



## UNCONFIRMED MINUTES

### UK COMMITTEE OF POSTGRADUATE DENTAL DEANS AND DIRECTORS

24 July 2024

## COPDEND Business Meeting

**Attendees:** Jane Luker (JL) - Chair; Adrian Farquharson (AF); Stephen Atkinson (SA); Paul Blaylock (PB); Malcolm Brady (MB); Brid Hendron (BH); John Darby (JD); David Felix (DF); Deborah Colvin (DC); Donna Holden (DH); Mike Foster (MF); Kirstie Moons (KM); Manjula Das (MD); Sana Movahedi (SM); James Spencer (JS); Charlotte Winship (CW)

**Secretariat:** Claire Francis (CF)

**Apologies:** Liz Thomas (LT); Victoria Rowlands (VR); Kirsty Hill (KH)

Item	Title & Discussion
1.	<p><b>Welcome, Introductions and Apologies</b></p> <p><b>Declaration of conflicts of interest</b></p> <ul style="list-style-type: none"> <li>• None</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 15.05.2024 (paper 03)</b></p> <ul style="list-style-type: none"> <li>• Approved as an accurate record</li> </ul>
4.	<p><b>Action tracker (paper 04)</b></p> <ul style="list-style-type: none"> <li>• JL and CF to adjust action log – in particular topics column and due date.</li> <li>• COPDEND newsletter – content required early September to be reviewed at the October COPDEND meeting.</li> </ul> <p><b>Action: - Action 62 closed but additional action to be added to arrange a meeting in November (action 74)</b></p> <ul style="list-style-type: none"> <li>• Action 63 closed re steering group chair (dental specialty training) – the aspiration is someone from the specialty leads the recruitment process and chairs it. It does not have to be the SAC chair.</li> </ul> <p><b>Action: - JS to look at SLA with recruitment sub-group to consider a term of office and define the role and who takes responsibility for different aspects – suggestion the chair and lead dean do not change at the same time (action 75)</b></p> <p><b>Action: - COPDEND October meeting – CF to check payment with Jonathan Howes. KM to put her business manager in touch with CF (action 76)</b></p> <p><b>Action: - Educational supervisor recruitment risk for next year to be added to risk register – CF and SM to populate (action 77)</b></p>
5.	<p><b>Risk register (paper 05)</b></p> <ul style="list-style-type: none"> <li>• Governance - in England the risks will be shared up through English Deans. The COPDEND risk register does not replace individual risk registers in regions/nations.</li> <li>• The description of the risk will include whether UK or which nations it is a risk in.</li> </ul> <p><b>Action: - Dental Public Health e-portfolio risk to be added – KM to provide wording (action 78)</b></p>

