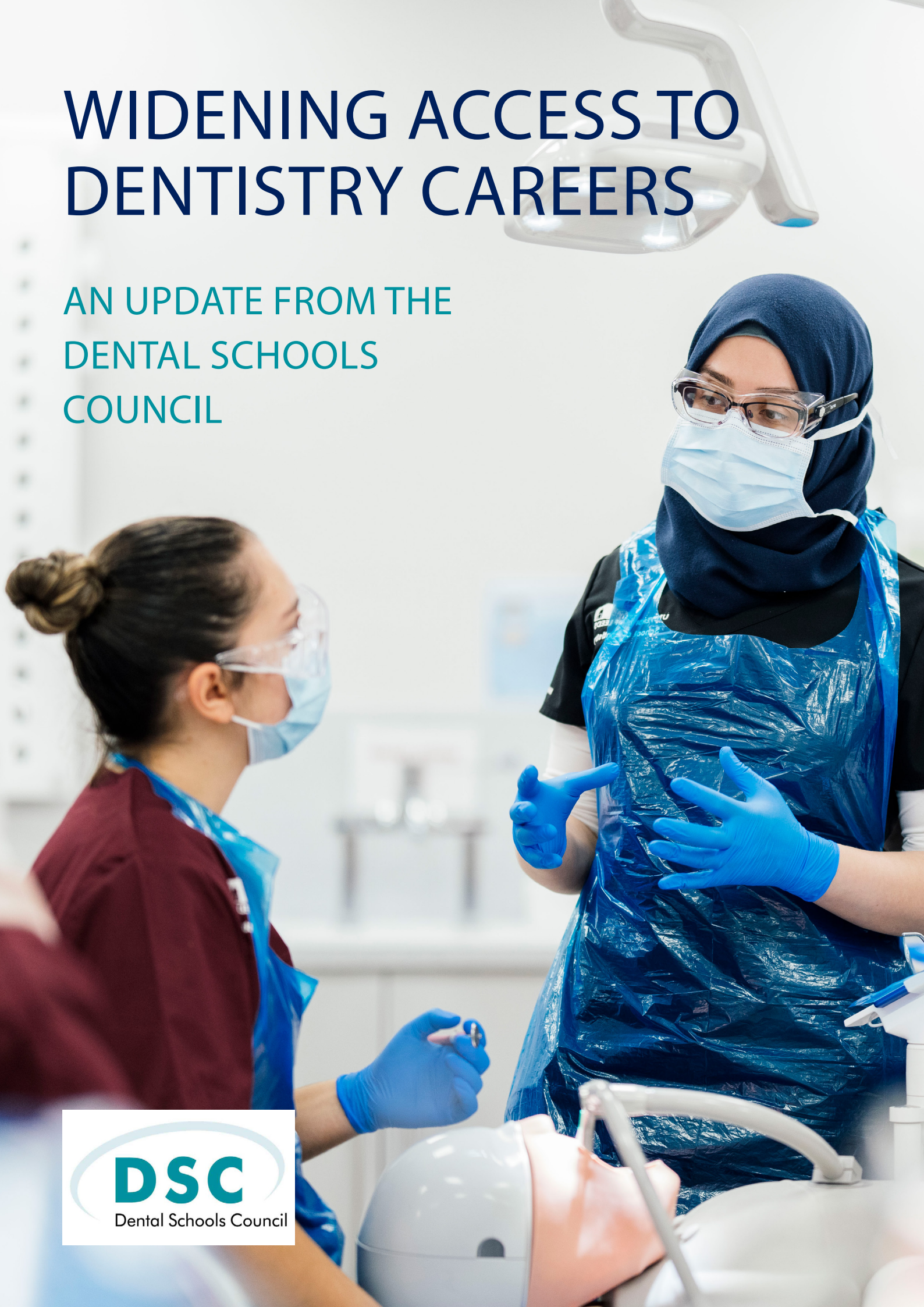
WIDENING ACCESS TO DENTISTRY CAREERS

AN UPDATE FROM THE DENTAL SCHOOLS COUNCIL



DSC
Dental Schools Council

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Background

Why does widening participation matter? What does it mean? What do we use the definition for?

The Dental Schools Council (DSC) is committed to advancing equity, diversity and inclusion in dental education. A diverse workforce improves research, innovation, patient care, public trust and access to treatment. Moreover, there is a need to attract talent from all backgrounds to address regional disparities in oral healthcare supply.

