



CONFIRMED
MINUTES OF THE COMMITTEE OF
POSTGRADUATE DENTAL DEANS & DIRECTORS UK

06 – 07 FEBRUARY 2014

COPDEND EXECUTIVE MEETING

Present: Helen Falcon (Chair), Paul Cook, Karen Elley, David Felix, Brian Grieveson, David Hussey, Elizabeth Jones, Greg Heath, Steven Lambert-Humble, Malcolm Smith, Nicholas Taylor, Jane Luker, Andrew Dickenson, June Wright Charlotte Carr (6th Feb only) and Gail Fletcher (Secretary)

Apologies: Alex Baxter & Jon Cowpe

Date	Item No	Title & Discussion	Action Agreed	Action By	Date By
06 Feb 14	1	Welcome and Apologies: The Chair welcomed Andrew Dickenson who has been appointed as Postgraduate Dental Dean for HE East Midlands, Jane Luker Postgraduate Dental Dean for HE South West, Greg Heath Postgraduate Dental Dean, Defence, June Wright representing COPDEND Dental Business Managers and Charlotte Carr Project Manager for Assessed Completion of Dental Foundation Training.			

		Apologies were received from Alex Baxter & Jon Cowpe.			
	2	Minutes of the previous meeting 17 – 18 Oct 13: The minutes of the previous meeting were agreed with one correction: Item 14 .6 – delete “where possible” and insert “where one exists”.	Amend minutes.	Secretariat	28 Feb 14
	2.1	Matters arising from the previous meeting not covered in the agenda : The SAC advice request form that JC had worked on requires some minor amendments e.g. to reflect current NHS organizations and cessation of SDEB. Dental undergraduate census.	HF/DF to finalize wording and DF to liaise with appropriate JCPTD /Liaison Group members for approval and implementation To be an agenda item at CDO /Deans Meeting 26 Feb 14.	HF/DF Secretariat	31 Mar 14 26 Feb 14
	2.1i	Draft joint position statement BAOMS/COPDEND – Advice from Dental Protection update: HF updated the meeting on the progress of the agreement. Advice received from Dental Protection was broadly supportive but they had asked for an additional clause to be inserted advising that in no circumstances should singly dentally qualified trainees provide cross	HF to arrange a meeting with Mike Davidson, BAOMS Chair to finalise the draft agreement.	HF	31 Mar 14

		<p>cover with medical specialties such as ENT and plastics.</p> <p>BAOMS had queried if this advice also applied to temporary registrants.</p> <p>Deans questioned whether there was any evidence to support the DPL position. It was reported that there was one case currently under investigation by the Coroner and hence it was not possible to disclose details.</p>	<p>HF will seek further advice from Dental Protection.</p> <p>Deans to raise the issue with Trust Medical Directors</p> <p>HEE Medical and Dental Leads to be informed and to be added to CDO England/Deans agenda 26 Feb 14.</p>	<p>HF</p> <p>ALL</p> <p>HF/Secretariat</p>	<p>14 Mar 14</p> <p>31 Mar 14</p> <p>14 Feb 14</p>
	3.	Specialty Training:			
	3.1	<p>JCPTD – Revised role and membership proposals:</p> <p>A verbal update was given by DF. It was noted that currently ABSTD does not deal with core training and neither does ABFTD.</p>	<p>HF to write to JCPTD confirming support for a slimmed down JCPTD structure and asking how COPDEND can support the work going forwards.</p> <p>HF to discuss with JC. DH offered to attend the next JCPTD meeting if JC is not available.</p>	<p>HF</p> <p>HF</p>	<p>14 Mar 14</p> <p>14 Mar 14</p>
	3.2	<p>QA of Specialty Training:</p> <p>HF has been invited to meet with Jane Pierce regarding GDC plans for QA of Specialty Training.</p>	<p>HF will brief Deans on outcome of the meeting.</p>	<p>HF</p>	<p>14 Mar 14</p>
	3.2i	COPDEND Audit: of QM systems:			