	<ul style="list-style-type: none"> <li>• Suggestion DCT recruitment and special care dentistry should be added to the risk register.</li> <li>• Suggestion that each nation and region bring their own risk registers to a future meeting to look at commonalities.</li> <li>• Succession planning to be added to risk register – consider balance of foundation, core and specialty experience among Dental Deans.</li> </ul>
6.	<p><b>COPDEND and COPMeD – working together (paper 06(i)(ii)) – JS</b></p> <ul style="list-style-type: none"> <li>• The COPDEND terms of reference were shared with COPMeD to ensure both groups work effectively together, communicate, and where necessary provide a united front.</li> <li>• Suggested form of words added to paper 06(i) – COPDEND will work collegiately in close collaboration with COPMeD on issues of common interest and ensure that this is facilitated through effective communication - form of words agreed by COPDEND.</li> <li>• Geoff Smith has offered to attend COPDEND on behalf of COPMeD.</li> </ul> <p><b>Action: - Agreed ToR wording to be sent to COPMeD with query re what they consider effective communication to be – JL (action 79)</b></p> <p><b>Action: - CF to share word version of ToR with JS (action 80)</b></p>
7.	<p><b>Chair's update - JL</b></p> <p><i>Update</i></p> <ul style="list-style-type: none"> <li>• First tranche of extra dental students – 41 total – in 2026. The Office for Students need to have the views of NHSE on how they should be distributed or what method they should use for distribution by September. This is being worked through on technical data such as distribution of dental schools, deprivation, need, and several other factors – similar to that used for medical expansion. Likely the 41 will be distributed to existing dental schools in England as unlikely any new schools would be guaranteed to be open and running for September 2026. Still debating whether there will be a one-year allocation or multi-year allocation. Both will be modelled - likely one year allocation.</li> <li>• GDC drafted guidance re new providers - need to go through submissions process to see if programme viable then goes back to DHSC /Privy Council who award dental authority status – suggestion to speak to neighbouring schools.</li> <li>• Therapy hygiene expansion – Diane Hart setting up separate group to look at dental therapy expansion. Numbers collated by Mike Wheeler show only 11 off the total trajectory of the Long Term Workforce Plan. Validation of the numbers is important to see where baseline is at the moment.</li> </ul> <p><i>JCPTD update (paper 07.2)</i></p> <ul style="list-style-type: none"> <li>• Summary paper shared. There will be one assessment for all specialties for their specialty exam across three UK colleges and the Royal College of Surgeons in Ireland.</li> <li>• They are going to look at open access of the exams and are now working with the SACs to decide what should be in the summative assessments. They want as much commonality as possible.</li> <li>• The new examination should come in by September 2026.</li> <li>• COPDEND discussed proposed inclusion of generic curriculum in summative assessment – it had previously been agreed at DCAG this would not be the case unless there was a clearly stated overlap in the specialty part of the curriculum. Concern highlighted re separate station to assess communication, and whether any examiner would know of the arrangements in all four nations to be able to assess management of healthcare delivery.</li> </ul> <p><b>Action: - Letter to be sent from COPDEND to the college leads and the Deans of the four colleges setting out their concerns. DF to prepare first draft (action 81)</b></p> <ul style="list-style-type: none"> <li>• Further proposal to revamp the MFDS examination.</li> </ul> <p><i>Response from DSC on foundation training recruitment timeline (paper 07.3)</i></p> <ul style="list-style-type: none"> <li>• Formal response to be sent to DSC advising the timeline will not be changed. If a school is unable to meet the timeline then reasons and proposed date they will be able to provide the pass list will need to be given. At least two schools</li> </ul>

	<p>had exceptions last year.</p> <p><i>COPDEND recruitment workshop – October</i></p> <ul style="list-style-type: none"> <li>• ADs will not be invited to the workshop as it will be high level and not go in to operational detail – only attendees will be Postgraduate Dental Deans, the national recruitment team, and Geoff Smith to discuss ticket to train.</li> <li>• Once the strategic direction is known, it will then be taken back to the individual foundation, core, and specialty training advisory groups.</li> </ul> <p><b>Action: - JL to send a formal letter to DSC re the DFT (action 82)</b>  <b>Action: - Send JL a list of what is working well and what needs to improve/change – list to be provided by the end of August (action 83)</b>  <b>Action: - DF to share the vocational timeline for training in Scotland when available (action 84)</b></p>
8.	<p><b>COPDEND Business Managers</b></p> <p><i>Update from COPDEND Dental Business Managers – DC</i></p> <ul style="list-style-type: none"> <li>• The first meeting took place in May. They reviewed representatives on the advisory groups. Suggestion for a NHSE business manager to sit on the workforce advisory group - Hannah Glew to attend.</li> <li>• Agreed the frequency of meetings would remain at four per year as a COPDEND collective.</li> <li>• NHSE business managers will meet more frequently for informal meeting providing peer support – next meeting 06/08/2024.</li> <li>• High priority is standardisation of TIS to make reporting easier.</li> <li>• Terms of Reference will be reviewed re new chair election.</li> <li>• An attendance log will be maintained for meetings. Dental Deans want to encourage attendance.</li> </ul> <p><i>Update from NHSE WT&amp;E Business Managers - SA</i></p> <ul style="list-style-type: none"> <li>• SA role has now been made permanent in the North West – Head of Deanery Operations. SA will link with DC.</li> <li>• Finance and budget complications in NHSE highlighted affecting DERP monies and what can and cannot be done with the money when in regional budgets. This links to staffing and recruitment problems. Educator recruitment is also an issue.</li> <li>• SA will link with LT to establish the link between DERP and SMG.</li> <li>• A COPMeD Senior Managers Forum meets quarterly which SA or a deputy attends – every region is represented. Suggestion to include COPDEND business managers update on the agenda.</li> <li>• Query re single cost centre codes going to national cost centre codes meaning visibility will be lost. Educators and staff should sit at regional level, everything METIP should sit with national team – confirmation awaited.</li> </ul>
9.	<p><b>Report from external bodies</b></p> <p><i>GDC update - MD</i></p> <ul style="list-style-type: none"> <li>• <a href="#">Slide</a> shared.</li> <li>• Specialist list assessed application routes consultation – wish to remove academic and research route and introduce new route. New routes to be in place by 01/01/2025.</li> <li>• Revision of quality assurance process for specialty training and education – want to deliver proportionate process. Event planned for November including Deans and colleges – dates to be shared shortly. Emma Jones to be invited. Separate meeting to be held in September with JL, JS and DF together with meeting with deans to input into the agenda.</li> <li>• Revision of standards proposed for 2025-26. Deans to be included.</li> <li>• Development of process to evaluate specialty curricula. They will learn from the GMC process and will also share with deans at an early stage. Responses will be from SACs but they will be expected to provide evidence from Deans re how it is going.</li> <li>• Development of process to revise specialty curricula – implementation 2027-29. Orthodontics and paediatrics likely in first tranche.</li> </ul>

