

An independent consultation on proposals for a Centre of Excellence for workforce strategy and planning on behalf of the Department of Health

Please complete this coversheet and include with your response.

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Please indicate whether you are happy for the King's Fund to quote from your response in the final report:

YES/NO

Please indicate whether the response is on behalf of your organisation or in a personal capacity:

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Please submit your response:

- i. by email to workforce@kingsfund.org.uk, or
- ii. by post to Anna Dixon, King's Fund, 11-13 Cavendish Square, London W1G 0AN

The deadline for response is **Friday, 24 October 2008**.

General questions

1. What do you think the main benefits will be of establishing a Centre of Excellence for workforce strategy and planning? What should be the key success criteria by which to measure the performance of the Centre?

The Dental Schools Council strongly supports the proposed Centre of Excellence, and we would look to the Centre for national workforce planning and for advice on necessary actions to develop the necessary workforce to meet the future needs and demands of patients. As a Centre with a national overview, one of the main benefits is the concentration of knowledge and expertise that would enable a national overview of current needs and demands, with the ability to consider these against future needs and demands.

In the long run, the Centre of Excellence will need to demonstrate that education and training workforce plans match demand. In the short run, the success criteria should focus around the confidence within the NHS and within other education and training bodies that workforce planning and strategy is being suitably undertaken – example measures include the uptake of advice offered by the Centre. The Dental Schools Council does recognise that workforce strategy and planning is an inherently difficult task, and it will be essential that the relevant stakeholders are both engaged (to provide current and accurate data) and convinced that every effort has been made to ensure its validity and reliability.

2. Are there any factors that threaten the ability of the Centre to realise these benefits? How could these risks / threats be mitigated?

For the Centre to operate effectively in its role as an authoritative advisory body, it will need to act – and be seen to act – independently of the Department of Health, and independently of other stakeholders and funding bodies involved with education and training policy, commissioning and provision. The Dental Schools Council is deeply concerned that the Centre of Excellence and NHS: MEE have only advisory powers – and it would be of great help, in dentistry as with other medical professions, if the Centre – and NHS: MEE – have some powers to control and influence SHAs in terms of education and training, albeit to set limits and parameters in order to achieve the desired national outcomes.

Further risks concern the scope and detail of data available at local and national level – and the ability of the Centre of Excellence to respond and adapt to unanticipated variables, changes in local service provision, and national policy trends.

3. How can the Centre ensure that it operates in line with the values set out above? In particular, how can the Centre help promote workforce planning along clinical and patient pathways as opposed to professional lines?

The Dental Schools Council agrees with the values of the proposed Centre of Excellence as detailed in the 'Vision'.

We recognise that it will be particularly challenging for the Centre to promote workforce planning along clinical and patient pathways without being unnecessarily influenced by multi-professional agendas, and we strongly believe that this can only truly be achieved by working in partnership with stakeholders and with other advisory bodies. This is a primary reason for the Centre of Excellence to retain a degree of independence from specific interest groups. It will be necessary for the Centre of Excellence to develop analytical tools at both local and national levels, to enable such interest groups to influence – but not dictate – workforce planning and strategy.

4. How can the Centre strike a balance between strategic and immediate requirements?

For the Centre of Excellence to strike this balance, it is essential that the Centre is detached from stakeholder influence; yet at the same time working in partnership with these stakeholders to develop a solid evidence base and understanding of both the short term and long term needs of the dental and medical professions.

Functions and remit

5. Three main functions have been identified for the Centre of Excellence – analytical, networking and capability building. Are these the right ones? Are there any gaps? Which of the functions should be given greatest priority?

The Dental Schools Council strongly advocates that the analytical function will be of primary importance for the Centre of Excellence. We agree that networking and capability building will further add to the recognition of, and confidence in, advice offered by the Centre.

Analytical function

6. A key role for the Centre of Excellence is to develop forecasting, workforce projections and scenario models. How can the Centre ensure that this process is accurate, evidence based, relevant and timely? In particular -
- a. How should the Centre develop and test its assumptions?
 - b. What data sources will the Centre of Excellence need access to? What can be done to ensure that the Centre has access to high quality data and information?
 - c. At what level should the models be developed - national, regional, local or multilevel?

