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HEFCE T Consultation Dental Schools Council response September 2011

The Dental Schools Council is the authoritative voice of UK dental schools as they relate to the generation of national health, wealth and knowledge acquisition through education, research and the profession of dentistry. The Dental Schools Council (DSC) is made up of the Dean or equivalent of the UK dental schools.

The Dental Schools Council welcomes HEFCE's commitment to support the additional costs of teaching of subjects in Bands A and B. Dentistry is small but unique amongst the clinical professions, in that the primary role of the dental school is to teach and educate the future clinical workforce. It is essential that efforts to support the development of clinical professions consider dentistry as a professional group in its own entity.

The DSC would welcome the opportunity to be involved in ongoing discussions.

Consultation question 1: Following the changes to funding for higher education agreed by the Government, we need to phase out the mainstream teaching funding relating to old-regime students. Do you have any comments on our proposed approach? You may wish to suggest alternatives, with reference to the principles in paragraph 34.

The Dental Schools Council welcomes HEFCE's commitment to support the additional costs of teaching of subjects in Bands A and B.

However we wish to highlight our general concerns about funding of undergraduate dental education and our ability to sustain the high levels of excellence which exemplify UK dental education and allow us to meet the requirements of the QAA and the General Dental Council.

The DSC also welcomes the overall general approach to the phasing in of the new fee structures, but we do not feel we have the expertise to comment on the specific aspects of the funding models for the transition period. This is better dealt with by appropriate experts within the HEIs.

We welcome the fact that additional funding will be provided for Band A and Band B students - both undergraduate and postgraduate - and, like HEFCE, we are keen to maintain the important principle that students studying higher-cost subjects should not be expected to pay higher fees.

We note however that these proposals (Paragraphs 94 - 101) and the funding amounts (Para 100) are illustrative or interim for 2012-13 only. We therefore request that we are fully consulted on the arrangements for 2013 onwards.

Chair:

Professor P M Speight BDS, PhD, FDSRCPS, FDSRCS(Eng),
FDSRCS(Edin), FRCPath
Dean, School of Clinical Dentistry, The University of Sheffield

Executive Secretary and Treasurer:

Professor F Fortune CBE, BDS MBBS MRCP, FRCP, FDS
RCSeng, FGDP, PhD, DipEd teachers Med/Dent
Director, Institute of Dentistry, Queen Mary University of London

We also urge HEFCE, with the support of the Department of Health, to clarify as soon as possible the situation with regard to the long term funding of undergraduate dental education in the graduate-entry schools.

Future funding from 2013

The DSC welcomes HEFCE's prioritisation of funding of high cost (clinical) subjects (para 146), but we have real concerns about the mechanisms for determining costs and the level of funding.

We are aware of the current review of TRAC (Para 150) and will contribute to that review as a separate exercise.

We welcome and support (Para 148) the notion that funding supplements for high cost subjects may be associated with individual subjects or smaller groupings.

In this respect we would request that Clinical Dentistry is considered separately to Clinical Medicine. There are quite significant differences in the contribution of the NHS to teaching (being much greater in Medicine). We thus believe that the TRAC data may underestimate the teaching contribution of clinical academics in dentistry, as by combining the TRAC data for medicine and dentistry dilutes the higher proportion of HEFCE money in Dentistry spent on teaching in comparison with Medicine.

We are also aware that there may be anomalies in the way TRAC data is recorded and that this may lie primarily with data collection through the TAS. We will be urging the TRAC review to consider and clarify the mechanisms of data collection for clinical academics, with particular regard to:

- Producing clearer guidelines for the allocation of activities for clinical academics
- Clarity on how the clinical component (honorary NHS activities) of HEFCE funded clinical academic staff should be recorded, especially where this clinical component may also include teaching
- Clarity on how to record activity for university contracted staff who may be 50% funded by the NHS.

Consultation question 2: Given the reductions to HEFCE's teaching grant from 2012-13, do you have any comments on our proposal that certain non-mainstream allocations should be phased out, and others continued as an interim measure in 2012-13, as described in paragraphs 62 to 92?

The DSC welcomes the continued commitment to maintaining parity for clinical consultants, senior academic GPs and supporting the NHS pension scheme. Paragraphs 157 and 158 appear to indicate that this non-mainstream funding may be subject to change in 2013/2014. This would have significant impact on the development of clinical academics if parity and support for the NHS pension scheme were to disappear. We are also committed to widening access and we welcome the continuation of this funding.

Consultation question 3: Following government changes to funding for higher education, we need to change the way HEFCE provides teaching grant for new-regime students. Do you have any comments on our proposed approach for 2012-13, as outlined in paragraphs 31 to 108?

The proposals appear to be fair and we support the principles set out in Para 34.

Paragraph 87 recognises the additional costs of clinical medicine. The considerations that are applied to medicine, also apply to dentistry.

New funding structures for degree level dental courses and the increased debt burden for dental graduates may have consequences for the number of dentists entering an academic career. Aspiring clinical academics would typically take an integrated BSc degree and/ or a postgraduate MSc degree. The shift of the costs to the student will add another disincentive for aspiring clinical academics, and we urge careful monitoring of the effect of these changes on the early stages of a dental clinical academic career.

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The Dental Schools Council report (2011)¹ indicates an 18% decline in the number of research-active clinical academics since 2000. Half of the UK's dental schools already report difficulties in recruitment to academic posts in particular specialties, and support and security for clinical academic dentists will be vital if academic dentistry is to continue to attract a high calibre of dental graduate. We urge HEFCE to ensure ring-fenced funding for academic dentistry as a career, independently of student contributions.

Consultation question 4: We have been asked by the Government to remove students achieving AAB+ equivalent from the student number controls. Do you have any comments on our proposed method of implementing this, as outlined in paragraphs 116 to 128? Please identify any possible negative or positive impacts from this proposal.

We do not think that this will impact on Dentistry, where numbers are allocated and controlled, other than through the Widening Participation agenda. While we would not discourage some market forces coming in to play, we would have concerns about the potential effects of this policy on the WP agenda and on equality and diversity. (also see answer to Q6)

Consultation question 5: The Government has asked us to consult on a core/margin approach to re-allocating places towards lower fee provision in order to increase choice, competition and fee diversity. Do you have any comments on our proposed method of implementation, as outlined in paragraphs 129 to 139? Please indicate any impacts you can identify, whether positive or negative.

We have no specific comments on this in relation to Dentistry.

Consultation question 6: Do you have any comments on the impact(s), positive or negative, that the proposals in this consultation will have on equality and diversity?

Positives: there is a clear expectation or requirement that institutions charging the full £9,000 will have to embrace the WP agenda.

Negatives: putting AAB students into a free market environment may limit WP and create a group of elite universities with the best students.

In Dentistry we use a wide range of parameters (including face to face Interviews, UKCAT, personal statements etc) to select new undergraduate students. Our purpose is to identify individuals who have the commitment and aptitude to undertake a clinical course, as well as the intellectual ability. We also have robust WP processes. This means that we may often accept good students with grades lower than AAB.

However the drive to attract AAB students may stop universities from admitting able clinical students with lower grades and may inadvertently reduce opportunities from candidates from disadvantaged backgrounds.

¹ *Dental Schools Council (2011) A Survey of Staffing Levels of Dental Clinical Academics in UK Dental Schools*
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