		Deans agreed that it would not be sensible to progress the self audit proposed by KE until details of the proposed GDC framework were available later in the year.	To be an agenda item at COPDEND in April	Secretariat	29 Apr 14
	3.2ii	<p>Mediated Entry to Speciality Lists</p> <p>DF reported that different specialities and SACs have slightly different approaches when managing requests for advice from the GDC regarding individuals applying for mediated entry.</p> <p>DF has asked for data from the GDC regarding the numbers of cases referred to the SACs and the outcome.</p> <p>The GDC is working with SACs to standardise processes.</p> <p>It was noted that legally the mediated entry route remains open and the GDC website has been updated with information for those without an NTN considering an application.</p> <p>EJ offered to ask the SAC for Restorative Dentistry to outline the issues regarding the restorative mono specialties.</p>	EJ to liaise with the Restorative Dentistry SAC.	EJ	31 Mar 14
	3.2iii	<p>Specialty Training - College Examinations issues</p> <p>Concerns were raised about the high failure rate of specialty trainees in OMF Radiology,</p>	Deans who have concerns about	All	Ongoing

		<p>It was noted that for small specialities, Deans often manage a single trainee and may not be aware of wider issues. The role of the Lead Dean is very important in such cases.</p> <p>Deans raised concerns about lack of systematic data regarding outcomes of training programmes to enable trends to be identified. It was not clear whether the difficulty lay with the selection to programmes, the training programme itself or the exit examination.</p> <p>There was concern about lack of visibility regarding training and examination outcomes. .</p> <p>There appear to be some general issues as well as specialty specific concerns and Deans asked for this to be addressed with Colleges.</p>	<p>OMFR training programmes can seek advice from JL. who is an examiner and Specialty Adviser for the specialty as well as from JC who is the Lead Dean for ADS</p> <p>DF / HF to discuss at JCPTD Liaison group meeting</p>	<p>HF/DF</p>	<p>31 Mar 14</p>
	3.3	<p>ISFE Critical Appraisal:</p> <p>It was noted that trainees across specialties appear to have difficulty accessing appropriate education to support the critical appraisal paper on ISFE.</p>	<p>Deans to note and review local arrangements.</p>	<p>All</p>	<p>Ongoing</p>
	4.	<p>DFT Workstream:</p>			
	4.1	<p>DFT Satisfactory Completion project update:</p> <p>An update on the project was presented by CC. Project Leads are MS and BG who were thanked for their considerable efforts to date.</p> <p>There is good engagement from all LETBs/Deaneries</p>	<p>CC to be invited to COPDEND Stakeholders meeting 26 Feb 14. Agenda Item at all COPDEND Meetings until September 2015</p>	<p>Secretariat</p>	<p>26 Feb 14</p>

		<p>across the UK and the aim is to have a fully developed process for implementation by September 2015.</p> <p>Regular progress reports will be provided to COPDEND at meetings throughout the project and the need for high level engagement was noted.</p> <p>Presentation attached.</p>			
4.2	<p>DFT Curriculum Consultation update:</p> <p>Linda Prescott-Clements has been appointed to lead a consultation on a revised DFT Curriculum.</p> <p>A high level stakeholder group meeting due to take place on 12 Feb 14 would propose an overall governance framework for the work to ensure adoption across the UK.</p> <p>The consultation is scheduled to take place over the spring and early summer with a working version likely to be available for August 2014.</p>	<p>Agenda Item at future COPDEND meetings in April and July.</p>	<p>Secretariat</p>	<p>29 Apr 14/ 10-11 Jul 14</p>	
4.3	<p>Report and recommendations arising from a complaint about dental foundation training.</p> <p>KE outlined the general recommendations arising from an independent external investigation she had carried out into a complaint received from trainers and employers of a dental foundation trainee.</p> <p>Recommendations are:</p> <p>No dental foundation trainee should commence</p>	<p>NT to seek legal advice from HEE</p>	<p>NT</p>	<p>31 Mar 14</p>	