	<ul style="list-style-type: none"> <li>• Open access - want to be clear about criteria for who should sit the exam.</li> <li>• Tom Whiting is the new GDC CEO. JS JL and KM to meet with Tom. Happy for him to attend COPDEND meeting.</li> <li>• Undergraduate – they are revising the draft standards of registration and pre-registration. Stakeholder events were held in March. It is going to Council in September. A consultation will go out for 12 weeks at the end of the year.</li> <li>• They are looking at the implementation of learning outcomes – the vast majority will be from September 2025.</li> <li>• Provisional engagement – meetings are being picked up again with DHSC following election.</li> <li>• Imbalance in resource for FTP and education and training – they are trying to discuss opportunities with the new Chief Executive.</li> <li>• Concern that one in four new graduates do not feel ready for the workplace. Concern from COPDEND re reduction in clinical activity being undertaken in dental schools – cannot continue to pick up in foundation. For regulator to determine whether ready for practice or not. Learning outcomes published September 2023 and GDC are working on implementation to ensure new registrants have the skills and experience to be safe practitioners. Specific requirement – do not sign any individual off who has not fulfilled learning outcomes and demonstrated necessary professional behaviours. Suggestion that schools give the GDC the number of hours they are spending in clinic. There is variation between schools.</li> <li>• Dental nursing – quality assurance by the GDC is via quality control of awarding organisations. A survey has been carried out with awarding organisations and will be drawn together in September/October for two working group days – one for awarding organisations and another for delivery centres and students. They will add data from the survey of dental nurses with regards to workforce to take forward some recommendations in the new year.</li> <li>• Concern at the impact on educators and patient safety concerns. MD hoping to discuss with policy colleagues in the next couple of months and will then broaden out to Dental Deans.</li> </ul> <p><b>Action: - JL to arrange a meeting with Tom Whiting to include COPDEND Chair and Vice Chairs (action 85)</b></p>
10.	<p><b>Dental foundation training (paper 10.1) – SM</b></p> <p><i>Update</i></p> <ul style="list-style-type: none"> <li>• 915 placements of which 903 went to UK graduates.</li> <li>• There are 60 on the reserve list for those qualified overseas.</li> <li>• There are problems when overseas qualified applicants are offered a post but do not have their GDC number. They are being clear in the personal spec and guidance.</li> <li>• Vocational training - Scotland 166 training numbers but 25 remain unmatched. They lost a significant proportion of international students. Under recruited this year. Considering possibility of running a calendar scheme (mid-year scheme) starting January to pick up individuals re-sitting finals in November/December. England will not be running another mid-year scheme.</li> <li>• They are working on estimating the number of places needed for 2025 – estimate provided in paper. Approximately 1,153 across the UK.</li> </ul> <p><i>Dental therapy foundation training</i></p> <ul style="list-style-type: none"> <li>• DFTAG have had an ongoing item on dental foundation therapy and a dental therapy lead is invited on rotation.</li> <li>• Therapy leads are keen to ensure some sort of national recruitment. DFTAG discussed how resource-heavy that would be. A paper will be put together for DFTAG to consider. Recommendations will come to COPDEND.</li> </ul> <p><i>Early years pilot</i></p> <ul style="list-style-type: none"> <li>• The curriculum is ready.</li> <li>• They will meet every month to get feedback.</li> <li>• The number of training practices dropping out after appointment varies between region</li> </ul>