In recent years, significant progress has been made by UK dental schools in widening access and participation to students from under-represented backgrounds. However, barriers remain, and specific actions are still needed to increase the proportion of students recruited from under-represented groups. Best practice approaches will aim to simultaneously increase the numbers of WP students applying to dental schools (*attraction*); increase the rates of success with the processes used for selecting students (*admission*); and improve the student experience for the successfully selected students once on the course (*experience*). Where barriers exist, a multiplicity of approaches is needed to promote equity and widen participation to dentistry.

To support this aim, the DSC is publishing this paper to provide a transparent update on widening participation activities and progress in oral health careers. While findings and activities have been shared with some stakeholders where necessary, wider public updates from DSC and the dental schools on local and national activities have been limited. This paper addresses this gap, outlining progress, ongoing work, and best practice. At the end of the paper there is a table of recommendations for DSC, schools and stakeholders on how to increase support for under-represented groups and further diversify dental school student cohorts, and in turn the profession.

Disparity definitions

For the purposes of this paper the use of the term widening participation (WP) refers to students from a lower socio-economic background. It is important to recognise that there are intersections between socio-economic background and other characteristics - in particular, ethnicity.

Note – IMD is a geographic measure, standing for Index of Multiple Deprivation - Quintile 1 is most deprived, Quintile 5 is least.

SOURCE: People living in deprived neighbourhoods - GOV.UK Ethnicity facts and figures (ethnicity-facts-figures.service.gov.uk)

Moreover, disabled students from a lower socio-economic background can face additional challenges in accessing support.

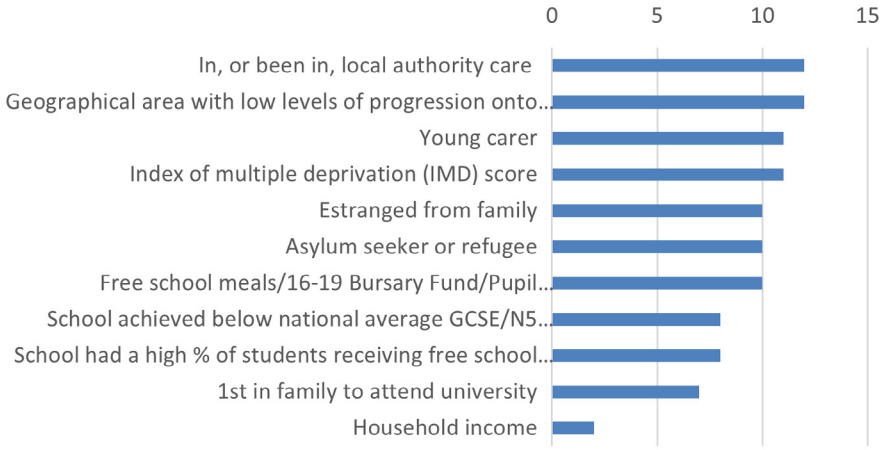
As well as socio-economic background, DSC is mindful that there are a number of communities that are under-represented at dental school, including students from a Black British Afro-Caribbean background. Geographical disparities in accessing dental education also exist across the UK and any work to widen participation must seek to redress this.

Widening participation survey

To inform this paper, the DSC secretariat conducted a survey during 2024, gathering insights from 16 admissions deans representing a diverse range of institutions. The survey explored current WP activities, barriers to WP implementation, and ways DSC can provide support to improve the effectiveness and efficiency of interventions. This survey will be referenced throughout. DSC can share the anonymised findings with stakeholders directly if required. Please note some activities may have changed since the 2024 survey was completed.

Schools define WP differently

In addition to this, the survey of a sample of 16 DSC members in 2024-25 found that schools use a variety of criteria to define widening participation. Common markers are 'young carer' and 'IMD score'. Please see more information in the graph below. Dental schools are collaborating to refine widening participation definitions beyond population based socio-economic indicators, to individual measures used in combination.



Graph 1: Count of schools /16 that reported using various socio-economic indicators to identify students from a WP background

Schools weight these factors differently according to local priorities. Emerging evidence will affect which criteria are used. For example, a 2024 analysis (Skarda and Cookson) found that family income correlates with educational attainment for children from the poorest backgrounds, more so than the Index of Multiple Deprivation quintiles (IMD).