		<p>employment until they are GDC registered. This was agreed in principle, subject to legal advice and inclusion in the national standard contract of employment for Dental Foundation Trainees.</p> <p>Payments to DF training practices should only cover the period of employment of the trainee and if the start date is delayed awaiting GDC registration, appropriate steps will need to be taken locally to allow the trainee to complete 12 months' training. This was agreed.</p> <p>The approach to funding arrangements for trainees who do not complete training within 365 days should be discussed with COPDEND</p> <p>COPDEND agreed that support should be available for dental foundation trainees who through no fault of their own require additional training, (more that 365 days) and individual Deans should ensure this is raised with LETBS/Deaneries</p> <p>COPDEND/HEE to raise the issues of trainees without sufficient clinical competence to commence DF training again with GDC and HEE. This was agreed and that such matters should be included in regular reports to the GDC and Dental HEEAG.</p> <p>COPDEND/HEE to agree the role that practice owners</p>	<p>Lawyers regarding wording in the national DFT contract of employment.</p> <p>COPDEND to develop and publish guidance about management of situations where trainees either start late or do not complete training within 365 days. It was noted that it would be helpful to discuss this guidance within LETBs/Deaneries and with the BDA prior to publication.</p> <p>Twice yearly UK wide reports of dental foundation trainees in difficulty to be submitted to GDC and Dental HEEAG.</p> <p>CDO/Deans Agenda item 26 Feb</p>	<p>HF/BG/MS</p> <p>SLH</p> <p>Secretariat</p>	<p>10-11 Jul 14</p> <p>Mar & Sep annually</p> <p>26 Feb 14</p>
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		<p>play in discussions about funding arrangements for specific unusual eventualities during Foundation Training. –It was noted that the standard contract already includes provision for 3 parties to the contract; i.e. trainee, employer & trainer.</p> <p>The Dental Foundation Recruitment Board to discuss the detail of the procedure for taking up references for newly appointed FDs to ensure a common approach.</p> <p>It was agreed that whilst COPDEND/DFT Recruitment Board could recommend a standard reference proforma, taking up employment references is an employer responsibility. Taking up references to join a Performer List is an Area Team /Health Board responsibility.</p>	<p>Request regular agenda item on Safe Transition at Dental HEEAG</p> <p>All Deans to ensure they use the most up to date version of the standard contract template.</p> <p>DFT National Recruitment Board Agenda item.</p> <p>To be included in COPDEND guidance about DFT.</p>	<p>ALL/Secretariat</p> <p>HF/Secretariat</p> <p>HF/BG/MS</p>	<p>Ongoing</p> <p>08 Apr 14</p> <p>10-11 Jul 14</p>
4.4	<p>Allocation of DFT places at Deanery level:</p> <p>Following correspondence from the BDA in 2013, data had been collected on individual Deanery/LETB approaches to allocation to training practices within schemes. Whilst there appears to be greater convergence, there is no evidence to support any particular method over another. The BDA has highlighted concerns about employers/trainers being allocated trainees without them having any decision making ability.</p> <p>It was noted that there needed to be a balance between enabling trainees to have access to trainers/training practices to enable informed choices/fair allocation and the need to avoid compromising undergraduate studies.</p>	<p>HF to write to BDA offering to meet and discuss DFT issues. MS, NT & Simon Bowen to be included in discussions</p> <p>Each Dean to continue with local arrangements, ensure effective communication with trainers and trainees and COPDEND to continue to collate data and review.</p>	<p>HF</p> <p>All</p>	<p>28 Feb 14</p> <p>Ongoing</p>	

		It was noted that trainers and trainees should all be made aware in advance of the local process in the Deanery and advised that if an appointed trainer subsequently does not agree to accept the arrangements they should withdraw from DFT. If a trainer/employer does not accept a trainee they have been allocated they are then effectively resigning as a trainer.			
	4.5	Multi Source Feedback for DFT funding Bid: KE outlined her project proposal.	KE to discuss with Linda Prescott-Clements regarding effectiveness of the proposed model and plans for assessed completion of DFT project. KE to ensure MS/BG/CC are advised of the outcome.	KE	31 Mar 14
	5.	DCT Workstream update: Following general discussion it was agreed that COPDEND should now move to a formal project management structure for this work This is a huge piece of work since we aspire to have a set of curricula and we need clarity. There is an ideal opportunity to create a training pathway using resources currently in these dental training posts. The COPDEND project group now also includes	Project Structure to be a workshop item for the COPDEND meeting in Apr 14. NT agreed to draft an outline plan for discussion	HF/NT /Secretariat NT	29 April 14 31 Mar 14

