

GDC Education Committee

12 February 2009

Members Present

	Paul Cook
Edward Attenborough	Barry Cockcroft
David Herbert	Lesley Kant
Hew Mathewson	Michael Martin
Mabel Slater	Denis Toppin

Staff present for some or all items: Frances Garratt, Ewen Macleod, Pravat Bhattacharyya, Amanda Little.

Minutes

Apologies for absence

1. Apologies were received from Duncan Rudkin. Barry Cockcroft had to leave at lunchtime.

Minutes of the meeting on 8 December 2008

2. Paragraph 9 should read 'two parts' not 'tow parts'.
3. Paragraph 23 – Barry Cockcroft's declared interest was because he was a member of the joint implementation group, not because the Department of Health partially funded the course.
4. Subject to the amendments above, the minutes were approved.

Decision log and matters arising

Sufficiency terminology

5. Frances Garratt recommended that now was not the correct time to change terminology bearing in mind our recent guidance, the lack of any obvious alternatives, and stakeholder familiarity with the existing terms.

6. The terminology would be revisited when we introduced the new quality assurance processes in due course, but it was agreed that 'sufficient for registration' would clarify the use of the term 'sufficiency' in the meantime.

Identity checking of ORE candidates

7. Paul Cook read out a note from Duncan Rudkin. The identity of candidates is checked as part of the ORE registration process, which requires recent photos and certified copies of passports. The identity of candidates is checked again at the examination and witnessed by GDC staff. The GDC will shortly conduct a comprehensive review of its identity verification processes (across the board rather than solely in the ORE context).
8. Mike Martin expressed concern that identity is only checked on day 1 of the examination, not every day. It was suggested that someone from the GDC might be there for the whole examination, although the Committee noted that the consortium had operational responsibility for this.
9. Lesley Kant questioned whether there was evidence of fraud occurring in the exam process and was concerned about disproportionate policy responses on the basis of suspicion rather than robust evidence. The Committee agreed that ensuring the identity of ORE candidates was a proportionate response to the potentially serious risks to patient safety arising from registration and the GDC had to make sure the process was robust.
10. Frances Garratt would take the matter forward with Duncan Rudkin.

Interim First Five Years

11. The updated document had been sent to dental schools.

Staff names on the agenda

12. The committee asked for the names of staff who would be attending to be included on the agenda for the next meeting.

Declarations of interest

13. Niamh O'Sullivan was taking forward the Committee's template for declarations of interest across the Council. It was agreed that the Committee would adopt it in advance of a Council-wide process being agreed.

Decision log

14. Hew Mathewson asked about Telford College. It was explained that the College had been inspected in November and a report would come back to Committee in April.
15. Mike Martin asked for clarification about Item 2 – 'investigate the role of RCS in relation to GDC', which concerned course submissions where the RCS provided an end point exam without further QA of the course, where the exam was not necessarily connected to the course being approved. There would be ongoing discussions with the College to clarify who the awarding body is in these situations and to avoid assumptions that RCS exams were automatically 'GDC accredited', or that they were a necessary prerequisite for GDC approval, which is not the case. Staff were dealing with this in ongoing contacts with the Royal Colleges.

16. Mike Martin asked for clarification about Item 17. Compliance with Department of Health disinfection guidance and disability discrimination were the issues referred to. It was agreed that the log should be amended to be clear about this.

Operational decisions

Item 4 – Provisional approval of University of Northampton Foundation Degree in Dental Nursing

17. The Committee granted provisional approval.

Item 5 – Provisional approval of Edinburgh Postgraduate Dental Institute BSc in oral Health Sciences

18. The Committee questioned the long list of names of members of staff included as part of the submission. This was a generic issue and it was suggested that guidance should be given in the future that only individuals involved in the delivery of the programme should be included. It was noted that teaching inputs would not be requested by the GDC in the future.
19. The Committee granted provisional approval.

Item 6 – Provisional approval of University of Kent CDT programme

20. This was a full time programme, distinct from the accredited prior learning programme approved previously. One assessor had raised the concern that further detail should be supplied in respect of selection of applicants without formal qualifications and the yardstick which would be applied.
21. The Committee agreed that it was important to emphasise that, so far as the GDC was concerned, this was not relevant, as registered dental technicians had equal status by virtue of their GDC registration.
22. The Committee granted provisional approval.

Item 7 – Royal College of Surgeons of England LDS examination

23. Staff would write to the Royal College requiring submission documentation to be provided under the approvals process.
24. There was concern that the qualification had been significantly modified, and had not been awarded for a long time. The policy is that significant modifications require a re-submission for approval.
25. There were also concerns about conflicts of interest given the involvement of some of the Consortium members of the ORE in the delivery of the proposed LDS. These would be taken forward with the Consortium separately by staff, since they did not relate to the sufficiency of the LDS as a qualification.