Indeed, schools now regard some measures as less helpful at identifying WP applicants in a relevant and accurate way. Untriangulated markers of disadvantage can be irrelevant at applicant level, while 'state school' is a necessary but insufficient factor alone to identify disadvantage - as are school and postcode level markers. Future developments should include more nuanced eligibility systems to triangulate disadvantage levels among applicants. Additionally, shifting WP adjustments from opt-in to automatic or opt-out models could improve effectiveness by overcoming self-declaration challenges. Until then, DSC members are prioritising improvements in applicant self-assessment and self-declaration, as well as the awareness of available support. This may require partial convergence of dental school criteria, as no one measure accurately assesses socio-economic background. A degree of variety in WP measures preserves eligibility across the UK for a range of applicants.

What interventions are currently undertaken to widen participation to dentistry careers?

The pathway to dental school presents barriers to students from less advantaged backgrounds at various points. Below, we explore these in three categories: attraction, admission and experience.

Attraction: There are number of initiatives currently in place to attract applicants to dental schools from a WP background.

- Many universities run or host summer schools for applicants who have meet widening participation criteria (9 out of 16 dental schools). Some of these summer schools include work experience, workshops, interview training and guaranteed interview places on completion. Such schemes, including Peninsula pathways in Plymouth, engage dental schools with students from secondary schools in the local region.

- Universities are further working to improve role models and representation within the sector, including creating videos showcasing diverse career paths and providing relatable role models for prospective applicants.

- Outreach efforts directly target local communities that are less advantaged especially through schools. For example, Queen Mary University of London leads teacher and adviser engagement programmes, supporting hundreds of teachers through widening participation networks to help students aspire and apply to oral health careers.

- Some universities prioritise candidates from the local area, for example at Plymouth (Peninsula; BDS Foundation Programmes) and Dundee (BDS).

Admissions: Once students from WP backgrounds are attracted to apply, schools aim to ensure that the application and admissions process provides reasonable adjustments to admissions criteria to facilitate their successful entry.

- Most dental schools offer reduced A-level grade, offers (contextual offers) to students who meet certain eligibility criteria.

- Dental schools offer guaranteed interviews (9 out of 16 schools), reduced UCAT thresholds (5 out of 16 schools) and covering the costs for interviews and open days (4 out of /16 schools). For example, Cardiff have introduced UCAT score changes for

contextual applicants and contribute to the costs of interview for WP applicants.

- Newcastle, Birmingham, Cardiff and King's College London offer guaranteed interviews for WP candidates, while the University of Manchester and University of Sheffield accept reapplications and resits, providing opportunities for students from a wider range of educational backgrounds.
- To address financial barriers, some schools have introduced bursaries. Cardiff, Manchester and King's College London provide travel reimbursements for WP applicants attending interviews, and Queen's University Belfast and the University of Leeds have implemented bursary programmes to support WP students throughout their studies.

Despite the use of these initiatives there is varying evidence of the effectiveness of these initiatives to improve increased attraction/applications from under-represented groups, and also the chance of an offer for dental places. More evaluation work is therefore needed on each of these initiatives, as well as more ideas for interventions.

Foundation years and graduate entry

Several universities have introduced foundation year pathways to support students who do not meet traditional entry requirements. Most foundation courses, such as Peninsula, are aimed at and preference students from less advantaged backgrounds.

Graduate-entry routes also diversify entry into the profession. Two dental schools in the UK currently operate as graduate entry programmes (UCLan and Aberdeen), and one has a graduate entry course which begins in BDS Standard Year 2 (King's College London). Many dental students on the standard course also hold a degree already, which has significant implications for their access to student finance.

National level changes and initiatives have been implemented to widen access

UCAS and UCAT

Students for oral health courses including dentistry will usually need to apply through UCAS and take the UCAT exam. It usually costs £28.50 to use UCAS and £75 for applicants to take the UCAT test. Both organisations have waivers in place for applicants from less advantaged backgrounds, though this usually depends on applicants' parents completing relevant paperwork.

Scotland

The REACH Programme, funded by the Scottish Funding Council, supports students from under-represented backgrounds in accessing dentistry, medicine, law, and veterinary medicine. It provides mentoring, application support, and university engagement, increasing admissions from disadvantaged areas. Schools and universities collaborate to guide students into healthcare careers.