		Associate Deans Nigel Fisher and Ann Shearer.			
	6.	<p>Workforce Planning Workstream update:</p> <p>The recent announcement of cuts in dental undergraduate numbers in England (10%) and Scotland (a further 10% on top of the 2013 reduction of 10%) were noted. As yet there are no reductions announced in Wales or Northern Ireland. KE highlighted the work that CfWi have been commissioned to do regarding DCP workforce plans</p> <p>JL confirmed at the meeting that Plymouth University (Peninsula) are funding a Dental Therapy Degree</p> <p>It was noted that whilst there was a proposal to establish a National Workforce Advisory Group in England, this had still not been set up.</p>			
	7.	<p>Lifelong Learning update:</p>			
	7.1	<p>QA of CPD COPDEND Project update:</p> <p>Following the appointment of Linda Prescott-Clements and Associates to lead the project an initial steering group meeting was held on 27 Jan 14.</p> <p>There was wide engagement from a variety of UK dental CPD providers, including those with an interest in journal and on-line CPD, as well as more traditional approaches.</p> <p>It was confirmed that at this stage a limited number of individuals who have some connection with commercial</p>			

		<p>providers have been invited and it is anticipated that there will be very wide and inclusive consultation.</p> <p>The steering group had recommended that structured telephone interviews should be used in the initial phase of the project to ensure appropriate engagement with key provider. This adds £1.5K to project costs</p> <p>There was a discussion about the different expectations in relation to dental CPD, compared with medicine that was largely related to historical funding streams and the Section 63 regulations. A number of Deans had been in discussion locally about priorities for funding and there was variable understanding of the role that dental CPD budgets play in workforce transformation and patient safety, particularly in relation to supporting dentists with GDC/NHS conditions.</p> <p>COPDEND has carried out an annual audit of CPD fees payable to lecturers and charges for some activities and it was proposed that this be expanded to include what charges are made to participants attending CPD courses.</p>	<p>It was agreed to fund additional costs to support structured telephone interviews.</p> <p>DBMG to be asked to gather data about fees structure</p> <p>To be an agenda item at CDO Deans 26 Feb 14</p> <p>COPDEUK Conference 14 May 14 to focus on Workforce Transformation and CPD</p> <p>DH to write to GDC Chair and CE about particular issues in Northern Ireland.</p>	<p>GF/JC GF/Debbie Marriott</p> <p>Secretariat</p> <p>HF</p> <p>DH</p>	<p>06 Mar 14</p> <p>26 Feb 14</p> <p>14 May 14</p> <p>14 Mar 14</p>
	8.	Communication & Stakeholder Strategy 2013 – 15:			
	8.1	<p>Deans induction update:</p> <p>New Deans were asked for feedback about their COPDEND induction. GH, JL and AD reported it had been a positive experience</p>	<p>GH/JL/AD to review in 6 months time and produce a list of what they wish they had known.</p>	<p>GH/JL/AD</p>	<p>15 Aug 14</p>

			To be agenda item for 02 Sep 14 meeting.	Secretariat	02 Sep 14
8.2	<p>COPDEND Website plans & COPDEND “Contact us” enquiries:</p> <p>HF reported that she had responded to almost 250 queries via the website during 2013. Queries and responses had been collated and analyzed and it should be possible to use this information to re-design the website so that users’ needs are better met.</p> <p>GF reported that the functionality of the website was unusual and that it was time consuming and complex to make changes as information had to be entered multiple times.</p>	<p>JL/AD/SLH to meet with Laura Stevens (COPDEND Administrator) agrees a process for review of the website and produces a discussion paper regarding future requirements.</p>	JL/AD/SLH	30 April 14	
8.3i	<p>The BDA Conference, Manchester City Convention Centre, 10 – 12 Apr 14:</p> <p>SLH/GF reported that plans were progressing well for the COPDEND Stand. It had been agreed that HENW and COPDEND would have:</p> <p>Stands co-located but separate. Donna Hough is leading for NW.</p> <p>Deans agreed the need for evaluation of the value of the COPDEND stand. To include numbers who attend and a questionnaire for individuals who man the stand.</p> <p>EJ confirmed that London did not wish to be involved in manning the stand. .Other Deans were intending to</p>	<p>GF/SLH to source electronic scanner from Conference Organizers or other means of capturing numbers attending the COPDEND stand.</p> <p>SLH to devise a short questionnaire for those manning the stand.</p>	<p>GF/SLH</p> <p>SLH</p>	<p>31 Mar 14</p> <p>31 Mar 14</p>	