	<p>– highest number in London KSS. Many practices considered additional UDAs and an associate in practice more worthwhile than a foundation dentist.</p>
<p>11.</p>	<p><b>Dental Specialty training</b>  <i>Recruitment - JS</i></p> <ul style="list-style-type: none"> <li>• ST4 orthodontics recruitment ongoing – finishes 01/08/2024. There are more posts than applicants.</li> <li>• Specialty recruitment 100% fill rate with the exception of oral medicine (two out of three posts filled) and ST4 paediatric dentistry (19 out of 21 posts filled). Big problem area is special care (eight out of 15 posts filled).</li> <li>• Once final numbers are available JS will approach KM DF and BH to see whether any local recruitment was ongoing to establish the number of specialty trainees starting this September on the new curricula.</li> </ul> <p><i>DST Personal Development Opportunities (paper 11.1(i)(ii)) - JS</i></p> <ul style="list-style-type: none"> <li>• Aspiration from DSTAG that opportunity to do masters was open to all trainees. Paper includes all opportunities open to specialty trainees.</li> <li>• Start of process to make trainees aware of the opportunities. To be taken to DSTAG. They have utilised the SACs, NCDCE etc. and thought useful to share with DSC ABSTD and ADH.</li> <li>• Suggestion to include flexibility of training in the title – Flexibility of training personal development opportunities for specialty training.</li> <li>• The aim is to communicate to trainees the opportunities that are available to them that already exist.</li> <li>• The research option should be moved further down the paper.</li> </ul> <p><i>IDT process - JS</i></p> <ul style="list-style-type: none"> <li>• Previously agreed there would be a separate dental IDT process.</li> <li>• Thames Valley &amp; Wessex to support.</li> <li>• Noted the medical process now allows trainees to move into any nation in the UK on an outcome 1, 2 or 3. They also have criteria which allows transfer for any reason without evidence of change in circumstances.</li> <li>• Agreed dental would still have a separate process but medical process would be reviewed, and the dental process updated. Category 5 used in medicine would not be adopted in dental.</li> <li>• Query whether there should be a stipulation when an applicant can apply.</li> <li>• Suggested may need clarification re involvement of Dean on panel to ensure no conflict.</li> <li>• Exceptional circumstances with Dean’s discretion – 2b – suggestion to amend to ‘An IDT is also possible at the Postgraduate Dental Dean’s discretion in exceptional circumstances’ and remove ‘for other reasons’.</li> <li>• For IDTs on an outcome 2 or 3 proposal to include ‘and with the agreement of the recipient Dean’</li> </ul> <p><b>Action: - JS to update IDT paper and bring back to COPDEND (DF to send medical IDT process to JS) (action 86)</b></p> <p><i>NDSTEF meeting report - JS</i></p> <ul style="list-style-type: none"> <li>• JS and JL attend the first part of the NDSTEF meeting to discuss items of common interest. That is then followed by a closed section for trainee representatives to allow free and open discussion.</li> <li>• There has been good engagement and an attendance grid is taken which will be shared in the future once the meeting is established.</li> <li>• The Terms of Reference were agreed at the meeting. The chair will be in post for one year. There will also be a chair-elect and secretary, plus an LTFT and academic representative – all from within the regional representatives. Expressions of interest requested – all to encourage representatives from their regions.</li> <li>• Proposed workstreams include trainee resources being developed to inform trainees around opportunities, someone looking at study leave policy so clarity re differences across four nations, someone sitting on study leave group for England, ARCP dates,</li> </ul>