Wales

Cardiff University School of Dentistry, which is the only school in Wales offering dentistry degrees, delivers the Welsh Government's Seren Programme to offer mentoring, application support, and a contextualised residential summer school. Cardiff also partners with national and Welsh schemes, including the Sutton Trust Summer School, Step Up (for Welsh and care-experienced students), Deintyddion Yfory (for Welsh speakers), and the North Wales WP Scheme (targeting cold-spot regions to address dental workforce shortages).

Further outreach includes Talking Teeth school visits, careers advice at national festivals, taster sessions, and interview support including confidence-building workshops. Cardiff also provides a work experience scheme, 'Passport to Dentistry' guidance from Year 9, a WP newsletter, and the podcast: 'Put a smile on your future'.

England

DSC, in partnership with the Medical Schools Council, has successfully bid for funding from NHS England for a two-year widening participation programme in England. This initiative is supported by both regular secretariat officers as well as by a dedicated project manager, evaluation staff member and two interns. The programme includes:

- social media engagement with potential applicants,
- a regular newsletter to teachers and careers advisors,
- webinars,
- commissioning dental schools to run in-person and online summer schools targeting WP applicants in Year 12 and Year 13. These introduce participants to dental careers and include skills workshops and application support. Over 200 students have participated in residential and online programmes so far.

The programme is rigorously evaluated through various methods including HEAT (Higher Education Access Tracker) to measure its effectiveness and scalability, ensuring improvements can be made to future national and local widening participation strategies. HEAT access has been negotiated for all DSC members which means UK members can use the system to evaluate their own local schemes.

Using the programme funding, DSC and MSC commissioned market research to better understand and address the barriers faced by widening participation applicants to dentistry and medicine. The market research report has been shared with schools to and will inform future outreach work. Recommendations included building a stronger online presence through blog content and social media engagement, as well as improving applicant awareness of the opportunities they can access due to their WP status where relevant.

Readers will be aware that the government has decided to disband NHS E England and move the functions it carried out into the Department of Health and Social Care. The implications for the future funding of this work are therefore unclear. MSC and DSC will seek to work with stakeholders to ensure that that these programmes can continue.

Limits to university interventions

UK child poverty is widening and deepening which will inevitably inhibit efforts to improve access to oral health careers to applicants from a lower socio-economic backgrounds. Ongoing impacts of Covid-19 continue to affect children's education, particularly for the most disadvantaged students. Moreover, universities are facing financial challenges affecting their own access budgets, and cannot fully compensate for societal-wide barriers to full inclusion at admission and during the programme.

There is also unequal access to the support provided by universities. Contextual admissions and applicant support are often targeted at applicants from less advantaged backgrounds who are local to dental schools, especially for longitudinal programmes. This is logical for the schools themselves, but the applicant populations outside of the dental school outreach zones have an unmet need for similar support. Given the uneven distribution of dental schools throughout the UK that misses regions including South East and East of England, many communities are far less encouraged to send young people to dental school.

A growing evidence base is informing the most effective and efficient interventions for

improving access to oral health careers to students from underrepresented backgrounds. However,

- Dental schools will need to continue to adjust their inclusion goals and interventions to best mitigate the impact of poverty on educational attainment and careers.
- Dental schools will need to work with other stakeholders and funders to improve opportunities for less represented demographic groups.
- Dental schools will need make sure any interventions deliver a sufficient number of dentists.
- Dental schools will need to consider the role of previous academic performance in admissions, since there is a link between this and academic performance (though not clinical performance) on the dentistry degree.
- Dental schools will need to continue to consider the educational training and assessment of WP students beyond admissions, to ensure that fairness is maintained after entry.
- Dental schools will need to retain ambitious programmes to widen participation with clear support strategies to protect retention and compensate for financial backgrounds of applicants and students.

Policy reform through DSC

The Dental Schools Council Admissions Committee is a unique forum where dental schools' admissions leads meet at least three times a year to collaborate on shared challenges, review admissions data, and develop joint policies.

The Dental Schools Council Admissions Committee has developed policies and resources to support widening participation in dental education. Activities have included,

1. To improve transparency and accessibility, DSC publishes an annual applicant guide summarising each university's grade requirements in a single, easy-to-access tool.
2. Dental schools contribute to DSC and MSC's online platform for applicants, Studying Healthcare, which explains why and how to apply to healthcare courses.
3. DSC has successfully developed a consistent work experience policy for all schools that no longer requires clinical work experience.