Item 13 – Medical Education England and Modernising Dental Careers (oral update)

26. Barry Cockcroft updated the Committee on recent developments with Medical Education England (MEE), which represented a significant

opportunity to influence and inform policy in the Department of Health. Sir Christopher Edwards has been appointed as its chair.

27. Within the MEE structure there will be a dental programme board reporting to the main committee. The main areas of work for the dental programme board will be:
- An assessment of dental need in England
 - Issue of skill mix in the delivery of dental care
 - 'Modernising dental careers'
 - A review of Oral Surgery
 - The board will also feed into the main MEE workstream on issues around national workforce planning of small specialties
28. It was noted that this was an important piece of work, especially the work on oral health demand, skill mix and small specialties. There should be joined up thinking with other administrations and the work of the GDC. The approach to small specialties was particularly welcomed, as there was a need to assess the oral health need for these before developing workforce planning around them. GDC staff would liaise with the Department on MEE issues (and may be members of some workstream groups).

Item 8 – QMUL graduate entry BDS programme – sufficiency decision

29. Denis Toppin declared an interest as he attended the inspection. It was agreed that the last recommendation (to the GDC) in the report would be removed, since it was a statement and not a recommendation, and its meaning was unclear. The Committee found the course to be sufficient.

Item 9 – UWIC BSc and Foundation degree in dental technology

30. After reviewing the inspection reports in December, the Committee decided that staff should go back to the school to get a different set of observations which more fully addressed the report's requirements and recommendations. The school has since provided an updated set of observations, which are with the inspectors now. A decision on sufficiency would be made at the April meeting.

Item 10 – Bristol Diploma in orthodontic therapy

31. The report highlighted no major issues to be addressed. The project referred to in paragraph 21 had been discontinued. There was some concern about lack of central recording of data on treatment types and grades awarded. Pravat Bhattacharyya explained that this had been covered in the school's observations and could be followed up through annual monitoring.

Item 12 – OREB update

32. Mike Martin updated the Committee. He felt that significant progress had been made with the examination, including the resolution of blueprint issues with the Consortium, improvements in obtaining more realistic and

informative candidate feedback, and the resolution of issues with Frasaco teeth. Numbers for the second part of the exam were well down. It was noted that the standards of final exam candidates and their ability to pass is rising steadily.

33. Hew Mathewson was concerned by numbers failing the medical emergencies test. Frances Garratt would seek an update on this as it had not been discussed at the last meeting of the OREB.
34. The OREB Chair would produce a full annual report for the Committee.

Item 15 – Student FTP consultation

35. Paul Feeney and Peter Butler were currently meeting the Dental Schools Council to discuss the consultation, the current draft of which incorporates changes following the Committee's previous discussion, and will be put out for consultation shortly.

Item 14 – Quality assurance process documents and update on interim QA system

36. Pravat Bhattacharyya introduced the paper, which outlined interim changes to the GDC's QA process. The Committee noted the continually improving quality of reports to the Committee and observed that Education Committee meetings are much quicker now because of the quality of paperwork. The Committee was also pleased with the significant improvements made to the quality assurance process.
37. Suggestions for the new process, which would be explored as part of development of the new process, were:
 - a. Continuing use of teleconferences or meetings in hotels prior to inspections. Lesley Kant felt that this should be a full day meeting of all inspectors. Such an approach would be explored in developing the new system.
 - b. The Committee agreed that proper calibration of inspectors was important. Mike Martin felt that the recruitment and selection process should ensure an understanding of dentistry as a whole, particularly undergraduate assessment. The Committee felt that thorough training for inspectors e.g. a 2-3 day residential course with task-based assessments (possibly including time spent in an actual dental or DCP school) would be necessary before inspectors were sent on a full inspection.
 - c. Inspection dates should be set by the GDC and adhered to by the schools. Pravat explained that this was now happening.
 - d. Lesley Kant felt that observation of teaching episodes would be useful.
 - e. the questionnaire for completion by assessors might ask for views on specific curriculum areas.
 - f. the open statement welcoming comments at the end of the guidance should be replaced by a questionnaire, to encourage feedback. This would be implemented immediately.
38. Principles for the new approach to QA across the GDC's work would be brought to the next Committee meeting. These would build on the approach

outlined in the Strategic Review i.e. an emphasis on outcomes rather than inputs, and risk-based quality assurance against outcomes.

Item 11 – Strategic Review implementation: policy and planning

39. The paper the Committee would be asked to agree at its April meeting on principles of the new QA system would form the framework for the SDEB's work on specialist QA, as well as the pre-qualification QA process to be developed. It was agreed that a report from the SDEB would be included as a standing item on future Education Committee agendas from this point forward.
40. The Committee noted the implementation plan for the Strategic Review. The Committee discussed translation to outcomes, and whether enough time had been allowed for dental schools to comply and change their curricula. It was debatable how much effort would be needed for the schools to make changes and the timetable would inevitably respond to any significant issues raised in consultation.
41. Frances Garratt explained that communication with the DSC was ongoing and that they would be involved at every stage. We would look at 'transitional arrangements' if necessary. This should not be a radical change for dental schools but a more gradual change.

