



MINUTES

UK COMMITTEE OF POSTGRADUATE DENTAL DEANS AND DIRECTORS

18 July 2023

COPDEND Business Meeting

Attendees: Jane Luker (JL) - Chair; Brid Hendron (BH); David Felix (DF); Donna Holden (DH); James Spencer (JS); Jason Atkinson (JA); John Darby (JD); Katherine McGirr (KMc) (for GDC) (part); Kirstie Moons (KM); Kirsty Hill (KH) (DSC); Malcolm Brady (MB) (observing) (part); Malcolm Smith (MS); Mike Foster (MF); Neil Macbeth (NM) (Defence) (part); Paul Blaylock (PB); Sana Movahedi (SM); Stephen Atkinson (SA) (part); Victoria Rowlands (VR)

Secretariat: Claire Francis (CF)

Apologies: Manjula Das (MD); Liz Thomas (LT)

Item	Title & Discussion
1.	Minutes of last meeting (paper 03) <ul style="list-style-type: none"> Minutes updated.
2.	Action tracker (papers 04(i)(ii)) <ul style="list-style-type: none"> Action log updated
3.	GDC update - KMc <i>Specialty curricula</i> <ul style="list-style-type: none"> All curricula approved and published. Transition and implementation arrangements are being coordinated by the Dental Curriculum Oversight Group. They are developing a process to revise specialty curricula, to include revision of the generic part of the curriculum and timetable to review all curricula. They probably will revise the standards for specialty curricula next year, so makes sense to draw this together as one project and the new process should be in place in 2025. <i>Quality Assurance of specialty training</i> <ul style="list-style-type: none"> QA of specialty training will complete in the coming months. They will seek feedback on how the review of specialty went, and also are reviewing the QA of specialty training, so there will be engagement work/survey in the coming months. Appreciate it has been a learning curve for all involved. EQA team looking forward to observing the ARCPs over coming months, thanks. To note they are reviewing the process not the individuals involved. <i>Safe Practitioner – learning outcomes</i> <ul style="list-style-type: none"> Working with reference group to consider the feedback received. Broadly very positive, but some detailed comments requiring detailed thought. Also some suggestions that relate to other work such as the Standards for Education. Several calls directly or indirectly for there to be a third strand of things alongside the outcomes and behaviours – this might be day one skills/ capabilities/ competencies. This will be considered outside this exercise, as it

could exist as an independent list.

- Aiming for the outcome report and final framework to be considered by Council in late September, with publication a few weeks later.

SLAA

- They have finished undertaking the recruitment exercise and have 47 appointed specialist list assessors. They have held one induction day for assessors, with another 3 to follow in the coming weeks.
- They have the first panel (oral surgery) scheduled for the 30 August and hope to be sending applications out to panel members over the next few weeks.
- The priority will be to clear the backlog, and working through the list in order as far as they can. There are currently approximately 120 applications in the backlog.
- They have been developing an application pack for new applicants, which contains more detail on the types of evidence they expect to see to demonstrate equivalence with CCST, and encourages applicants to map their evidence to the relevant HLOs. They hope to publish the new application pack in the coming months.

Guidance consultations – Scope of Practice, Reporting, Indemnity

- All consultations closed and feedback being analysed. Good support for Reporting and Indemnity changes. SoP bit more complex, as expected. Aiming for Council decision around publication of the guidance in October. However, we may decide to do some further work with SoP due to the range of views of respondents and the issues they raised.

Post meeting note: -

- Update on actions taken away by KMc can be found [here](#).

Post meeting note: -

Upcoming exploratory engagement exercise

- Exercise to be undertaken with stakeholders about the best way to provide guidance about the standards expected of dental professionals. They have developed an alternative model for how they might set out the standards expected which has some key differences to the Standards for the Dental Team. They want to use the stakeholder engagement to explore whether:
 - the basic structure of principles supported by more detailed guidance is still the right approach?
 - If so, what should the updated principles be? And particularly...
 - What supporting material should the GDC provide to help dental professionals to follow, interpret and apply the principles?
- The aim is for them to use the results of this exercise to develop proposals ahead of a formal consultation exercise in 2024.
- **Query whether COPDEND would like to be involved in this exploratory exercise? And if so, is there a meeting in October/Q4, and could they speak to COPDEND on this for an hour or so?**

4. Chair's update - JL

GDC dental leadership network

- Clear message that there is an opportunity at the moment to push dentistry and make change but best doing it in collaborative way.
- Trainee feedback resonated. Queried why each dental school's expectations are so different. KMc to check whether this feeds into the safe practitioner work.
- The value of DFT came across.
- Surprise at comments that assessment requirements had reduced during covid which

was not the case across the UK.