		involve TPDs and other staff who were attending the Conference in any case, accompanying dental foundation trainees and felt this event provided an opportunity to meet with a large cross section of dentists and DCPs. There was a discussion about the content of the CPD programme at the BDA conference, however the programme for 2014 was considered more relevant than last year.			
	8.3ii	COPDEUK Conference, London, venue TBC, 14 May 14:	It was agreed that COPDEUK would focus on 2 main areas: CPD and workforce transformation and QA of CPD. There should also be an update on the DFT project.	HF/GF	14 May 14
	8.3iii	Educators Conference 27 Nov 14, Venue tbc London or Manchester: It was agreed that we would focus on the launch of CPD QA standards, DFT project update and engaging with TPDs. There would be a need to devise a programme for both workstreams and Lead Deans to be identified in April.	Venue to be confirmed. Leads to be identified for CPD workstream and DFT workstream. To be an agenda item at the April COPDEND meeting.	Secretariat	31 Mar 14
	8.4	MDRS Steering Group – Governance Chart – inclusion of Dental Operational Groups: PC updated the meeting on his attendance at the MDRS Steering Group.			

		<p>It was agreed that COPDEND is not fully part of the decision making process at present. There was an opportunity to be included on the HEE/MDRS organogram. KE to discuss with Jonathan Howes,</p> <p>It will be important to have clear processes for planning dental national recruitments and to be included in the annual budget planning process - Dental Foundation, Core and Specialty will all need to be incorporated and appropriate mechanisms to work with Lead Deans and SACs UK wide identified.</p>	<p>KE to liaise with Jonathan Howes.</p> <p>HF to respond to MDRS</p>	<p>KE</p> <p>HF</p>	<p>14 Mar 14</p> <p>14 Mar 14</p>
	9.	<p>Dentists in Difficulty</p> <p>The Dentists in Difficulty Study day with input from the GDC held on 29th January and led by Alasdair Miller had been very constructive.</p> <p>The pilot 3 month reporting schedule for dentists with conditions had been well received by all parties. Participant feedback regarding the study day was excellent.</p> <p>The UK audit had identified variations and there is an opportunity to move towards a consistent approach. NT was acknowledged for the work he had done to develop a draft policy and he agreed to lead a working group with nominated representatives from across the UK to take forward the audit recommendations and output from the 29th January workshops.</p> <p>A meeting date was arranged for 20 Mar 14 DH advised that there were particular difficulties in supporting the policy from Northern Ireland at present</p>	<p>Deans to forward to NT details of a nominee to join the RiD Group</p>	<p>All</p>	<p>28 Feb 14</p>

		<p>and so he could not send a representative to the UK group.</p> <p>DF advised that Scotland may have to start charging individuals for support but that NES wishes to adopt the policy.</p>			
	10.	<p>Assessment of Postgraduate Training Workshop: (Verifiable CPD):</p> <p>An informative presentation about current theories and best practice in assessment of medical and dental education and training was given by Michael Escudier, Vice Dean FDS RCS England. ME agreed to seek consent for the slides to be circulated to Deans.</p> <p>The information and subsequent discussion was highly relevant to the development of curricula for DFT and DCT and ME was thanked for an excellent presentation.</p>			
07 Feb 14	11.	<p>GDC Matters:</p>			
	11.1	<p>Joint Working:</p> <p>There had been no further communication from Tim Whitaker regarding joint GDC/COPDEND meetings.</p> <p>EJ & JC confirmed they wished to be involved and DF would also like to be included as he has several relevant roles (Dean NES and JCPTD Chair.)</p> <p>There is a GDC Revalidation Stakeholder forum next week– LPC has been invited to present the COPDEND</p>	HF to write to TW.	HF	31 Mar 14