Annex A:

42. The Dental Team Outcomes Project was outlined. This process would be staff led, reporting to the Education Committee. It would focus on oral health need rather than being led by education providers. Expertise will be brought in as necessary to inform the work. In the first instance, this would focus on expertise in dental public health, since public needs and expectations should drive the outcomes.
43. The Committee suggested Helen Falcon would be an appropriate person to be involved in the project. Staff would, in addition to dental public health expertise at consultant level, identify a specialist registrar in dental public health.

Annex D:

44. The Committee approved the interim edition of Developing the Dental Team, subject to one minor change in the Foreword ('has become dated' rather than 'things we are not interested in').

Annex B:

45. Frances Garratt explained that she had attempted a rough draft of a possible approach to producing ethical guidance to cover the misuse of qualifications and specialist titles. Responsibility for drafting such a guidance would rest with the Standards Committee, and Education Committee would have input into the process to ensure that its policy concerns around additional qualifications were addressed. The Committee welcomed the suggested approach.
46. The Committee suggested that:
 - a. Any guidance should stop DCPs from claiming they are specialists as well as dentists not on one of our specialist lists. There should also be a clear list of existing specialist titles that can be used by dentists only if they are on the relevant list.

- b. The guidance should also state that any advertising/publicity is the responsibility of the registrant (whether or not, for example, they have a website manager who has written and placed an advert for them).
 - c. The Committee felt that only degrees and qualifications 'directly relevant to dentistry' should be used by registrants. Guidance should also caution registrants against telling patients they are a member of the BDA (or similar organisation), which patients might assume to be a qualification.
47. It was accepted that, under the current legislative provisions and fitness to practise powers, it was difficult to act in relation to 'offences' which did not go to serious impairment (of conduct, health or performance), but were clearly detrimental to the public interest. The Committee recognised that this issue is to be explored by the Fitness to Practise Policy Committee, but it will be a significant period of time before such issues are resolved, since changes to our legal framework will be required.
 48. The Committee agreed that ideally, the suggested areas to be covered would be covered in rules, rather than guidance. However, it also wished to pursue the proposal for this approach to additional skills and qualifications as soon as possible, and to issue guidance pending any necessary legislative change, given the long period over which the issue has been discussed and concerns among stakeholders about resolution of the issue.
 49. Frances Garratt would take this forward with Janet Collins.
 50. Hew Mathewson asked when the full policy proposal would come to Council for decision. It was explained that this Council would not be able to make a final decision on the issue, if the timings for appointment to a new Council were adhered to. The timetable suggested that a new Council would have to consider the issue at its first meeting, but it was explained that there was no intention that that should occur. Hew asked if the matter could be brought forward so that it was resolved by the current Council¹.

Annex C:

51. The Committee considered the draft consultation paper, which it had asked for at the last meeting. It was noted that the Care Quality Commission may be asked by the Department of Health to look at the placing of implants, which would potentially involve inspection and monitoring, although it was not easy to see how this might address the relevant issues and it would be some time before the CQC undertook any such role.
52. It was agreed that paragraph 7 should be amended to state that "the dentist should also ensure that the alternative treatments are presented to patients and appropriate informed consent is sought". The definition of implantology would be amended slightly.
53. Staff would specifically consult the defence organisations for their input.
54. The draft consultation was approved.

Any other business

Verifiable CPD

¹ This was explored the day after the Committee meeting and it was established that this would not be possible since there would be inadequate time for a proper consideration of the issues by the Standards Committee and Council.

55. Mike Martin was concerned that it is still possible for registrants to get all their verifiable CPD online or via journals without interacting with colleagues, which is an important part of the educational experience. Others were concerned about the length of time it takes to do online CPD compared with the number of hours awarded on certificates. The value of non-verifiable CPD was also questioned.
56. Frances Garratt informed the Committee that the Revalidation Working Group was responsible for changes to the CPD policy (CPD processes being the responsibility of the Registration Committee), and was considering the need to demonstrate interaction with colleagues as part of revalidation proposals.
57. The GDC consulted last year and respondents were in favour of keeping non-verifiable CPD (because it encourages reflective learning). There were no plans to change the policy at this stage.
58. There was no evidence to suggest that dentists were over-reliant on online or journal CPD, and the GDC will continue to have discussions with any providers – whatever the method of verifiable CPD they are offering - that do not seem to be complying with the CPD guidance for education providers.
59. The results of the current CPD audit, once complete, will be circulated to the Committee. The Committee agreed that the current CPD system had been a big success.

Dental Bodies Corporate

60. Edward Attenborough raised concerns about the regulation of dental bodies corporate and the risk that some dentists are forming companies and then using insolvency law to avoid financial obligations. These concerns would be passed to the Registration Committee, which is looking into the matter.

Date of next meeting

61. 23 April 2009, venue to be confirmed.