- The value of the ES role was clear.
- There would be no actions from the day. Attendees need to reflect on the day and make their own decisions as to what needs to be done locally.
- Felt GDC ideally placed to host the meeting but suggestions for topics welcome.

Action: - Suggestion Joanne (GDC) should attend regular COPDEND chairs meetings with BH, JL and JS (action 34)

- Feedback re new graduates preferring social media format or short condensed form of words and unlikely to read long policies. Suggest discussion with DSC.

HEE/NHSE merger

- Consultation for national team completed and now going through the stages of allocating posts. Regional consultations ending the end of this week. Unlikely to see any change until the end of this year/beginning of next year.
- Advised regional structures are all very different.
- Struggling with the new NHSE finance processes. There will be less control over underspend. Business case approvals can take a long time.

Action 27 (paper 04(ii))

- Updated COPDEND overarching statement shared.
- See also mission statement from February 2020 included in paper.
- Agreed lead dean responsibilities (currently difficult to locate and requires updating) would be useful along with contact details.
- Consider addressing inequalities in healthcare and how dentistry impacts general health.

Action: - BH JS and JL to consider COPDEND statement and try to reference multi professional, and include oral. To be circulated for comments before sign off (action 35)

Future COPDEND meetings (paper 06.3)

- Details of residential and business meetings shared including host region and workshop themes to December 2026.
- AD attendance included – can be swapped or reduced if unable to attend.
- Consideration to be given at December meeting to the content of the May 2024 workshop. May be dental team focused deep dive.

Dental curriculum oversight group meeting

- Met yesterday.
- Transition document has been agreed as was last seen and is now going to go to the SACs and to trainees to get some feedback subject to final change re out of programme.
- Generic curriculum bit going to AoMRC.
- Dual CCST – Chair of DCOG is taking it to SAC.
- Agreed with the GDC and we are in agreement.

5. COPDND business managers

Dental Business Managers – VR

- The group has generally been struggling to find the time to meet regularly for various reasons.
- Noticing due to consultation and changes, not getting representation from all regions.
- Dental SOPs – Matthew Hill attended meeting. Agreement that dental SOPs will not be altered with the medical SOPs at this stage. Where possible dental SOPs can be brought in line with medical SOPs. Will link with updated Gold Guide.
- Difficult for group to pick up additional task/pieces of work. Request from DERP team re data in TIS – not yet been able to pick up.
- Finance – difficulties with approval and moving forward, particular issues with invoice payment. Even when process followed, delays with payments. Similar issues in terms of venues and booking rooms.

Business Managers - SA

	<ul style="list-style-type: none"> • Consultation – closes for English regions on Friday. • Staff leaving through voluntary redundancy and recruitment freeze creating nervousness and uncertainty. • Industrial action impact on ARCPs and other educational events that were planned and having to reschedule and taking into August and holiday season. • Regions will be sent last year's METIP return to build on. Final submission October/November for next year's METIP report. Links to quality of data in TIS.
6.	<p>Dental Schools Council - KH</p> <ul style="list-style-type: none"> • Long Term Workforce Review welcomed. Disappointment DSC had not been consulted prior to publishing. • Centres for dental development – DSC welcome any discussion around these and how they are moving forward. • Concern re House of Lords statistics re UK graduates taking up UK places – 98% is correct and they have reported back. • DFT – changing the way of selection reforms – query when comms will come out to undergraduate. • Relationship working well with DSC. • Thanks extended to KH and colleagues for number that turned out at new dental hygienist implementation group last week. • DSC keen to be involved from the start of Dental apprenticeships. They have a lot of concerns about apprenticeship model but can work together to overcome. • All concerned re idea of new dental schools because of dilution of senior academic staff to run such places. Issue with location of undergraduate education currently. Query whether DSC have heard any more and any process in terms of how the expansion of dental numbers in England will be managed - no. DSC are going to look at who has got availability. Not keen for another dental school to be built as will pull the resource from current dental schools. DSC will work with Liz Hughes. Priority to get them in the right areas. • JL to email Liz Hughes to ensure postgraduate dental deans are involved and support re undergraduate expansion,.
7.	<p>Workforce development update - JD</p> <ul style="list-style-type: none"> • Handover meeting has not yet taken place between JD and MB. • Virtual workforce conference had positive feedback. Official feedback shared post meeting. • Noted challenge on speaker fees. Fallen behind BDA guild rate so need to discuss. • No increase to support for foundation training study days. Budgets have stayed the same.
8.	<p>Dental specialty training - JS <i>Managing delay in GDC SLAA process</i></p> <ul style="list-style-type: none"> • Relates to issues above in terms of SLAA. • Application to specialist list has been delayed for some because SLAA process being paused. JS asked to pull together paper to explain how we should manage from COPDEND perspective. It is post CCST so training period not covered by GDC. Our responsibility is to ensure trainees go through correct training period. Someone can be appointed - if the trust is willing, they can sit in locum post or LAS post and then they can still accrue the evidence and then present it to RCP panel and asked if training time be adjusted in the light of this. • Requirement to use public money wisely and not keep them in training when not necessary. • Caution re wording when advertising posts if moving into non-training post. • Risk re length of time someone can be in the holding position. • SM to link with KMc re backlog of applications and provide names. • Updated paper to be shared by DF with SAC as solution for small number of trainees in a time-bound issue then go from there.