		QA of CPD Project at this meeting.			
11.2		<p>GDC CPD Rules Consultation:</p> <p>Key proposals to note:</p> <p>Non-verifiable CPD to disappear. Temporary registrants – same amount of CPD for a 5 year cycle but more required in the first 2 years.</p> <p>Annual declarations of CPD will be required with short grace period.</p> <p>No mention of maternity/paternity/long term sickness implications and arrangements.</p> <p>It was suggested that it would be useful if a list could be provided of what the GDC consider to be essential statutory or mandatory CPD training requirements.</p> <p>It was suggested that there should be explicit guidance about the use of appraisal.</p> <p>It was not clear what the difference is between objectives and learning outcomes and explanation of terms used would be beneficial.</p>	Deans to email comments & suggestions to SLH by 14 Feb and he will incorporate and forward.	All/SLH	14 Feb 14
12.		Foundation Training Operational Matters:			
12.1		<p>Future delivery model for DFT in the Armed Forces:</p> <p>A proposed method of partnership working with local schemes was agreed. Military DfF Trainees will remain within military programmes and attend local civilian</p>	GH requested details of individual scheme programmes and likely estimate of expected additional	HF/AD	31 Mar 14

		<p>scheme study days.</p> <p>There are likely to be 4 posts for September 2014 based in Thames Valley & Wessex (3 posts) and East Midlands (1 post).</p>	costs to be forwarded to him.		
	12.2	<p>Extra DFT Places 2014:</p> <p>There is a consultation due to start to reduce DFT salary to be in line with medical FY2. In England this would free up budgets that could potentially be used to re invest in additional DFT posts.</p> <p>There will also be funds from the move to a September start date. It is uncertain whether funds can be moved between LETBs.</p> <p>Concerns were raised about the ability to commit expenditure beyond March 2015.</p>	<p>HF to write to CDO England to ask for assurances that LETBs will honour commitments to additional DFT places, otherwise Deans cannot commit to this within the current financial climate.</p>	HF	26 Feb 14
	12.3	<p>DFT–meeting with DSC & BDA regarding options for unsuccessful UK graduates:</p> <p>HF reported meeting with Jimmy Steele, (Newcastle) Paul Speight (Chair DSC) & Ulrike Matthesius and Judith Husband (BDA) regarding unsuccessful applicants The BDA provides assistance and advice to individuals but only if they are BDA members.</p> <p>It was noted that there are different regulations in the 4 UK Countries Deans agreed that COPDEND did not have a role in providing support and guidance to individual undergraduates, but that we would be happy to support a national workshop if wished and to provide</p>	<p>It was agreed to gather in evidence to see what is being done and report back at next COPDEND meeting in Apr.</p>	All	08 Apr 14

		<p>advice to Undergraduate Deans. It was important that all concerned understood that PG Deans could not be expected to find jobs for new graduates.</p> <p>If a dentist applies to join a Performer List and does not have a DFT Certificate then they should be referred to the Dean by Area Teams in the usual way for applicants needing to undertake Foundation Training by Equivalence.</p> <p>There was some concern about the practice of PGDDs funding “House Officer” posts in Dental Schools without a guarantee that there would be a fair and open recruitment and selection process.</p> <p>It was noted that a number of different organizations provided advice to undergraduates including the BDA and Dental Indemnity organizations and that this advice was not always accurate.</p> <p>It was noted that the DFT Assessed Completion project had a workstream on FTE.</p>			
	12.4	<p>DFT National Recruitment update</p> <p>The SJT evaluation was positive and the test met minimum expectations but work was needed to further improve and to develop some easier items to enable greater spread of scores and further increase validity and reliability.</p> <p>Data indicated similar results for DFT and medical recruitments regarding gender and ethnicity.</p>			

