



## MINUTES

### UK COMMITTEE OF POSTGRADUATE DENTAL DEANS AND DIRECTORS

11 October 2023

#### COPDEND Residential Meeting

**Attendees:** Jane Luker (JL) (Chair), Brid Hendron (BH), James Spencer (JS), Benjamin Wild (BW), Mike Foster (MF), Donna Holden (DH), David Felix (DF), Neil MacBeth (NM), Sana Movahedi (SM), John Darby (JD), Sonita Koshal (SK), Ailsa Morrison (AM), Victoria Rowlands (VR), Kirstie Moons (KM)

**Secretariat:** Claire Francis (CF)

**Apologies:** Stephen Atkinson (SA)

Item	Title & Discussion
1.	<p><b>Welcome</b></p> <p><b>Declaration of conflicts of interest</b></p> <ul style="list-style-type: none"> <li>None declared</li> </ul>
2.	<p><b>Urgent issues not on the agenda</b></p> <ul style="list-style-type: none"> <li>None</li> </ul>
3.	<p><b>Minutes of the previous meeting 18 July 2023 (paper 03)</b></p> <ul style="list-style-type: none"> <li>Amended and approved</li> </ul>
4.	<p><b>Action tracker (paper 04)</b></p> <ul style="list-style-type: none"> <li>Action tracker updated.</li> <li>Advisory groups – all encouraged to add written updates for future meetings, using the agreed template – a paper is expected from each Advisory Group. CF to circulate with request for agenda items each time.</li> </ul>
5.	<p><b>Chairs update - JL</b></p> <p><i>Update</i></p> <ul style="list-style-type: none"> <li>GDC regular meetings – suggestion to Stefan Czerniawski to reinstate regular catch-up meetings with JL, JS and BH representing COPDEND – await response.</li> </ul> <p><i>Orthodontic curriculum</i></p> <ul style="list-style-type: none"> <li>Meeting arranged by GDC but no agreement. NHSE SRO Simon Gregory has requested an options paper regarding recruitment to take to Medical Directors or Executive Group outlining risks of deliverability of new curriculum in England. Scotland have support for systematic reviews. The options paper will be prepared and circulated for comment – to be shared with KM, DF, BH.</li> <li>Noted no medial specialties require a taught Masters. No evidence has been supplied to support why the orthodontic curriculum is different.</li> <li>Affordable Masters-level training would help.</li> </ul> <p><b>Action: - All to look at the cost of a Masters locally. JL to email all to enquire what part time Masters qualification is available to satisfy the curriculum requirement.</b></p> <ul style="list-style-type: none"> <li>The GDC has been asked as to whether an equality impact assessment was carried out on the new curricula.</li> <li>GDC Curriculum review response is currently in draft – JS has sent to JL and will send to KM.</li> </ul> <p>SLAA</p>