Virtual learning commission for Curriculum Section C

- Been working on virtual and hybrid learning and how to use the methodology to deliver parts of curriculum.
- Working with providers and led by Pamela Ellis and Leadership Fellow in Yorkshire and the Humber.
- Identified number of areas to look at – human factors (new and in section c) and critical appraisal (trainees do before ISFE).
- A lot of deaneries have used Superego Cafe - wondered whether possible to save some money and show consistency by trying to get commission to deliver these to all trainees.
- TEL and blended learning - big opportunity but do not have structures in place to allow us to easily commission and progress. Strategically how to we take forward. Should have a lead for this and have some money attached to it.
- Section C not going to start until trainees starting in 2024.
- Concern re robustness and longevity.
- Could be a good topic for a deep dive. Some expertise in the UCL Group. SM to pick up re returns in terms of finances.
- DF to send NES resources to JS for Pamela to compare.
- JS to come back with greater clarity re proposal and then can also look at the NES resource.

Proposed changes to orthodontic curriculum

- Paper shared for information.
- Manjula has asked that we propose what we are willing to live with.
- Recognise difficult situation in that curriculum has been published and agreed by GDC but have significant concerns re deliverability.
- Recognise reputational risk for all concerned.
- If not agreed, there is a risk curriculum will not be delivered in all four regions and risk whether can recruit to ST1 next year.
- Not suggesting change to curriculum, just how outcomes are demonstrated.
- Meeting with chair of SAC and GDC 04/10/2023 and meeting with Manjula before that.

DGG4

- Asked to flesh out description of SEBs. JS has been to the Deans for the devolved administrations and JL and asked that they check the wording.
- If agreed and signed off by COPDEND (not MERG/DERG), would like to use from September 2023 for all core and specialty trainees.
- JS to change the narrative re fourth version of the Gold Guide.
- JS to check page 11 2.3 1 re associate postgraduate dental deans.
- Gold Guide will be reviewed on two-three year cycle - if there is any impact of the middle years dental core type curricula then can review earlier.
- Agreement to sign off with the minor changes discussed.

9. Dental core training - MF

DCT recruitment update

- Latest figures COP Friday – across UK fill rate 82% - 86 DCT1, 78 DCT2 and 75 DCT. There is a range across all regions.
- 549 out of 671 posts filled across whole UK.
- 15% decline rate and 10% expired rate.
- By declining you remove yourself from the recruitment process. If you let the offer expire you can still reengage and look at posts. May need addressing for future.
- Lessons learnt to be taken forward – need to consider decline, and temporary registration element. Several units not reviewing job descriptions fully.
- Marcia has asked people to do quick screen of current unfilled posts.
- Lessons learned being discussed with all ADs – all very different in regions. Element of sharing best practice going forward - DFTAG.
- Issue of people pulling out. worth revisit in terms of timing - look at when the employment contract is signed.