4. DSC has engaged with policymakers, for example, writing to England's Universities minister to advocate for league table reforms to encourage expansion of contextual offers to applicants.

5. DSC has also reinforced the importance of widening participation through its policy proposals on workforce expansion, where it emphasised the need for a diverse dental workforce to meet the UK's future healthcare demands.

6. DSC has a Values and Attributes document to help applicants to consider how they meet the regulatory person requirements.

Current cohort diversity and evaluating improvements of interventions

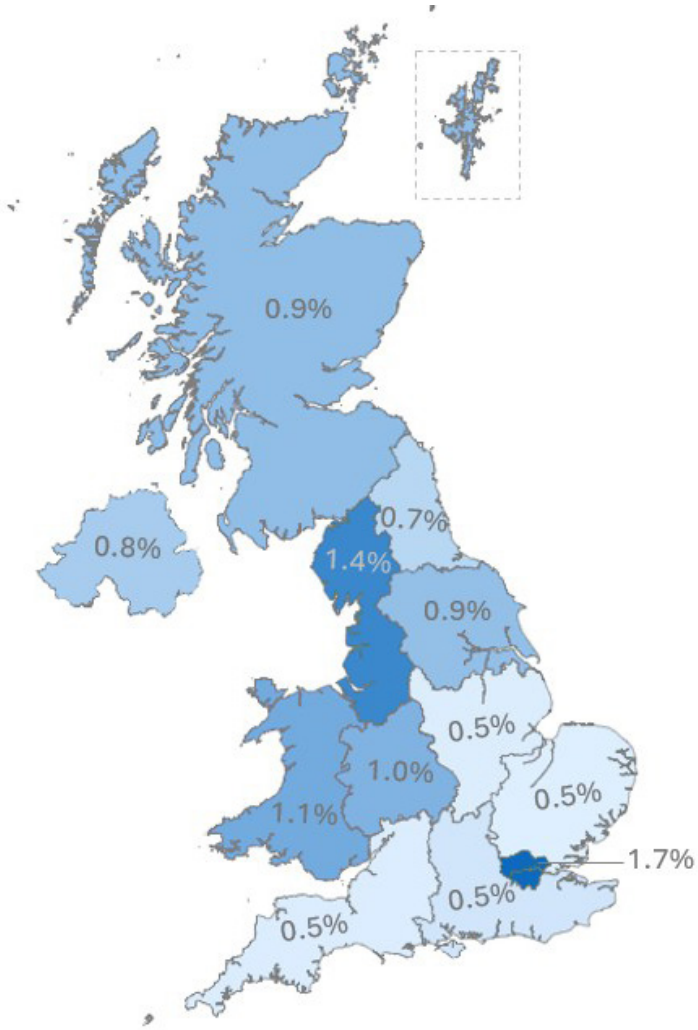
Widening participation survey entrant cohorts

DSC has secured UCAS data through a Memorandum of Understanding (MOU), enabling dental schools and government workforce planners to understand local and national progress of widening participation efforts. Trends indicate persistent under-representation of applicants from South England outside London, Black Caribbean applicants, and applicants from lower socio-economic backgrounds. Schools with the most diverse applicant cohorts are sharing best practice through the DSC Admissions Committee. UCAS data on IMD, ethnicity, and location has been instrumental in understanding applicant diversity and promoting inclusive admissions, as well as enabling targeted interventions.

Please Note: Figures are based on UCAS data provided under the Standard Licence, subject to UCAS publication limits of 100 data points total.

Geography

In some countries and regions, 18-year-olds are far more likely to apply to study dentistry at university. For example, 1.7% of 18-year-olds in London apply but in the surrounding counties only 0.5% of 18-year-olds do. This suggests school leavers in London have more opportunities to become interested in dental careers and to obtain the necessary academic achievements. DSC is considering how to level up access to opportunity.



Population data sources:

Scotland: National Records of Scotland. (2024). Mid-Year Population Estimates, Scotland, mid-2023.

