



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

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
- Dental Hygienist
- Dental Nurse
- Dental Technician
- Dental Therapist
- General Dental Practitioner
- Orthodontic Therapist
- Specialist
- Registered in more than one group

(Please specify).....
(Please specify).....

Organisations:

- On behalf of an organisation
- On behalf of an education provider
- On behalf of a regulatory body
- On behalf of a professional association

(Please specify).....
Faculty of General Dental Practice (UK)
(Please specify).....
(Please specify).....

Public and Patients:

- Individual member of the public
- Representative of an organisation
- Other

(Please specify).....
Lay Advisory Group of the FGDP(UK)
(Please specify).....

GDC Consultation

Consultation on Flexibility in Specialist Training

Questions

Flexible Training Opportunities

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)

The FGDP(UK) strongly supports the proposal for flexible specialist training. General dental practitioners (GDPs) have difficulty accessing postgraduate education and training due the nature of their commitments in practice. The proposals will make specialist training more accessible.

There is no specific career pathway for GDPs so a flexible approach to the development of those who may wish to specialise is most welcome. Specialist training can take place in primary care in approved practices where there is a suitable case mix in addition to or alongside that carried out in a hospital setting. It is more appropriate that at least part of the specialist's training takes place where, in many specialties, clinical care is delivered.

The FGDP(UK) has a philosophy of flexible learning and training provided it is rigorously assessed by those with relevant expertise.

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

Specialist training can be undertaken on a part-time modular basis using a blend of virtual learning environments e.g. online learning, discussion bulletins, face-to-face contact for developing clinical/practical skills and in the practice setting to treat patients.

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

A competence-based approach should be adopted with a focus on outcomes and standards achieved rather than specifying a period for training. The time required in specific specialist training will of course be dependent on the amount of time that may be 'granted' as accredited prior learning. True flexibility will allow for many different options to enable the appropriate standards to be achieved.

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 FGDP(UK) strongly endorses the accreditation of prior learning for specialist training as GDPs undertake a range of learning programmes which could contribute to the specialist pathway. This provides flexibility for GDPs and contributes to their career development.

This approach may result in more dentists starting flexible training at a later stage in their career having gained wide generalist experience giving a broader perspective on treatment planning and patient management. Specifically the content of the completed FGDP(UK) pathway to Fellowship would need to be assessed for APL/APEL. This is most important for those wishing to look at training in the monospecialties.

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

The GDC should provide the standards required for a specialist and the learning outcomes to be achieved. Any claim for prior learning would be required to meet the standards through the demonstration of achievements by the GDP. A rigorous and transparent process similar to higher education institutions' for accreditation of prior learning would need to be in place. Assessors with appropriate skills, knowledge and training would need to be appointed. If the existing SACs are to be part of this process then primary care practitioners (generalist and specialist) need to be members of these committees for the monospecialties.

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

Response

Achievement of relevant postgraduate diploma programmes, for example, Diplomas in Implant Dentistry and in Restorative Dentistry from the FGDP(UK) and the Diploma in Primary Care Orthodontics from the FGDP(UK) and British Orthodontic Society. Completion of the FGDP(UK) career pathway with the award of the Fellowship.

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

No – true flexibility would allow a practitioner to achieve the necessary standards in many different ways including part or all of that training being completed abroad. It is understood that 'Article 14' will continue in medicine and will be required for those from Europe wishing to practice in the UK. Dentistry will need a similar process and UK practitioners should not be disadvantaged.

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

Response

See response above.

THANK YOU FOR YOUR RESPONSE