	<ul style="list-style-type: none"> <li>• A positive meeting took place earlier this week.</li> <li>• Good resources are being put together for applicants from each specialty.</li> <li>• Four panels have taken place since restart – 32 applicants assessed and eight accepted onto the specialist list.</li> <li>• Better feedback is being provided – it is hoped applicants will therefore re-submit rather than appeal.</li> <li>• Appeal panels – an advisor from the specialty can be present.</li> <li>• Five more panels are due to take place between now and December.</li> <li>• Looking at bringing in two pathways for 11 specialties to try and make it clear you do not have to have an academic background to get through. Oral surgery and orthodontics are constrained by the EU route but they are looking at putting a third route in.</li> <li>• GDC has been asked to put pressure on Colleges to open up exams to those not in a NTN post.</li> </ul> <p><i>DSC meeting</i></p> <ul style="list-style-type: none"> <li>• JL and SM were invited.</li> <li>• Included a presentation from the GDC on their standards.</li> <li>• Suggestion Ross Scales or one of the team should talk to COPDEND re latest consultation on safe practitioners.</li> <li>• Variable feedback from each school on engagement/interaction with ICBs.</li> <li>• Reminder that NETS survey in England had opened.</li> <li>• Liz Hughes was on the call. A 1:1 was requested with the GDC to ensure we can engage on issues such as Long Term Workforce Plan, temporary registration, and overseas recruitment.</li> </ul> <p><i>DERP</i></p> <ul style="list-style-type: none"> <li>• A meeting took place last week to look at governance structures.</li> <li>• Anything not linked to the Long Term Workforce Plan will not be prioritised.</li> <li>• Three groups will look at tariff (JL), undergraduate expansion and criteria (BW), and foundation training (SM).</li> <li>• JL will take on the previous DERP chair role in stakeholder engagement.</li> </ul> <p><i>NETS</i></p> <ul style="list-style-type: none"> <li>• JS to pull together NETS data for different specialties so a report can be provided to ABSTD.</li> <li>• A small group will be put together to go through NETS data – leads for foundation, core, and specialty.</li> <li>• Consideration to be given to how to maximise returns.</li> <li>• Query raised with Emma Jones re data sharing – all data can be requested using a FOI apart from demographics. Anne Mochrie has been contacted re the data sharing agreement with FDS.</li> </ul> <p><b>Action – DFT, DCT and DST leads to look at NETS output</b></p> <p><i>Regional reports</i></p> <ul style="list-style-type: none"> <li>• Reminder regional reports will be required for December meeting.</li> </ul>
6.	<p><b>COPDEND business managers - VR</b></p> <ul style="list-style-type: none"> <li>• NHSE Dental Business Managers met last week.</li> <li>• METIP returns have now been returned by all regions and expansion posts included. Currently with Jonathan Howes for approval.</li> <li>• Voluntary redundancy and sickness are affecting capacity.</li> <li>• Processing payments is an issue common to all.</li> <li>• TIS data alignment – the group have agreed to pick up at the next meeting and will see whether the TIS team can be involved.</li> <li>• Data entry and consistency is important. Reports pulled by the national team are not aligning with what is believed to be in TIS – there may be a discrepancy with how reports are being pulled.</li> </ul>