- a) The Dental Schools Council is not qualified to answer this.
- b) It is essential that the Centre of Excellence works in partnership with national professional bodies and national professional advisory bodies, including NHS: MEE to provide the necessary national oversight.
- c) Multi-level models would offer the greatest flexibility of workforce planning to be locally responsive. It is essential that there is a national overview if equity of clinical service is to be attained. This includes policy alignment within the Department of Health so that realistic workforce planning and strategy is within the available budget.

7. The NSR identifies a role for the Centre in scrutinising workforce plans. How can this be achieved effectively? How will the Centre ensure it is able to provide simple, clear advice and options to the Department of Health, SHAs and the professional advisory boards?

The Dental Schools Council does not consider it to be either realistic or advisable that the Centre of Excellence is responsible for scrutinising all NHS workforce plans. Engaging with stakeholders in the capacity of scrutineer as opposed to partner and advisor risks undermining cooperation between the Centre of Excellence and the very organisations the Centre will need to call upon to provide evidence to inform workforce planning and strategy.

Networking function

8. What are the key relationships and networks that the Centre will need to establish and how could these best be facilitated? How can the Centre build the necessary networks and delivery mechanisms to ensure it communicates with and reflects the priorities of core stakeholders?

We cannot overemphasise the importance of the Centre of Excellence acting independently of the Department of Health, and independently of other stakeholders and funding bodies involved with education and training policy, commissioning and provision. At the same time, each of these is a key stakeholder, and the Centre will need to develop strong relationships with each of these in turn, as well as with those leading implementation at local level and frontline NHS staff.

The Dental Schools Council is particularly concerned with provision for national planning of undergraduate student numbers and planning of training involving programmes of postgraduate university instruction, including diplomas and, in particular, Masters degrees. It is vital that the Centre of Excellence works in partnership with representative bodies such as the Dental Schools Council, and with universities with provision in dental and medical education and training.

Capability function

9. How best can the Centre support capability building at local level and disseminate best practice?

It is of primary importance that the Centre of Excellence first develops its analytical function. Only once central workforce capacity is well established can the Centre of Excellence conceivably start to disseminate best practise and build capacity at local level.

10. What types of consultancy support might the Centre commission in order to support capacity and capability building? How does this fit with their other functions?

Modelling capacity and independence from the Department of Health are imperative.

Leadership

11. What characteristics will the leadership of the Centre need to demonstrate?

Leadership will need to demonstrate resilience, integrity, impartiality when confronted with inevitable pressure from stakeholders and funders, and a solid understanding of the current and future needs and demands of health and dental care. The Centre will need to demonstrate consistency, reliability, and trustworthiness.

12. What skills will be required among those working in the Centre?

Those working in the Centre of Excellence will need to demonstrate impartiality from stakeholders; an ability to balance between short term demands and a long term overview; and the relevant technical knowledge and skills.

Governance

13. What are the principles that need to underpin the governance of the Centre?

For the Centre to operate effectively in its role as an authoritative advisory body, it will need to act – and be seen to act – independently of the Department of Health, and independently of other stakeholders and funding bodies involved with education and training policy, commissioning and provision.

Hosts and transitional arrangements

14. What form should the Centre take and in what type of organisation would it most appropriately be located? For example should it be a single organisation or a managed network of organisations based on a hub and spoke model?

The Dental Schools Council believes that the *Centre* of Excellence should act as a central function, a central source of workforce intelligence, and a central advisory body. A hub and spoke model would provide an ideal setup for this.

15. Which existing organisations have the skills to provide all or some of the functions of the Centre? Where new functions are proposed, do the necessary skills exist to deliver? If not, how could these skills be developed?

No single organisation is currently equipped to provide all of the functions of the proposed Centre of Excellence. We agree with the recommendation that an academic institution would be an ideal host for the Centre – but also believe that the function should be put out to tender.

Any other issues or comments.

Please limit your response to 3000 words and provide any particularly lengthy supporting documentation as appendices or by web link.