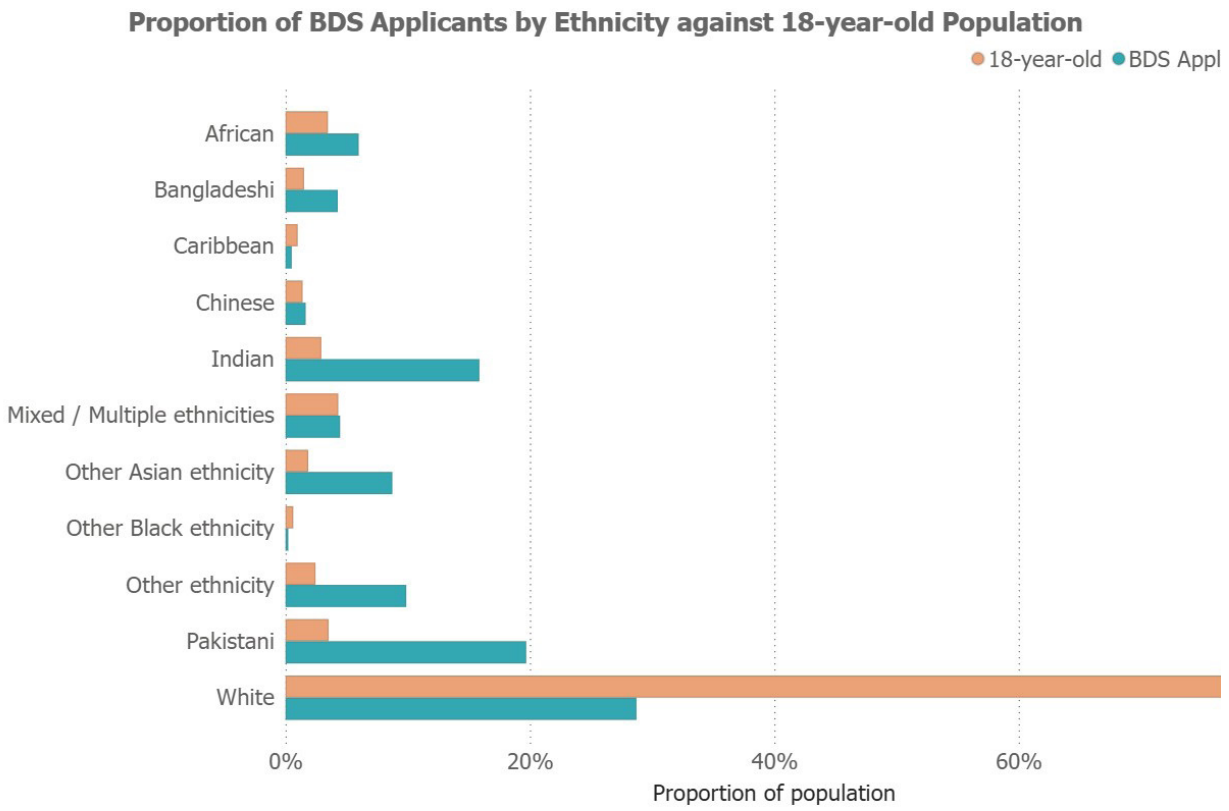
Northern Ireland: Northern Ireland Statistics and Research Agency. (2023). 2023 Mid-Year Population Estimates for Northern Ireland.

England and Wales: Office for National Statistics. (2022). Population estimates for England and Wales: Mid-2023.

Graph 2: Map showing the estimated percentage of 18-year-olds who submited an application to a dentistry programme via UCAS (2019-2023) - 12 data points

Ethnicity

Applicants from a Black Caribbean, 'Other Black Ethnicity', and White background are less represented in dentistry cohorts relative to the 18-year population. DSC and MSC have commissioned a report to explore how to improve recruitment of applicants from Black Caribbean ethnic backgrounds and are considering the findings.