	<ul style="list-style-type: none"> <li>• Issue with new starter report/form R not being received – query whether regions are not sending (in which case would like to know which regions) or whether sent but not being received.</li> <li>• Had agreed to share annual stocktake through JCPTD – it is their responsibility to then circulate. Currently a requirement of the Gold Guide but JS to consider for next review.</li> <li>• A data sharing agreement exists between former HEE and Royal Colleges who have access to the data. Gold Guide to be amended to refer to data availability on TIS.</li> </ul> <p><b>Action: - Data sharing access to TIS in England - add as agenda item for ABSTD</b></p> <ul style="list-style-type: none"> <li>• An increased number of IDTs are being noted.</li> </ul>
7.	<p><b>Dental Core Training - MF</b></p> <ul style="list-style-type: none"> <li>• MF took over 03/07/2023 – thanks to KM and DF for running DCTAG.</li> <li>• DCTAG meeting on 03/10/2023.</li> <li>• Fill rates (paper 07.2) – aware of variation across regions and may not reflect start of process.</li> <li>• Fill rates discussed at recruitment group and impact of withdrawal of posts – they will count posts at the opening of recruitment and then check correct fill rate.</li> <li>• Drop out rate and late withdrawals will be focused on next year. A deep dive will be carried out on the types of posts and a full review of the current job descriptions working with unit leads to ensure posts are as advertised.</li> <li>• They are looking at the number of posts flagged as suitable for temporary registrants. Only 28 posts flagged as suitable in DCT posts.</li> <li>• JS to share protocols re temporary registration with JL who will discuss with GDC.</li> <li>• The policy team have been made aware that guidance might not necessarily reflect statute. Pro forma template suggested.</li> <li>• DCT – paper at English Deans re trust funded posts and protocol to follow re approval. Need to relook for dental. Only want to put in trust funded posts if it does not affect fill rate – it would affect fill rate elsewhere. Only allowed 10% on normal number. JL will put on the English Deans agenda and circulate paper before next meeting. There is a template to complete if wanting to have trust funded posts. Trusts are to confirm they will give enough time for supervision. The study leave element is unclear.</li> <li>• Middle years – quite a lot of stocktake and modelling re current system. There are now several run through programmes. Six to 12 months behind in terms of early years. The tender for the curriculum will go live in the next week or so and run for six months until the end of June with a view to having a pilot in place for September 2024.</li> <li>• DCT1 equivalence – difference between process one equivalence and two equivalence. It is hard to quality assure work done overseas (previous experience). An equality impact assessment has been carried out on the proposal. Overseas military is considered UK not overseas. Proposal to no longer recognise overseas experience and some form of recognition as to type of posts they have been in. Pointed out Northern Ireland would need to accept any process England adopt. Need to look at flexibility. There was significant discussion regarding the proposal and that it needs to align to NCDCE. It was agreed it would be useful to circulate the process before the December COPDEND to allow a proper discussion at that meeting. It would also be useful to have the numbers of those applying for DCT1 equivalence next year.</li> </ul>
8.	<p><b>Dental foundation update - SM</b></p> <ul style="list-style-type: none"> <li>• Slides shared.</li> <li>• Number of applicants for Foundation Training for 2024 increased compared to 2023 (1160 compared to 1079), 50 more UK graduates 89% of total for 2024. 11% from overseas. Highlighted some UK graduates are those who did not get the places they wanted last year and reapplied.</li> <li>• It is hoped everyone can be offered a place.</li> <li>• Summary of statistical analysis of DFT included was presented. Improving and tweaking SJT has not made a significant difference. A different solution is required. If using preference informed process, the aim is for this to be done for August 2025 applications, slightly later than anticipated, this is due to current admin support and</li> </ul>

	<p>changes due to merger. This will allow us to learn from the medics. Changes to the recruitment process will go through stakeholders and MDRS.</p> <ul style="list-style-type: none"> <li>• Academic DFT recruitment continuing with South West. Personal specification modified and accepted by MDRS. Meeting with BDA students and committee on 14/10/2023.</li> <li>• DFTAG is going to focus on four areas, DFT and non-UK graduates, DFT: Value for money; Value of DFT-Safer dentists and Working and training differently. Once ready will bring to COPDEND to review.</li> <li>• Education Transition document survey for ESs is out in November. Results will be analysed in December. DFTAG discussed that regions need to ensure that everyone completes it.</li> <li>• Early years curriculum – this is going through a second group. It will hopefully be provided by the end of the year. They will be meet every two weeks and provide content to look at every two weeks. Aiming for sign off at COPDEND early January. To be in place in September 2024.</li> </ul>
<p>9.</p>	<p><b>Dental Specialty Training</b>  <b>Bringing forward a CCST date (paper 09.1) – JS</b></p> <ul style="list-style-type: none"> <li>• The paper explains the process where the CCT date can be changed.</li> <li>• Agreed this will be a COPDEND paper and will go back through DSTAG.</li> <li>• JS to consider the maximum amount of time.</li> <li>• JS to refresh paper and bring it back.</li> </ul> <p><b>Action: - Bringing forward CCST date paper to be prepared</b></p> <p><b>DCT pipeline for DST posts (paper 09.2) – JS</b></p> <ul style="list-style-type: none"> <li>• Concern re appropriate number of applicants for jobs.</li> <li>• Figures contained in paper. ‘Successful’ means appointable at interview but may not mean filled.</li> <li>• All DCT posts have been considered where the job description requires evidence of dental public health.</li> <li>• Discussion re timing of public health exam and little time to gain the skills to get through the assessment.</li> <li>• Comms station has a high fail rate – consider in light of neurodiversity.</li> <li>• Query whether there is potential for reducing the Dental Public Health pass mark,</li> <li>• There is an option of going through national recruitment and then a second round of recruitment for competitive posts.</li> <li>• Query whether DCT recruitment needs to change or just the posts affected – for Advisory Group to consider.</li> </ul> <p><b>Action: - DCT Advisory Group to look at any change in recruitment process to help</b>  <b>Action: - Consider establishing clinical fellow posts to give relevant experience</b>  <b>Action: - National recruitment team to ensure processes are suitable for all</b>  <b>Action: - (for English Deans) National approach to clinical fellow posts for hard-to-fill specialties</b></p> <ul style="list-style-type: none"> <li>• ACF conversion rate to PHDs are more than one in five. Not all have academic aspirations.</li> </ul> <p><b>Action: - DCPs in Dental Public Health to be taken forward by Dental Team Workforce Group</b></p> <p><b>DSTAG minutes (paper 09.4) - JS</b></p> <ul style="list-style-type: none"> <li>• Sedation training will be reviewed for a national approach – how can this be provided for those who need it and appropriate use of resource.</li> <li>• Standardise ARCP – national or supra regional ARCPs in some areas – some of the structures are not working as well as they could in terms of lines of reporting and responsibilities. A Working Group is being put together including two Business Managers to put together a SOP with clear lines of responsibility and reporting and specific recommendations around what needs to be done by specialty. The trainee needs to give access to the ARCP panel for Oral Pathology – the SOP would contain that.</li> </ul>