	<p>and exam fees.</p> <ul style="list-style-type: none"> <li>• A template for feedback from trainees will be shared.</li> <li>• The next meeting dates have been agreed.</li> </ul> <p><i>NCDCE update – BH</i></p> <ul style="list-style-type: none"> <li>• Second full year of process completed.</li> <li>• 35 applicants this time last year - the application window opens August each year.</li> <li>• 10 progressed through the application and interview process in its entirety. Of the 10 that progressed, four were offered appointments for specialty or academic posts. Six completed the interview and were eligible for appointment but are on the reserve list. Of the 25 remaining who did not progress through the entirety of the application process, two were invited for interview but did not attend, one withdrew just before interview, nine did not make the shortlist or were unsuccessful. Others in the original 35 did not apply at all.</li> <li>• MDRS have approved the introduction of a similar parallel process for DCT1</li> <li>• DCT1 equivalence will be accepted for the November 2025 applications.</li> </ul>
12.	<p><b>Dental Schools Council – Michael Escudier</b></p> <ul style="list-style-type: none"> <li>• They have worked through governance (who is on committees and reporting in) and tweaked the constitution to make it more contemporary and clearer.</li> <li>• They hope to confirm the new chair shortly, due to take over end of September.</li> <li>• They have requested a meeting with the incoming government – they are keen to engage and be involved in national decision making.</li> <li>• Request that if COPDEND are involved or invited to contribute they also check if DSC have been asked to contribute – DSC will do the same.</li> <li>• They have had discussion around scrutiny and accountability of clinical tariff spending – three trusts agreed to be pilots. Divergence between the trusts in terms of how the money is being spent. Tariff expenditure extended to all dental schools for 2024/5 year.</li> <li>• Placement fees workstream – links with the work undertaken by NHSE WT&amp;E to look at what percentage of time students spend in clinical placements and the move from allocation of placement money based on number of students to allocation of placement fees based on the number of hours those students spend in trust space. Question if students only spent 50% of time in trust facilities whether that placement fee would continue on the basis of the number of students or whether should be pro rata to time spent - COPDEND may wish to comment on their perspective. England-only issue – seen as an opportunity but currently not sufficient data. Could give flexibility re provision from another provider. DSC concern that money would be reduced. In an ideal world they would like the money to go to them with an SLA with providers (funding currently goes to designated trusts). Concern that clinical exposure cannot continue to be picked up in foundation – unsustainable and educational supervisors are being lost.</li> <li>• Requirement for dental schools to align deadline for safe practitioner implementation – most schools attest that they will implement process by 2025. GDC have been notified where there is an ongoing issue.</li> <li>• DFT timeline – concern from DSC re pressure on dental schools and query whether full root and branch review of process could be undertaken and considered collaboratively. Highlighted requirement for NHSE to achieve the standard of 12 weeks’ notice. COPDEND happy to sit down with DSC after recruitment workshops at the October COPDEND – highlighted that prior to covid that some dental students did no clinical work after Easter. Suggestion to meet in November to discuss.</li> <li>• Education and training tariff – document showing 3% uplift in line with inflation and another 2% in some other areas. No decision on whether dental therapy and hygiene tariffs would increase.</li> <li>• Discussion re employment checks – DBS, occupational health (which takes time due to variation between the schools), and references (which can be time consuming). Occupational health - expect lead employers to do it but variation in what lead</li> </ul>