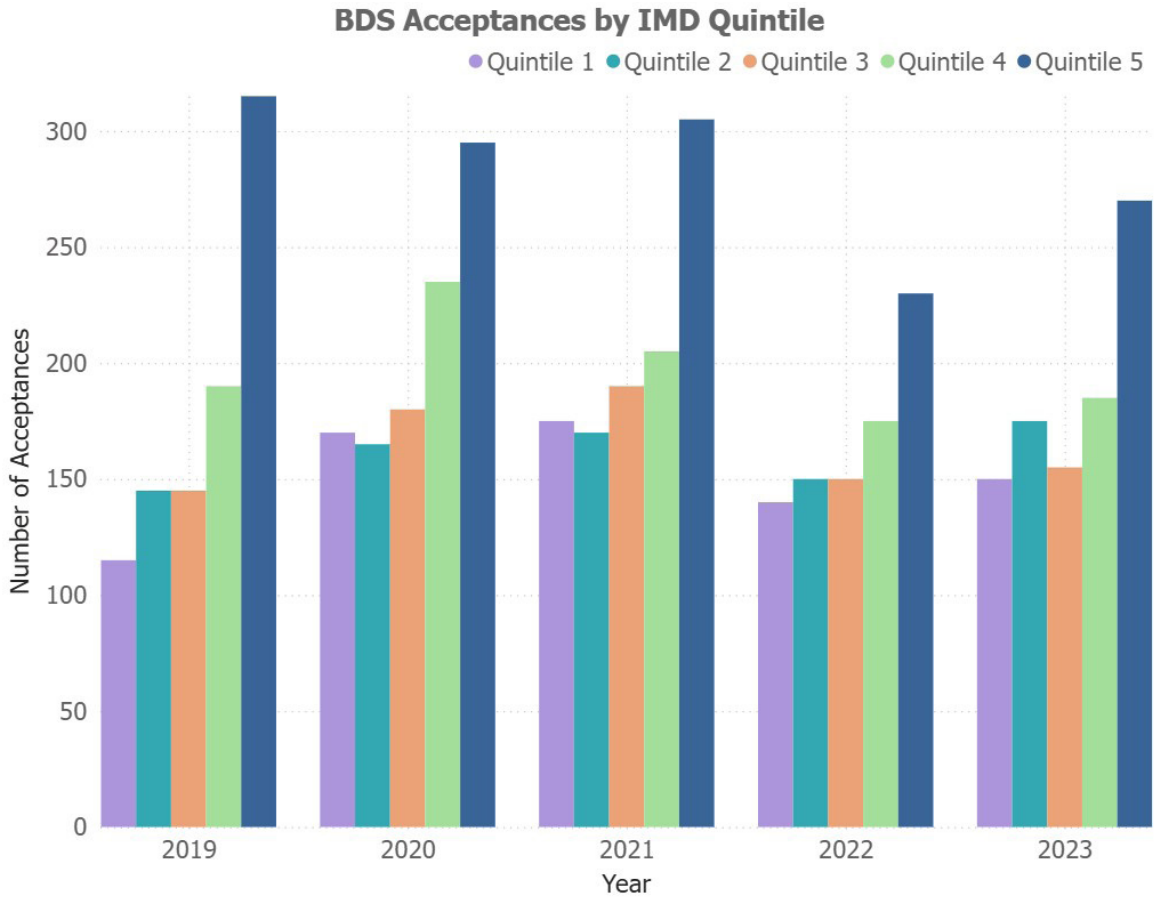


Graph 3: Successful applicants to dentistry by ethnicity vs 18-year-old population share of ethnicity from 2019-2023 (11 data points)

Socio-economic background

DSC chose to measure socio-economic background in this analysis using one of the measures that UCAS can provide, the Index of Multiple Deprivation (IMD). IMD is a location measure commonly seen as more reliable than POLAR, it rates smaller geographies with a composite measure based on 39 indicators across seven weighted categories: income, employment, health, education, crime, barriers to housing and services, and the living environment. IMD scores are divided into five quintiles, Quintile 1 represents the most deprived 20% of areas and Quintile 5 the least deprived. In future studies, DSC will seek to use individual measures in addition to IMD.

From 2019-2023, applicants from the least deprived backgrounds (according to IMD) awere most likely to be successful in their application to dentistry. The impact was largely graded according to relative deprivation, but appears to be lessening over time. During covid, when A-Level exams and grade awarding was disrupted in 2021 and 2022, outcomes were more equal across IMD quintiles.



Graph 4: Successful applicants to dentistry from 2019-2023 by IMD Quintile (25 data points)

Dental hygiene and therapy admissions data

Given the smaller cohorts, and the limits on data point sharing, DSC will currently not be sharing the data on dental hygiene and dental therapy courses. This information has been shared with the course leads. DSC has an agreement with UCAS to share this with relevant named stakeholders – therefore, we would encourage stakeholders to contact us to arrange this.