	<ul style="list-style-type: none"> <li>• Virtual and hybrid learning – suggested put business case together to seek manager at appropriate band to have responsibility to develop virtual and hybrid learning for dentistry with input from faculty. Should be England-wide. There are resources on e-learning for health. Discuss at English Deans before taking forward and update at December COPDEND. There are EDI considerations.</li> </ul> <p><b>Advisory Group attendance (paper 09.5) - JS</b></p> <ul style="list-style-type: none"> <li>• Suggestion every group should have attendance register for advisory groups.</li> <li>• Attendance and feedback by the AD would be expected unless unable to attend due to annual leave.</li> <li>• Agreements from Advisory Groups will need to come to COPDEND.</li> <li>• Template can be used to highlight key points and minutes can be attached.</li> </ul> <p><b>NDSTEF (paper 09.3) - JS</b></p> <ul style="list-style-type: none"> <li>• Terms of Reference included.</li> <li>• Query whether this is still the vehicle for engaging with trainees.</li> <li>• All have a local trainee forum which can feed into this group.</li> <li>• Need to support trainees with time off to ensure engagement and support them in arranging the meetings – CF and team to help organise dates etc. For the group to work out frequency.</li> <li>• Suggestion of webinar for trainees.</li> <li>• Chair and Chair elect could be ST2 not ST3 and higher. Suggestion it should not be restricted.</li> </ul> <p><b>Action: - Update Terms of Reference</b></p> <p><b>DPH portfolio – KM</b></p> <ul style="list-style-type: none"> <li>• This is on a three year contractual basis and very vulnerable.</li> <li>• Funded by HEE and hosted by NES. Funded until end March 2025.</li> <li>• Unclear where responsibility sits.</li> <li>• Query what is used by medics and whether that can be used.</li> <li>• Query whether NES will continue to support it after three years.</li> <li>• Alternative portfolios will also be considered.</li> </ul> <p><b>Dual CCST - DF</b></p> <ul style="list-style-type: none"> <li>• Restorative dentistry plus designated mono speciality identified by patient and workforce needs.</li> <li>• Discussed at DCOG and overall had support apart from a representative from one Royal College.</li> <li>• DF has circulated the letter from the RCS FDS (Edinburgh) raising concerns about the proposal.</li> <li>• The SAC Chair has invited comments.</li> <li>• Agreed study leave can be taken but it will not be funded.</li> <li>• Agreed view required to go to DCOG.</li> </ul> <p><b>Working Group – orthodontics recruitment - DF</b></p> <ul style="list-style-type: none"> <li>• Delighted with the decision to recognise OMFS on par with dental specialties.</li> <li>• OMFS experience equal to other dental specialties.</li> </ul>
10.	<p><b>Dental workforce development</b></p> <p><b>Dental Workforce Development Advisory Group – MB</b></p> <ul style="list-style-type: none"> <li>• Thanks extended to JD for all his hard work.</li> <li>• National course booking system – looking at the alternatives to Accent and Maxcourse used for course management systems for DWD. Agreed would look at the whole spectrum of potential courses with Maxcourse accepted as interim. Procurement exercise now due to start for a dental specific course management programme that England will use. Those using Maxcourse have asked for contract extensions for now. MedAll used by Northern Ireland.</li> <li>• Speaker fees for DWD courses – will take paper to HEE Deans. Fallen behind the BDA rate and under pressure from speakers. There is no increase in the budget for training so will have to reduce something else if increasing speaker fees.</li> </ul>