	<p>employers are getting such as vaccination record. Tied in by performer list regulations which are specific on who can authorise and what requirements need to be. If they do not have that when they come from dental school the lead employer then has to arrange for checks to be in place. If overseas, visa issue seems to be taking longer. It would be good to look at how it can be streamlined but overseas is outside DSC remit. Query how to make the process simple, nimble, and effective.</p> <ul style="list-style-type: none"> <li>• Work was done on putting guidance together re how the recruitment process takes place and what they need to do. A number of new graduates go on holiday and do not look at their emails. DSC can pick up with students requesting they make themselves available.</li> <li>• A joint meeting with DSC and COPDEND representatives on how to improve the process would be useful.</li> </ul> <p><b>Action: - To arrange a meeting with DSC to discuss DFT recruitment in detail after COPDEND JL to contact DSC to suggest meeting after October (action 87)</b></p>
13.	<p><b>Dental core training - MF</b> <i>DCTAG update (paper 12.1)</i></p> <ul style="list-style-type: none"> <li>• Fill rates as at 4 July included in paper. Note a small number of posts have been flipped or withdrawn. Fill rate is against actual existing posts. Actual fill rates are shown, taking into account posts withdrawn. Many will pass onto local recruiting.</li> <li>• Middle years – now expecting signed contract from UCLH to come through. Regular meetings are taking place, focus groups are all now complete, and they have the first rough draft of the curriculum. On track for the first complete draft by 1 September.</li> <li>• Temporary registrants – temporary registrants being recruited from both national recruitment process and also moving into local recruiting. Deans letter of support from NHS email or equivalent required - appears to be working well. MF is chasing outstanding applications on a weekly basis. GDC agreement to accept situation where GMC supervisor could be present as clinical supervisor. MF is querying how this will be formally communicated. Expanding of wording to enable a supervisor to be a consultant or staff grade would be useful.</li> <li>• LAS dentists accessing DCT portfolio – MF has looked into access and any funding issues. LAS dentists whether recruited through national or local recruiting, but into existing DCT posts, can have access to the portfolio. Faculty staff in region can enable access to the portfolio.</li> </ul> <p><b>Action: MF to clarify access for overseas dentists (action 88)</b></p> <ul style="list-style-type: none"> <li>• MF met with Vince Chen (VC) last week. Certificate of achievement/competency gained – not a certificate to show completion of DCT. It is signed off by the educational supervisor. VC is looking into what can be produced. Request for DCT trainees to have summary of the specialties they have been working in added on to their certificate – VC confident could be done.</li> <li>• DCT prescribing rights – variation in terms of what regions do. Overwhelming feeling from deep dive that the current arrangements are more than adequate. Keen to push for sharing of best practice. While most trusts will have some form of induction there is variation. Northern Ireland training has been shared with all regions. Further reassurance required by COPDEND – request to know indemnity provider's view. Links with work re hospital dentists working outside scope as dentists – four CDOs writing back to GDC. The GDC met with the BDA, four nations, NHS Employers on 4 July and a further meeting is taking place in August with the four CDOs to talk more in depth about the issues. Request that DCT trainees prescribing outside scope of practice is mentioned at that meeting. Scotland are maintaining their current stance. In Northern Ireland it has been raised through the PSW as a stresser.</li> </ul> <p><b>Action: - MF to contact an indemnity society to get their view (action 89)</b> <i>DCT Trainee OoH Duties (paper 12.2)</i></p> <ul style="list-style-type: none"> <li>• Review of Out of Hours (OoH) duties undertaken by DCT trainees across the UK. Figures are included in the paper.</li> <li>• Many trusts are changing the way they organise their on-call. Many trust are utilising</li> </ul>

	<p>FY2 trainees and staff grades. Hospital at night system is a combined on-call utilising all staff.</p> <ul style="list-style-type: none"> <li>• Recommendations are included in the paper. Proposal to take forward in terms of an advisory group into the next three months while reviewing job descriptions.</li> <li>• Trainee input was included.</li> </ul> <p>Feedback from COPDEND: -</p> <ul style="list-style-type: none"> <li>• Suggested there is an opportunity to review OoH - many units in significant difficulty in terms of DCT recruitment. Opportunity with medicine foundation expansion and the expansion that will be required in core surgery.</li> <li>• Suggestion need to work towards no overnight on-call after 10pm/12 midnight. If a trainee works overnight, they have to have the next day off and miss out on opportunities for doing treatments.</li> <li>• Look at NETS survey results when available.</li> </ul>
14.	<p><b>Miscellaneous</b>  <i>HMR exemptions for dental therapists and hygienists – BW</i></p> <ul style="list-style-type: none"> <li>• Originally looking at using Eastman as provider for e-learning package, but concerns re cost, timeline and willingness.</li> <li>• Suggestion from Pharmacy Dean in LKSS to use CPPE – used by pharmacy and London deanery. They have provided a cost - £10k originally which was going to be funded by London, but cost has now risen to £18k as will not be able to use an existing training platform as originally intended. Timing – towards the end of October. There is no portfolio, but they will have an assessment at the end. Colleagues will need to be involved in designing content.</li> <li>• Wales are developing three hours online and five cases submitted via portfolio and are discussing a Celtic offer with Scotland and Northern Ireland. This does not include the portfolio. Portfolios will be verified, rather than assessed, by the educator.</li> </ul> <p><b>Action: - KM and BW to meet to discuss (action 90)</b></p>
15	<p><b>Dental Workforce Development (paper 13.1) – MB</b></p> <ul style="list-style-type: none"> <li>• Five task and finish groups are looking at priorities outlined previously – see paper.</li> <li>• National delivery model – proposal for a new platform in England. Links can be shared with other nations, acknowledging Wales and Scotland have their own national platforms. Potential for national plan reflecting regional variation and regional needs but taking in broad workforce plan. This workstream could sit with English Dental Deans but be shared for information at COPDEND. PGMLE virtual learning platform to be demonstrated at English Dental Deans meeting.</li> <li>• COPDEND educators conference – planned for October. Good feedback from the virtual conference. Discussion re content – suggestion of human factors only in the morning. Afternoon session split between dental team, specialty – generic passport, and early years. Invites will initially be limited per region/nation with further invites if numbers not filled.</li> <li>• Engagement with commissioning bodies – discussion re inclusion of the word ‘develop’ in the objective. Concern re lack of funding however there has been historic development. Could be amended to ‘commission, develop and promote’. Acknowledged there may be less development and more signposting in NHSE moving forward.</li> <li>• E-learning – a mapping document can include information and link what is needed for GDC learning outcomes. MB to review.</li> <li>• Query re how e-learning for health and PGMLE sit with TEL – could be a risk.</li> </ul>
16	<p><b>Dental Team Advisory Group (paper 14.1) – KM/JD</b></p> <ul style="list-style-type: none"> <li>• Minutes will be circulated when available.</li> <li>• Dental therapy migrated over to DFTAG so the Terms of Reference have been altered to reflect this.</li> <li>• A lot of activity within apprenticeship arena. Every dental skillset with exception of dentist will be available as an apprenticeship soon. Funding approved for dental hygienist - £27k. Working with Ian Newton to find alternative funding to what tariff</li> </ul>



