

## GDC Consultation on Entry Flexibility into Specialist Training

### GDC Consultation

Consultation on Flexibility in Specialist Training

Deadline for responses: 5pm on Wednesday 10 June 2009

Please return this form by email to Amanda Little at: [alittle@gdc-uk.org](mailto:alittle@gdc-uk.org).

Or by post to: Amanda Little, Consultation on Implant Dentistry, General Dental Council, 37 Wimpole Street, London W1G 8DO

Who are you?

To help us to understand the context of your response, please indicate the perspective from which you are replying.		
I am replying as a (please tick the box(es) that apply to you)		
Dental Professional:		
Clinical Dental Technician	<input type="checkbox"/>	
Dental Hygienist	<input type="checkbox"/>	
Dental Nurse	<input type="checkbox"/>	
Dental Technician	<input type="checkbox"/>	
Dental Therapist	<input type="checkbox"/>	
General Dental Practitioner	<input type="checkbox"/>	
Orthodontic Therapist	<input type="checkbox"/>	
Specialist	<input type="checkbox"/>	Orthodontist.....
Registered in more than one group	<input type="checkbox"/>	(Please specify).....
Organisations:		
On behalf of an organisation	<input type="checkbox"/>	Training Grades Group of BOS
On behalf of an education provider	<input type="checkbox"/>	(Please specify).....
On behalf of a regulatory body	<input type="checkbox"/>	(Please specify).....
On behalf of a professional association	<input type="checkbox"/>	Training Grades Group of BOS
Public and Patients:		
Individual member of the public	<input type="checkbox"/>	(Please specify).....
Representative of an organisation	<input type="checkbox"/>	(Please specify).....
Other	<input type="checkbox"/>	(Please specify).....

### GDC Consultation

Consultation on Flexibility in Specialist Training

Questions

<i>Flexible Training Opportunities</i>
Question 1a: Do you support the principle of having opportunities for flexible training (eg. training in the practice setting, distance learning, training on a less than half-time basis)? Please give reasons for your answer.
Response (boxes will expand with typing)
Flexible Specialist Training is already a part of training and as such the Training Grades Group (TGG) of the British Orthodontic Society (BOS) supports the current form of flexible training both in principle and practice. We find the generic term of flexible training as applied to part-time, practice based and distance based tuition potentially confusing.
As the largest single group of Dental Postgraduate the BOS TGG represents over 250 trainees in both full and part-time training posts. We will attempt to address all the scenarios presented.
BOS TGG supports the principle of distance learning as a component of a structured University lead, Specialist and Hospital supported training program. High quality distance learning opportunities are already employed in the training of Orthodontic Specialists via the "Blackboard" on-line learning environment (developed by the University of Bristol and now funded by the BOS). These complement the didactic and problem based learning programs operated by the 16 post graduate orthodontic training programs. They draw experience

from a wealth of educational providers and experienced clinicians. However the BOS TGG does not support the sole use of distance learning as an alternative to traditional teaching methods.

BOS TGG has reservations about the move of Specialist Training to a Primary Care Setting for the following reasons

- Specialist training focuses on treatment provision to a limited number of patients, with each case used as a teaching experience from the planning, completion and follow-up of treatment with little and ideally no requirement to meet service provision or financial requirements. Practices are independent businesses sub-contracting to PCTs with an underlying pressure to maintain a profit margin.
- The current PCT contracting arrangements are unfavourable to meet training needs, with fixed annual activity targets and financial penalties for any shortfall.
- Practice based practitioners would have to sacrifice a significant amount of time to provide adequate levels of supervision. Practitioners would not be able to work at their current capacity and provide satisfactory training. This may act as a deterrent to some practitioners, or sufficient financial recompense would have to be offered as incentive.
- Few practice based practitioners are trained to act as trainers, and in order to train sufficient number adequate resources and time will have to be allocated, at either the practitioners or the deaneries expense.
- There is already a good geographic distribution of (Orthodontic) training posts across the whole UK.
- Moving specialist training wholly into a practice environment may remove trainees from working alongside their peers, isolating them from an essential support network and resource.
- Practice based training would potentially remove or dilute specific training scenarios in relation to access to multidisciplinary clinics, cases and input of other specialist teams. Although it is not the main drive of specialist (Orthodontic) training to provide an in-depth experience in multi-disciplinary care (this is the realm of the Fixed Term Training Appointment and pre-consultant training) all trainees are actively involved in the diagnosis and planning of such cases with in multidisciplinary teams in the hospital service, often treating a small number of such cases under consultant level supervision. This would not be available in a primary care setting and would seriously undermine the available breadth of training experience.
- The few limited experiments with specialist (orthodontic) training in primary care have so far been unsuccessful due to some of the factors listed above

While having reservations about substituting primary care environment experience for current hospital based orthodontic training the BOS TGG acknowledge that many specialists in primary care have a great deal to offer trainees and their input is to be encouraged, however we see this as complementary to the existing programs. We welcome specialist input within the dental hospital environment, away from the pressures of business. We also see a limited amount of practice placement as advantageous to helping trainees develop ideas about the management and development of practice management skills (not necessarily providing treatment).

