Dental Schools Council

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The Dental Schools Council agrees with many of the points made by the Medical Schools Council in its response (attached). However it would make the following additional points with regards to dentistry.

DSC welcomes the objective of raising the status of teaching and the progressive improvement in the quality of the learning experience for all students. Supporting widening participation is a positive move, however DSC see a differential in the cost of a dental degree as a barrier to creating a diverse workforce which could also unintentionally lead patients to seek care from a more 'prestigious' teaching institution whereas the General Dental Council regulates Schools to ensure an equity of care by meeting of their, unitary, standards.

It is unclear on what basis information from the proposed TEF is expected to inform employer decision making, as employers usually make recruitment decisions based on the skills and experience of individual candidates rather than on broad and imperfect proxy measures of the quality of the teaching that they received while at university. Graduate recruitment processes tend to involve a number of different assessments and are sufficiently rigorous to enable employers to identify the most suitable candidates. Within healthcare in England, Values Based Recruitment is required and hence selection decisions are taken on employability as well as academic criteria. The NHS is the monopoly employer for dental graduates and already has a well-tested method for allocating posts – it would not make use of information from the TEF.

Only one Dental School within the UK (Cardiff) has a classified degree. The use of Grade Point Average would work against patient care within Dentistry, by undermining the value of collaborative team-work, where the critical decision for graduation is to determine whether a dental graduate is safe to practise, or not. This is fundamentally assured by team-working and a collaborative rather than competitive approach. Whilst entry to the programme is competitive and this will also occur in postgraduate career progression the undergraduate environment must foster collaboration. Use of Grade Point Average to distinguish amongst clinicians would undermine this ethos. Assessment to differentiate accurately at the borderline of pass/fail is what is required for

qualification and registration with the GDC. It would be helpful to know if there is an expectation that GPAs be provided for unclassified degrees.

DSC is also surprised by the assertion in the Green Paper that "there is evidence to suggest 'strong orientations towards research often reveal a weak emphasis on teaching and vice versa'. Healthcare requires constant questioning of the evidence base and DSC is firmly convinced that clinical education should take place in a research-rich environment with easy access to the very best researchers who become inspirational role models.

DSC supports the aspiration to increase access for students from disadvantaged backgrounds and agrees that an approved Access Agreement should be a pre-requisite for a TEF award. The new Agreements need to ensure that institutions support Access students to enable them to succeed in their studies. Current indicators of deprivation are not sufficiently granular. UCAS systems must change in order that students be accurately identified on application before selection decisions are taken.

Standards of education in Dentistry are quality assured rigorously by the GDC as well as QAA and it would be extremely unfortunate if adverse institutional reviews impacted upon a well performing medical school as judged by the GDC's standards.

It is of vital importance that there is complete confidence across the sector in the criteria being applied to the different levels of the TEF. DSC is concerned that, in the timeframe outlined in the Green Paper it will only be possible to utilise existing metrics which are already acknowledged as poor proxies of teaching quality. There is a very significant risk that the reputation of the UK higher education sector, and of individual institutions, could be unjustifiably damaged by the identification of "poor" teaching quality if such an assessment were due to the inappropriate application of metrics and/or the use of poor-quality metrics. Dental Schools would be very willing to participate in TEF pilots.

There is a potentially significant impact on the international market – particularly if only a small minority of universities is identified as being in the highest category for teaching excellence. This could have significant long term deleterious impact. It would be more appropriate to take the time to develop a finer-grained assessment of disciplinary provision where excellence could exist even in an otherwise poorly performing institution.

DSC is unclear as to how consistency would be maintained in the absence of synchronous assessment: the panels that made the judgements and potentially the criteria assessed might be different. This complexity would cast serious doubt on the credibility of different assessments and would not provide prospective students with a fair comparison between different institutions. Whilst a rolling [programme is most easily managed only a single assessment point could deliver like for like comparisons.

The TEF should develop towards a long-term award rather than being awarded over a short number of years. This will significantly reduce institutional burden and recognise that sustained excellence is achieved over time. DSC would advise against maintaining a shorter award as proposed for Years 1

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and 2 and would instead propose that first a robust methodology is developed that would allow for a long-term award to be issued from the initial implementation of the TEF. For example, the TEF could operate every 6-7 years on a similar timescale to the REF and QA reviews.

Teaching quality should be the fundamental focus of the TEF. For Dentistry the teaching takes place in close collaboration with NHS institutions where the GDC already requires a standard of clinical skills amongst the trainers. However the lack of transparency over DSIFT (or equivalent in the devolved nations of the UK) allocations is a significant issue for dental schools as the fundamental training environment is not open to influence by the University that will be assessed via TEF.

Yours sincerely,

Professor Callum Youngson
Chair, Dental Schools Council