	<ul style="list-style-type: none"> • Review of job descriptions – doing review of personal spec as well. Looking at total number of those posts that are available for people to apply through normal national recruiting. • Trust funded posts into national recruitment adds to the number. Need to know the posts removed for national figures. • Previous recruitment steering group asked that fill rates reflected the number of posts that went in at the beginning. Given an assurance that that data would be available. • Links to timing of contracts being issued by trusts. • Reasons for declining state simply change in personal circumstances • Query how to manage service element of jobs. • Patient safety impact potentially of accepting more than one job and not pulling out until the last minute. • Fill rates will be produced by the NRO this year. • Noticed this year system does not highlight where posts available – therefore additional message out to applicants. • Next year looking at webinar for DCT which can be used to get messaging out to applicants re behaviour. • Underlying query whether the number and type of posts are right. • Opportunity, particularly where location issues, of converting some into early year or longitudinal posts. In survey from early years group providers all say they want them after they have done foundation training not straight from dental school. Generally amongst graduates they would prefer to go to early years model once they know the benefits, such as avoiding second national recruitment process. Run through also gives us some element of control in terms of where second placement is. • From last DCT advisory group meeting there was unanimous view from ADs attending that the lack of credit for undertaking OMFS post and subject post may be impacting on fill rates and DF was asked to bring that back and see whether COPDEND would reconsider. JS to take to the alignment group. • Geographical issues noted. <p><i>Dental core training – impact of vacancies on core rotas</i></p> <ul style="list-style-type: none"> • Impacting on call ratios. JS has put MF in touch with Mike Masding, Medical Foundation training lead. Many regions exploring utilising medical FY2s to plug gaps. Quite successful in some areas and not others. Looking at 2024 and incorporating what can change into the job descriptions being reviewed by the end of the year. • JL meeting with Foundation Director tomorrow in South West to discuss FY2s rotating but as they appoint FY1 and 2 together it will likely take over a year to work through. Due to medical expansion they are struggling to find medical placements. On call not being overnight would help. • Eportfolio access to LAS posts – believed to be for those in vacant training posts only. NIHR ACFs are on there too.
<p>10.</p>	<p>Dental foundation training - SM</p> <p><i>Foundation training recruitment - special circumstances</i></p> <ul style="list-style-type: none"> • Formal request for second panel to be held late May. Issues highlighted in having another national panel to convene which can be difficult due to membership needed. Only the panels in the process for CAT 1 and 2 run by MDRS. CAT 3 processed within NRO team. Aligns with policies of MDRs. <p><i>Recruitment update</i></p> <ul style="list-style-type: none"> • Current status of Dental Foundation national recruiting - 864 offers as of today given and accepted by UK graduates. • One UK B list given, and 38 posts to EEA and the rest of the world. • Currently 12 vacancies and another set of offers have gone out to 22 remaining candidates on List B. Comms sent to those 22 saying if they are temporary registrants they are not eligible if they do not have GDC number by 01 September. If considered PLVE or another route to inform us.

	<ul style="list-style-type: none"> • Issues – list A withdrawing after initial offers so posts left empty and no longer can be offered to list A candidates. • BDS pass rates and resit results in terms of timing for UK graduates – resit results given after deadline provided to dental schools and then candidate chasing up after original offer which has now been given to someone else. • Special circumstances which have increasing number of candidates contacting local regions stating they now have special circumstances usually wanting to be in a specific location. This is one of the reasons asking for a second panel for next year. • Increasing number of deferral requests via local region. Issue for regions as they end up with empty posts. • List B issues – opting for NHSE pathway once offer has been given. • Number that have gone to Scotland to do vocational training – hope to align offer dates for 2024. • Personal spec caused some confusion among regions – legal advice re 24 months since qualification. • UK graduation and pass rates – 27 failed BDS (to be verified by DSC). Most resitting. Question about potentially looking at second cohort. Risk of applicants going into private practice and deskilling. Also risk in terms of having programme not in line with DCT and other pathways. • Future recruitment – preference informed allocation process may be delayed due to lack of admin support and concerns with consultation. • Communication will be key. SM getting feedback from regions re misunderstanding re SJT and current system. • Suggestion to offer something instead of the SJT as soon as possible now issues identified. • Deferrals can only be for statutory reasons – requests go to regions – suggestion to do a stocktake and audit the deferrals and reasons. • Two year limit on foundation training is not in the essential criteria but is desirable. • Request to clarify guidance for IDTs – SM to share what was said to candidates. • Suggestion to tighten up deferral special circumstances wording. • May require paper/SOP for IDT for dental foundation training. Could have panel to discuss IDTs to get consistency.
11.	<p>Academic training - JL</p> <ul style="list-style-type: none"> • Foundation medicine is done through Oriel and posts are put in per region which they can apply for. Then each region does their own recruitment mainly with their HEIs or continuing as we are. Cost estimate – under £2.5k in admin time. • Unlikely to be able to move to the Oriel model very quickly due to pressures on the recruitment team. • Alana to speak to Jonathan Howes re resource. • Likely to be option 1 for next round at least - see paper. • England-only process – carry on as we are. JL to tidy up paper and take to MDRS for further discussion.
12.	<p>DERP update – MS</p> <ul style="list-style-type: none"> • Merger has had specific effect on central team support. Uncertainty re model to follow going forward. Slightly reduced team will continue until situation sorted out. • Taken opportunity to review priorities in the workstreams. Made decision to focus on early years and middle years training. • Procured curriculum for early years training and are going to procure middle years. • Work with salaries with NHS Employers. While in dispute with BMA NHS employers cannot do any negotiating to get an aligned salary in place yet. • Dental hygienist apprenticeship - near completion. • Dental foundation – commissioning NHSE. Developed some guidance for ICBs and waiting commissioning group guidance. In the meantime, developments looking at small outreach approach.