		<p>Outcome data regarding the situation at completion of the first round of offers will be posted on the COPDEND website.</p> <p>Scotland is due to make offers in April and there are a number of dual applications.</p> <p>Feedback from the DSC was that the process had been much better this year.</p> <p>Finance –</p> <p>KE – sought clarification regarding central and local responsibility for costs. Agreed that Centres are to invoice neighbouring Deans who took part a proportion of venue costs.</p> <p>Concerns remain regarding funding of actors and all agreed this should be funded from central budgets.</p> <p>NT thanked all who had submitted information about costs and asked for the remaining Deans to send data asap.</p>	<p>Deans to submit information about expenditure to NT asap and NT to share summary spreadsheet with HF and DS.</p> <p>HF to seek assurances from Jonathan Howes regarding budget</p>	All	14 Feb 14
	12.5	<p>Training for Training Programme Directors:</p> <p>There was a discussion about the need to provide a national training programme for DFT TPDs.</p> <p>It was agreed that this should be managed locally.</p>		ALL	

	13.	Dental Core Training Operational Matters:			
	13.1	<p>Shadowing OMFS units:</p> <p>HF has written to Patrick Mitchell and he has sent a reply received from NHS employers who suggest that dental trainees should use their annual leave to undertake shadowing.</p> <p>It was agreed that where possible, Deans should negotiate with individual Trusts to promote paid shadowing for DCT trainees starting their first job in a District General Hospital. In most areas there could be an opportunity to fund from slippage due to the delayed DFT start fallow month.</p> <p>COPDEND agreed that In principle they would want to support paid shadowing for all trainees taking up posts in OMFS units for the first time.</p>	To be an agenda item at the CDO England/Deans meeting on the 26 Feb 14	Secretariat	26 Feb 14
	13.2	<p>Dental Core Recruitment Dates 2014:</p> <p>Deans completed details on a spreadsheet.</p>	Dates to be posted on COPDEND website.	Secretariat	14 Feb 14
	13.3	<p>DCT Portfolio:</p> <p>Deans agreed the current DFT portfolio is not entirely suitable for DCT.</p> <p>Some Deans have more success than others in trainees completing it and where there is a "sign off" process and/or a certificate of completion of DCT</p>	DCT e Portfolio development to be included in scope of DCT curriculum framework project to be agreed at April COPDEND meeting.	NT/EJ/PC/AD	08 April 14

		<p>issued, there appears to be better uptake.</p> <p>All agreed that what we currently have is imperfect and this needs to be part of the DCT project.</p>			
	14.	Specialty Training Operational Matters:			
	14.1	<p>ISCP & Dental Public Health:</p> <p>There has been little progress with agreeing how DPH can be incorporated in ISCP which is the specialty's preferred approach.</p> <p>It was noted that AB is now Lead Dean for Dental Public Health.</p> <p>It was agreed that it would be worth going back to ISCP and asking for costings and timescales to develop either a hybrid or bespoke model for DPH.</p> <p>It was noted that DPH had not been included in the original plans for dental specialties to use ISCP and there was never a written agreement about how developments for dental trainees would be funded.</p> <p>COPDEND's offer to the DPH SAC to help with costs for a bespoke solution is still open but ISCP would need to confirm what level of support is needed.</p>	<p>AB to liaise with DF and suggest to SAC Chair (Mel Catleugh) that it would be worth a joint approach to ISCP for an estimate of costs to develop a module for DPH inclusion.</p>	AB/DF	08 Apr 14
	14.1i	<p>ISCP Rollout:</p> <p>DF met with SAC Chairs last week and he confirmed that a questionnaire about ISCP training needs is being developed to go to Deans to distribute.</p>	<p>Deans to advise DF if further ISCP training is/is not required in their Deaneries.</p>	All	14 Mar 14

