

Developing the Healthcare Workforce – response from the Dental Schools Council

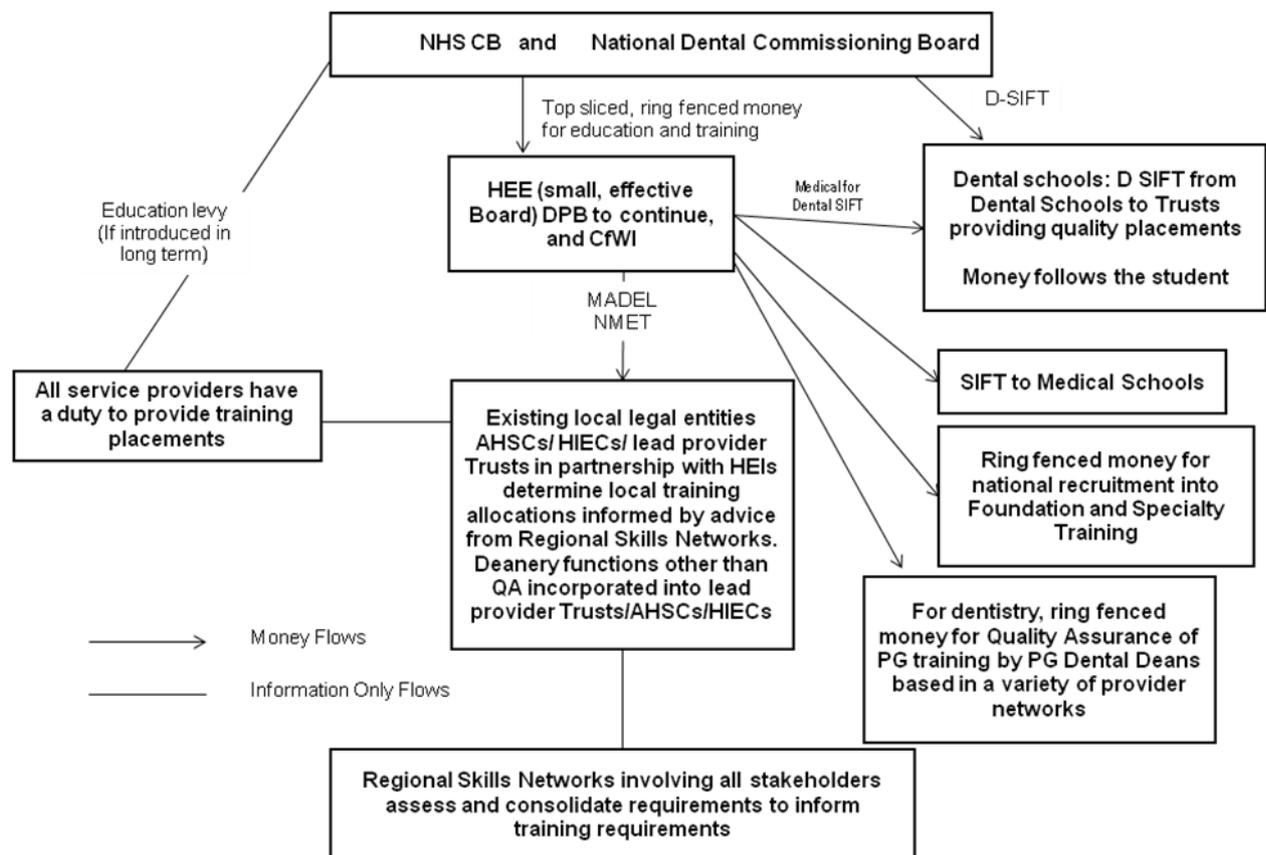
The Dental Schools Council is the authoritative voice of all the UK’s Dental Schools and welcomes the recognition that high quality education and training are crucial in developing the future workforce.

Unlike their medical counterparts, undergraduate dental students treat patients and this must be borne firmly in mind in re-structuring pathways.

Whilst dentistry is to be commissioned centrally by the NHS Commissioning Board, it is not altogether clear from the model presented by whom the clinical education of dentists will be commissioned. There should be a Dental Commissioning Board with secure funds for education and training and well defined relationships between the Commissioning Boards, HEE, local skills networks and providers of dental education and training at both undergraduate and post-graduate levels.

Dentistry is a small but vitally important profession which deserves particular consideration. *Developing the Healthcare Workforce* provides little evidence with regard to the dental workforce that the current system is in need of major change, although of course there is always the opportunity to improve. The UK produces high quality dentists sensitive to patients’ needs and it is essential that this internationally highly regarded system is improved rather than destabilised. The relatively small numbers working in the 13 dental specialties rather than in primary care merit national attention lest they be overlooked.

Our suggested model for funding flows is as follows:



The consultation proposes a multi-professional approach to education and training. Dentistry is very much about team work with close working already established between dentists, dental care practitioners, therapists and hygienists, orthodontic technicians etc

The founders of the NHS recognised the centrality of research and education to improved patient care. This must be preserved. Dentists are employed by universities to pursue research and to educate the next generation as well as providing treatment and care for patients. They are thus in the ideal position to identify problems, devise effective solutions and bring evidence based innovations.

The framework as presented appears to require less than optimal involvement of this valuable resource in the development of the new system. Universities need to be true partners of service providers and, as in other countries, should be closely integrated with the healthcare system. HEIs must have defined input into strategic decision making processes. Recent experience has demonstrated that Trust Boards and SHAs have seen education as an easy target when financial cuts are required. The new system must ensure that the education levy on all providers (which we welcome) is sufficient to ensure high quality sustainable outcomes and is ring-fenced for the purpose of education and quality enhancement. (*cf* the success of ring fenced NIHR funding for research).

The consultation is unclear on governance arrangements, especially those that involve HEIs, and is also unclear on how levers will be introduced and managed to permit quality assurance and quality enhancement. It makes little mention of educational regulators, in dentistry's case, the GDC, nor of requirements for re-certification and re-validation. Skills networks, or the Commissioning Board, cannot be both gamekeeper and poacher and the DSC would like to see clarity around the quality assurance function.

The DSC is also concerned about the pace of change particularly at a time of huge change and serious cutbacks within the NHS. Transition must be carefully managed and steps taken to preserve the excellent practice that exists across the country.

In particular, the expertise sited in the post-graduate Deaneries must not be lost and their important functions in PG dental education, training and support must not be allowed to disappear with the abolition of the SHAs and PCTs.