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**Response from the Dental Schools Council  
to the  
Final Report of the GDC Education Strategic Review Group**

The Dental Schools Council welcomes the opportunity to respond to the Final Report from the GDC Education Strategic Review Group. The report contains a number of significant comments and recommendations that will have major implications for Dental Schools in the United Kingdom. It will also provide opportunities for Schools to develop curricula outside the previous 'First Five Years' (TFFY).

The report was circulated to all members of the Dental Schools Council and the comments below are a synopsis of the collective responses from Head/Deans of the United Kingdom Dental Schools.

1. The report recommends the development of individual curricula using outcomes rather than prescriptive competencies and knowledge levels. The Dental Schools Council would welcome further definition of these outcomes without reference to TFFY. It is also suggested that outcomes in the BDS programmes should be linked to the standards for dental practice. Some consensus view from the Dental School of the development and content of the outcomes would be welcome. Any flexibility in the curricula has to be combined with the proposed QA system in a meaningful way.
2. The report does imply continuity of outcomes from pre-registration to provisional and full registration. The Dental Schools Council would appreciate the strategy for achieving this and details of the level at which the outcomes will be attained at each stage.
3. Concerns have been expressed over further expansion of the already congested undergraduate curriculum. Whilst some Schools provide management and leadership skills, the emphasis on this topic may be better dealt with in the provisional registration phase. The Dental Schools Council has no argument against a patient focused agenda; but this does need to be balanced with professional opinion, evidence and resource.
4. The period of provisional registration is a novel approach for dentistry and carries with it complexity and expense. Further clarification is required to identify the role of Dental Schools and Deaneries into the provisional registration period. Some decongestion of the undergraduate programme would be welcome (see comment on management and leadership). To place some traditionally taught items into this provisional registration period and allow personal development in primary care is a way forward. However, to place this in primary care has the potential disadvantage of putting an extra load on a system controlled by business, rather than education and development. To do the same for DCPs will be a truly massive undertaking and questions need to be raised over the true value of such an

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exercise. For example: Are patients at greater risk at present? Will such a system improve patient protection? What is the evidence?

5. The GDC through their visitation programme have provided good QA for undergraduate curricula. The proposed 'light touch' approach does need further definition. GDC visits in the past have been used to inform both the University and the Trust of what facilities or shortfalls were required to train dental students and DCPs. Some schools have also benefited from the GDC asking for the accountability of the funding for dental undergraduate training.
6. Assessment for full registration. This has been poorly defined in the report and further clarification is required on the structure, format and nature of this assessment. It is not clear where the responsibility would lie for candidates failing the GDC assessment for registration.
7. The status of the enhanced dental practitioner for experienced GDPs will require careful consideration of competency.
8. The proposed expansion of specialist list for protection of the public is commended, however issues around cosmetic dentistry and implantology will need resolving.
9. Focus and emphasis towards DCPs are commended; but the sources of funding for any allied training and CPD requirements need to be confirmed.
10. The reduction of the qualifications noted in the Dental Register could have an effect on formal dental education in the United Kingdom as many take formal qualifications and their recognition is important with regard to quality control. Loss of such QA measures may have a potential effect on patient care and lead to confusion for patients.

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