Future monitoring for continued evidence-based interventions

DSC is committed to using evidence to improve admissions processes and support applicants from a wide range of backgrounds, by continuing to monitor applicant progression within and between demographic groups. DSC uses various datasets to measure progress in the diversity of the student cohort:

- **UCAS data** - In collaboration with UCAS and the Medical Schools Council, DSC is working to develop an annually provided dataset on individual socio-economic indicators which will improve targeting and evaluation of interventions. Additionally, DSC is mapping geographical 'cold spots' for higher education access and comparing these to 'dental deserts' (, regions with limited oral healthcare provision), to identify place-based barriers and inform policy changes.

- **HEAT** - Tracking the application impact of widening participation interventions has been limited so far. The introduction of the Higher Education Access Tracker (HEAT) will provide long-term insights into applicant journeys. HEAT will help assess the effectiveness of different approaches to widen access and refine strategies for supporting under-represented groups.
- **GDC Workforce data** - To enable long-term workforce diversity monitoring, DSC is advocating for the General Dental Council (the dental regulator) to provide a workforce dataset that can then be correlated back to data from dental school admissions, thus covering progression through the course and postgraduate outcomes. Formal engagement with GDC is underway, and if successful, access to linked datasets will enable stakeholders to track career progression and assess the impact of widening participation initiatives over time.

Remaining barriers, challenges and recommendations

Significant progress has been made in widening participation across UK dental schools. The implementation of summer schools, contextual admissions, and targeted outreach has created new pathways for under-represented groups to become oral healthcare professionals.

However, challenges to fair access remain. Geographical, socio-economic and ethnicity inequalities persist in inhibiting successful applications to study dentistry. Solutions will require national coordination, improved data sharing, and sustainable funding. The Dental Schools Council recognises the excellent work already undertaken by institutions, funding bodies, and policymakers.

The table below highlights the key remaining barriers to widening participation and proposes targeted recommendations to address these with named stakeholders.

Next steps...

Dental schools are keen to collaborate with stakeholders to improve the diversity of student cohorts. In the first instance please contact Rosie Pearce, Senior Policy Officer of DSC, rosie.pearce@medschools.ac.uk.

Summary of key barriers and recommendations

Barrier	Challenge	Proposed action	Who?
Collaboration Across Institutions	Lack of national and UK-wide alignment on WP definitions and interventions.	Schools to consider and develop a standardised WP framework, including recognising each others' WP applicants where possible.	DSC Admissions Committee, individual dental schools
WP Data and Self-Declaration Issues	Many applicants do not self-declare WP status due to lack of awareness or concerns over disclosure. Criteria are inconsistent and need to be updated in line with recent evidence, and balance between reliable and available.	-Work with UCAS to improve guidance to and flagging of WP applicants to universities. -Advocate for greater transparency in WP reporting and criteria.	DSC, UCAS, HEAT (Higher Education Access Tracker), Office for students
Under-representation of Specific Groups	Black Caribbean applicants and those from IMD Quintile 2 remain under-represented.	Schools to share best practice for attraction, with funders to support outreach activities and commission research to understand causes.	DSC Admissions Committee, individual dental schools, corporate and government partners, BDA, and ADG
National Differences in WP Programmes	WP funding and programme structures differ significantly across UK nations, creating inconsistencies for applicants.	Regularly share national best practice.	CDOs and DSC admissions committee
Geographical Disparities ('Dental Deserts')	Rural and coastal areas throughout the UK struggle to recruit and retain dental trainees.	-Increased contextual markers applied to local applicants, those from any cold spot and those from coastal and rural regions at interview, particularly when this intersects with WP. -Consider allocating outreach activities to dental schools to sponsor regions that do not have a dental school.	DSC Admissions Committee, UCAS, Medical Schools Council
Financial Barriers and Cost of Training	Rising living costs disproportionately affect widening participation students, impacting recruitment and retention.	-Expand access to open days and in- person interviews through travel bursaries, and explore an online option for both of these. -Schools that have bursaries in place to share how these are funded. -Explore alternative training routes and working patterns for people with existing dental qualifications.	DSC Admissions Committee, university finance teams
Long-Term WP Data Monitoring	Current and future data sources (UCAS, HEAT) do not fully track WP student progression into the workforce.	-Secure regulator sharing of workforce data to track WP applicants into postgraduate training and employment. -Work with NHSE Workforce Planning on improving access to longitudinal tracking information.	DSC, GDC, NHSE Workforce Planning, UCAS