	<ul style="list-style-type: none"> • Induction pack guidance almost ready for international dental graduates coming into system. • Dental therapist foundation training – three-day model. To be signed off by the appropriate groups before ready to go. Question whether will be funded nationally or locally. • Work to bring DFT dentists into lead employer trust arrangement is now complete. • Closed work on performers list validation by experience. Performers list has been changed to take away the Deans’ responsibility for sign off. • Work done on return to therapy models. Two groups – therapists who have been away from delivering any sort of dental care who will need more support through national approach, and more modular approach for those who have some skills but want to refresh their therapy skills. • Distribution of training – lot of work done by JS and guidance for oral surgery, special care dentistry, paediatric dentistry and DFT close to publication. • Suggestion to consider the following going forward – Long Term Workforce Plan Parliamentary Select Committee Report, and dentistry plan with more detail particularly on short term. • Preliminary guidance on centres for dental development - requires input from commissioning arm of NHSE.
13.	<p>Miscellaneous <i>Long term workforce plan - JL</i></p> <ul style="list-style-type: none"> • England only. • Covid recovery enquiry led by Scottish parliament and several days devoted to dentistry. • Similar position in Wales. Asked to respond to recommendations in Long term workforce plan. Workforce reporting system being rolled out to have better idea of what the workforce looks like, their scope and what they are doing. Long term workforce plan does not mention dental nurses. • Northern Ireland - CDO convened a group about workforce with workforce policy directorate for September. Sharpened focus on skills mix. Therapists might be the first priority moving forward. Not aware of expanding undergraduate places. • Dental technician – comments from dental leadership meeting re small number joining the register and the ageing population in existing registrants. This is on the BDA’s radar. Links back to the contract.
14.	<p>AOB <i>Data protection – COPDEND constitution</i></p> <ul style="list-style-type: none"> • Currently states data protection officer should be COPDEND secretariat manager – CF to check what COPMeD do. JL happy to take on role in the interim. Advice needed re role – JL to check with Namita Kumar and Sheona MacLeod. • Note typo in constitution – typo holders’ section 4, fifth bullet point. <p>NETS</p> <ul style="list-style-type: none"> • Currently only have NETS data for England. Will have to feed in from the Celtic nations to produce the report for the foundation training advisory group who have requested it and the SACs. • Paper 16.2 - report from England – huge range in response rates. Overall about 50%. Trainees asked to take screen shot to prove they have done it in the past. Can we ask TPDs to find out who did and did not answer. • Medics have GMC training survey, but GDC do not do one. • Scotland – NETS survey does not close until Friday. 57/58% response rate currently. Did not circulate for foundation trainees for IT reasons. Need to think about whether will do NETS next year. • Suggestion to query with Emma whether possible to say whether trainees only part way through NETS survey.

- NETS is not circulated in Northern Ireland but the three dental questions are included in their own surveys.
- Comparable results can be shared from Wales.
- JD is checking whether Emma can split the data regionally and into foundation core and specialty.
- Suggestion for multi-nation sub group to be put together by January to agree questions to put forward for next iteration of survey. To be brought back to COPDEND for agreement. Suggestion to include interested ADs from each nation plus JS and JD. KM DF and BH to either join group or nominate a representative.
- Aim for this year's data to be taken to SAC meetings in the new year. Can either be sent as four nation results, or lead dean could pull a report together. Can only compare the similar questions.

Attendance at COPDEND advisory group meetings

- Reports of attendance being quite low.
- Suggestion that there is a list of who has attended and who sent apologies/not attended – to be managed by Chair.
- Each region should be adequately represented. If someone not able to attend, opportunity for someone else to attend as career progression.

Consultations

- KM collating responses. Thanks to those who responded. Responses by tomorrow - PSA feedback.
- GDC consultation on international registration come in today. May wish to have COPDEND response.
- GDC consultations on the reporting guidance, indemnity guidance and scope of practice.