

## **Education Committee**

**24 April 2008**

### **Members Present**

Paul Cook

Edward Attenborough

Barry Cockcroft

David Herbert

Lesley Kant

Mike Martin

Hew Mathewson

Mabel Slater

Denis Toppin

Also present: Derek Prentice – Chair of the Strategic Review Group, Kit Philip – External Relations team.

## **Minutes**

### **Apologies and introductions**

1. Barry Cockcroft sent apologies. Duncan Rudkin attended but arrived late owing to a previous meeting overrunning.
2. Paul Cook welcomed Derek Prentice to the meeting and thanked him for chairing the review and reporting to the Committee in accordance with the agreed timetable. Paul also welcomed Kit Philip of the External Relations team, who would present to the Committee on recent developments in relation to consultations and patient and public involvement.

### **Strategic review final report**

3. Derek Prentice took the Education Committee through the report. The Committee welcomed the report and asked that the following comments be referenced in the final document to go to stakeholders:
  - i It should be made clear that there was some overlap in membership between the Strategic Review Group and the Education Committee.
  - ii It should be stressed that the review was not a criticism of what had been done in the past. There was a difference between claiming to be experts and making use of experts, as we had done in the past.

- iii The two key points, that the GDC would define the outcomes it requires, but would not design or approve schools' individual curricula or define the length of pre-qualification education, should be given more emphasis. It was important to emphasise that meeting the outcomes would be required i.e. the outcomes themselves were binding, and not to underestimate the work involved for the schools. A move to outcomes would clearly have a substantial backwash effect on the curricula.
- iv There was a pressing need for the GDC to develop a position on how risk will inform its work. Similarly, the GDC should not underestimate the work involved in achieving a patient-focused approach to regulation, and these points applied across the GDC and not just to education and quality assurance.
- v The importance of equity in the treatment of applicants for registration, from whichever route, was emphasised.
- vi The Committee endorsed the pre-qualification findings in the report and accepted the Strategic Review Group's recommendation that it should pursue Option A(ii) and C.
- vii The Committee felt that, in the light of the strategic recommendation that the focus of the specialist lists should be oral health need, the existence of all the current lists should be reviewed. As part of this review, the issue of whether new lists should be created should also be examined. Such consideration should include the areas of implantology and cosmetic dentistry. Such a review should be supported by research into what patients and the public understand by specialist listing, and should cover all groups of registrant.
- viii The Committee accepted that the scope of practice consultation would impact on the position post-qualification with regard to DCPs, and that it should review that, and its current interim policy on the approval of extra skills for DCPs, once the outcomes of that consultation were known.
- ix The Committee noted the Group's recommendations in relation to CPD, additional skills and qualifications. It expressed the view that Option E would be likely to confuse the public (particularly given the existence of Dentists with Special Interests) and accepted the recommendation that the Specialist Dental Education Board should continue to pursue Option F. It would address the issue of additional skills and qualifications with stakeholders following the close of the current formal consultation.
- x The point about the adequacy of undergraduate training for the practice of implantology would be clarified, in line with the wording of the Council's interim policy statement on training standards in implantology.
- xi Clarification of the legal position with regard to DCP skills escalation. The law prevents DCPs becoming dentists incrementally, and practising in all but name the role of another DCP group without registering under that title. The scope of practice consultation would inform any work on identification of the scope for moving from one DCP group to another but had expressly not considered the issue of career pathways at this stage.

#### *Consultation and public involvement*

4. The Committee welcomed Kit Philip's presentation on the work currently being undertaken to secure meaningful patient and public involvement in the Council's work. It felt that the work was long overdue, but supported current developments as a useful starting point in taking this key issue forward.

5. It was noted that consultations can serve two purposes; one is to engage stakeholders and to seek their views, the second *can be* with a view to providing an evidence-base for policy development, but the latter requires significant skill and understanding in research methods and qualitative and quantitative analysis. Frances Garratt explained that a post was being recruited to the Quality Assurance team so that the team could provide an organisation-wide lead on the development of an evidence-base to inform GDC policy. Part of this work would be to commission work to gather and analyse FTP data much more effectively than at present.
6. Focus groups were currently being asked, among other things, for their views on specialist listing and additional skills and qualifications, to inform the current consultation.

#### *Presentation of report to stakeholders*

7. There was some discussion around presentation of the Strategic review report to Council and stakeholders.
8. It was accepted that, as a matter of governance, the Strategic Review Group report stood, and should not be altered. However, it was open to the Education Committee to adopt the report as drafted, for its comments to be inserted and identified within the body of the report, or to use the report as a basis for producing its own report. The Committee agreed that the comments it had identified should be included in text boxes in the body of the report.
9. In relation to the GDC's expertise reflecting patient needs and wishes, it was observed that many professional stakeholders retain the belief that the GDC is an 'expert' educational body, and the 'sole competent authority' for postgraduate dental education. It was acknowledged that a lot of publicity and communication would be needed around the report.
10. Frances Garratt suggested that an approach would be to hold workshops with key stakeholders, to discuss the report findings, and to put the Committee in a position where it would be able to return to Council with a clear set of recommendations for the way forward, having already engaged with stakeholder groups. The Committee agreed this. Paul Cook would, as part of the Committee's annual report to Council in June, explain this approach and update the Council on the review.

#### *Implementation*

11. On implementation of the pre-qualification recommendations in the report, the Committee noted that the GDC would need to develop and own (buying-in expertise where necessary) the outcomes required for pre-qualification education. The Council must do that work; it would be incompatible with the wider focus of the strategy to delegate it. The outcomes would need to be flexible to change.
12. Paul Feeny explained to the Committee how a risk-based quality assurance system, such as that envisaged by Option C in the report, might work. Mike Martin suggested that as part of the process, better use should be made than is currently the case, of internal QA reports from universities.
13. There was some discussion around the practicality of the GDC not specifying the length of pre-qualification programmes, despite agreement that to do so would be incompatible with the strategy. Frances Garratt suggested that providers might agree best practice on the minimum length of training courses. This was a moot point in relation to undergraduate dental programmes which are required to comply with European Directives currently specifying five years as the minimum length of training for dentists.

#### *Any other business*

14. The Committee thanked Derek Prentice for his chairmanship of the Group and also paid tribute to the work of Frances Garratt on the report.
15. David Herbert would chair the next meeting, on 17 July, in Paul Cook's absence on holiday.