Specialist training does involve some financial sacrifices, but training posts are salaried at levels that many members of the public would consider satisfactory, it ultimately leads to secure long-term employment and should be seen as a personal investment. It is also likely that flexible training over a protracted period would actually cost a greater amount to the individuals in terms of University and course fees.

Question 1b: What types of flexible training opportunities might be employed for training in the specialty / specialties relevant to you? Are there certain types of flexible training opportunities, which would not suit the specialty / specialties relevant to you? If so, please explain why.

Response

Part-time working with a six session minimum to be completed over a five year period to ensure an equivalent number of training sessions.

Utilise and encourage primary care providers to become actively involved within training programs. Currently the financial incentives offered to practitioners to teach on a sessional basis are derisory and it is acknowledged that these are filled due to personal commitment of the teachers rather than financial gain.

Encourage other specialties to develop distance based learning environments

Question 1c: What guidance should be given on the criteria set for flexible training (including minimum amount of time spent training per week / maximum period over which training should be completed; standards for the various training environments)?

Response

Part time (Flexible) training should be considered on an individual basis with trainees requesting flexible training putting forward robust personal development plans, and specifying why training is needed on a part-time basis.

The current levels and timings appear to be adequate to provide a comprehensive training in an achievable timeframe.

*Accrediting Prior Learning*

Question 2a: Do you support the principle of accrediting prior learning for specialist training? Please give reasons for your answer.

Response

The acceptance of prior learning has to be approached with caution and the BOS TGG has grave reservations of using prior learning to reduce the duration of specialist training. Prior learning may take several forms and may include:-

Log-books and completed cases, may quantify numbers of completed cases but do not provide sufficient quality assurance of all the treatment provided in the absence of a robust peer review such as that used within specialist training programs.

Many commercially available courses are provided or heavily sponsored by sponsors with a personal bias. Some of these show little evidence base, and an emphasis on product accreditation or certification rather than specialist training.

Question 2b: What guidance should be given on, for example, who makes decisions and recommendations on prior learning, and the criteria that the prior learning should meet?

Response

Specialty training has successfully been overseen by the SACs of the various specialties, who are able to provide balance and guidance to local schemes and regional Postgraduate Deans to ensure parity.

The ongoing involvement of the SACs can ensure that specialty syllabuses can be developed and implemented.

Question 2c: What types of prior learning do you anticipate would be accredited for the specialty / specialties relevant to you?

Response

Entry to specialty training should continue to require additional dental qualifications as means of demonstrating a greater depth of understanding and breadth of experience.

BOS TGG acknowledges that some trainees have a greater level of knowledge or clinical experience than others on commencing training, however revising, refreshing or repeating certain subjects during training may enhance knowledge levels and encourage not just specialism but excellence. We do not see prior knowledge as a means to a short-cut through training, but a way of enabling trainees to maximise the learning experience of the full training program.

There is currently an established training skills escalator within orthodontics from orthodontic dental nurses, orthodontic therapists, dentists with a special interest (DWSI), specialists, consultants and academics.

Although there would be some academic prior learning from the DWSI level that could be carried over to higher training, it has to borne in mind that it is not possible to complete a satisfactory number of specialist level, examination quality presentation cases and a full log book in less than a full three year Orthodontic Specialist training course.

BOS TGG would also have serious concerns that allowing DWSIs moving on to specialist level training to be exempt from academic components of a Specialist program could have counter-productive effects. For the DWSIs they would miss out on the collaboration of group learning and sharing with their peers, as well as not extending the depth and breadth of their appreciation of the academic subjects. For the other trainees it may divide the program by creating two tiers of trainees within a program which can be unproductive.

*Discontinuing Mediated Entry*

Question 3a: Do you support the discontinuation of mediated entry for all specialties (other than Special Care Dentistry)? Please give reasons for your answer.

Response

Yes – BOS TGG can see no reason for the continued mediated entry for the lists specified, and agrees with the arguments placed by the Council

Question 3b: For any new dental specialties, what is the maximum period for which 'exceptional circumstances' should apply?

Response

BOS TGG would suggest a 5 year maximum period

Thank you for your response