	<ul style="list-style-type: none"> <li>• Wales have done a procurement process and are all on one speaker framework now - KM to share. It would be useful to know what other nations are paying.</li> <li>• Discussion re blended learning apprenticeship programme (discussed earlier). Large initial working group met this week which will move to smaller Task and Finish group to put something together around the learning programme.</li> <li>• PLVE – all now go through the same process to go on Performers List.</li> <li>• Foundation year as pre registration year – temporary registration cannot work in primary care GDS setting. Rather than change legislation possible that provisional registration will be introduced.</li> </ul> <p><b>Dental Team Advisory Group (paper 10.2) – JD/KM</b></p> <ul style="list-style-type: none"> <li>• Draft Terms of Reference circulated.</li> <li>• JS to put together form of words to cover forum for discussions and strategic decisions regarding commissioning.</li> <li>• Discussion re the potential size of the group. Maximum two per region. Suggest DCP lead and TPD for dental therapy. Larger number of attendees could be invited once a year.</li> <li>• NHSE dental workforce advisor referred to for England only as England are developing the apprenticeships.</li> <li>• Caution re duplicating with Workforce Advisory Group.</li> <li>• Quorum – suggestion of half the membership. Attendance lists to be taken. Days of the meeting to be rotated.</li> </ul> <p><b>Action: – send JD two names and how many sessions they do to get the database together.</b></p> <ul style="list-style-type: none"> <li>• The updated Terms of Reference will be circulated.</li> <li>• The inaugural meeting will be early next year.</li> </ul>
11.	<p><b>Academic update - JL</b></p> <ul style="list-style-type: none"> <li>• New person specification for academic dental foundation training has been put together and will hopefully encourage more to consider applying</li> </ul>
12.	<p><b>DERP – update</b></p> <ul style="list-style-type: none"> <li>• Updated above.</li> <li>• A lot more will become embedded within business as usual.</li> <li>• Main focus is Long Term Workforce Plan, undergraduate workforce expansion, distribution, and early and middle years programmes.</li> </ul>
13.	<p><b>Passing information to SACs</b></p> <ul style="list-style-type: none"> <li>• Covered</li> </ul>
14	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>• BH has been asked for costing in potential impact of removal of amalgam. No one else has been asked. Wales stopped teaching amalgam three years ago.</li> <li>• Sexual harassment raised at DST induction and how seriously this is being taken.</li> <li>• DFT vicarious liability question raised with lead employer. All foundation dentists should have their own normal indemnity and educational supervisors would still have to have indemnity. This has not changed with lead employer.</li> <li>• Payment for therapy training practices – SM to ask BSA whether payment will become part of regular PA system if agreement on national tariff.</li> </ul>