	<p>would be to make up the difference.</p> <ul style="list-style-type: none"> <li>• Recognition of the need to track the destination.</li> <li>• Retention of dental nurses is key. Career pathway/skills escalator a way of keeping them on board. Information has been requested on what is being done locally to collate.</li> <li>• International dental graduates – dentists graduating overseas applying to be registered as therapists. Some deaneries put them on to parallel therapy foundation training programme to provide direction re how NHS dental therapy works.</li> <li>• The GDC are still to process over 3,000 international dental graduates.</li> </ul> <p><b>Action: KM to request data (action 91)</b></p>
17	<p><b>Dental Education Reform Programme (DERP) – RS</b></p> <ul style="list-style-type: none"> <li>• Written update to be provided post meeting</li> </ul>
18	<p><b>Academic training - JL</b></p> <ul style="list-style-type: none"> <li>• There is a misconception re the length of training with some regions automatically extending training time. There are also differences across the nations.</li> </ul> <p><b>Action: - JS to draft a letter detailing that training time is indicative but should use RCP effectively to look at training time (action 92)</b></p> <ul style="list-style-type: none"> <li>• It has been pointed out that universities could consider how they inspire their undergraduates to pursue academic careers. All looking at their inspire programmes.</li> </ul>
19	<p><b>Surveys (papers 17.1 and 17.2) - JL</b></p> <ul style="list-style-type: none"> <li>• Survey protocol needs to be updated as it is not currently being followed. Currently states review twice a year. There is also a discrepancy on the website which refers to no more than two per training group whereas the protocol states three. Agreed two sufficient as also doing NETS.</li> <li>• Details of endodontic survey shared. Agreed would send it out but only after NETS, so will be sent March 2025 as they want to know about endodontic experience from those in foundation training for over six months.</li> <li>• Proposal that surveys are stored up and CF will then send them to the three nominated people to review. The windows for circulating surveys will be advertised so people are aware. There is discretion whether Deans want to send it to their trainees.</li> <li>• Details to be included in newsletter so stakeholders are aware.</li> </ul> <p><b>Action: - JL to draft amended protocol and share (action 93)</b></p> <ul style="list-style-type: none"> <li>• If trainees approach Deans there is nothing to stop them sending it out to their own trainees, it just will not be done on a national basis.</li> </ul>
20	<p><b>Miscellaneous (cont.)</b> <i>Consultation – CGDent Standards in Dentistry</i></p> <ul style="list-style-type: none"> <li>• Agreed there may be no response from COPDEND but to be reviewed to check if anything worth commenting on, and whether anything will affect training.</li> </ul> <p><b>Action: MB, JD and SM to review (action 94)</b></p>
21	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>• Programme board – JL - pregnancy not approved as special circumstance but can use Dean’s discretion. Highlighted could be barrier to going into NHS. Trainee representative thought it should be looked at on an individual basis. No support otherwise as want to review medicine in the first instance.</li> </ul>