14.2	<p>NIHR & National Recruitment:</p> <p>It was agreed that in order that Deans could issue an NTN, for applicants to NIHR funded programmes, they should be assured that individuals meet the minimum acceptable standard for entry to equivalent wholly NHS funded programmes.</p> <p>Applicants to NIHR funded posts and programmes must therefore take part in national recruitment processes where these exist, in order to determine equivalent standards.</p> <p>Individuals must be at or above the acceptable quality line for appointment and not just at the minimum line of appointability (i.e. meets all essential criteria)</p> <p>DH (Lead Dean for Dental Academic Trainees) reported on a teleconference with Jacky Hayden re Academic Trainees and latest version of Medical Gold Guide. This has now been approved by all 4 UK Countries.</p>	<p>PC agreed to produce a form of words to describe what is expected of all NIHR trainees appointed to specialty training programmes in order for an NTN to be issued.</p> <p>GF to ask Tom Clayton (HEE) to send final version of Medical Gold Guide be sent to DH & COPDEND for information.</p>	<p>PC</p> <p>Secretariat</p>	<p>28 Feb 14</p> <p>14 Mar 14</p>
14.3	<p>ARCP – Documentation and Outcomes:</p> <p>It was confirmed that templates in the Dental Gold Guide could be adapted if necessary. EJ offered access to London’s forms.</p>			
14.4	<p>Post CCST training and duration:</p> <p>It was agreed that a fixed term post- CCST training period of 2 years cannot be reduced.</p>	<p>To be incorporated as an amendment/addendum to the Dental Gold Guide</p> <p>Process to be agreed at the</p>	<p>Secretariat</p>	<p>31 Mar 14</p>

			COPDEND meeting in April.		
14.5	<p>CCST dates calculation:</p> <p>It was agreed that SAC advice should normally be sought when calculating amendments to CCST dates as a result of prolonged absence out of programme and/or a shift to less than full time training (e.g. maternity leave)</p> <p>It was also agreed that trainees must complete a full period of training and demonstrate all required competencies/outcomes. NB GDC require a minimum of 3 years full time or equivalent.</p> <p>COPMeD is seeking legal advice about minimum requirements for LTFTT. COPDEND agreed to await the outcome.</p>	DF to communicate COPDEND decision to ABSTD.	DF	30 Apr 14	
15.	<p>National & Regional Reports: exceptional items only for discussion:</p> <p>EJ briefed the meeting on the restructuring within London. HF thanked EJ, for sharing her experiences.</p>	NT agreed to discuss North West experiences at the next residential meeting.	NT	10-11 Jul 14	
16.	<p>Dental Business Managers summary reports:</p> <p>DBMG summary reports were noted.</p>	<p>HF to ask Chair of DBMG to report on progress with workstreams for April COPDEND meeting. To be an agenda item at the 29 Apr 14 COPDEND meeting.</p> <p>DBMG to be asked to explore a process for future project management so that there is an</p>	<p>HF</p> <p>Secretariat</p>	<p>06 Mar 14</p> <p>08 Apr 14</p>	

			identified Dean as Project sponsor and clear reporting structures clarified.		
17.	Lead Dean Role and Responsibilities update – Terms of Reference: All agreed that we need confirmation of terminology of what is meant as a Lead Dean and to agree responsibilities and terms of office. Not all Lead Deans sit on SACs as used to be the case.		Paper to be discussed at COPDEND meeting in April	HF/Sec	31 Mar 14
18.	UK Dental undergraduate census 2014 – 2018: BG & his team were thanked for all their work to produce this data. DF queried the accuracy of one of the Scottish Dental Schools.		To be an agenda item at CDO Deans & suggest that it goes to the Dental HEEAG meeting DF to advise BG re figures for Scotland. BG to amend prior to CDO England /Deans meeting.	Secretariat DF/BG	26 Feb 14 26 Feb 14
19.	Genomics in Healthcare Education:		Noted that this would need to be included in future postgraduate dental curricula review.	All	Ongoing
20.	COPDEND financial statement update: Discussions took place about possible future models including charitable status and links with other organizations		HF/ JC to discuss with Derek Gallen re potential links with AoMRC or AoME.	HF	30 Apr 14

			. HF to discuss with Paul Speight and Chris Franklin re potential project for undergraduate interface.	HF	30 Apr 14
	21.	Any other business: There was no any other business.			
		Future COPDEND meetings: Business meeting dates: 29 Apr 14 – Friends House, London, NW1 2BJ 02 Sep 14 – Friends House, London, NW1 2BJ 10 Dec 14 – Friends House, London, NW1 2BJ COPDEND Residential dates: 10 – 11 July 2014, KSS Deanery 09 – 10 October 2014, North Western Deanery COPDEUK – 14 May 2014 - London, venue tbc Educator Conference – 27 November 2014 – location and venue tbc			