CENTRAL COMMITTEE FOR DENTAL ACADEMIC STAFF

POLICY DOCUMENT

May 2007
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EXECUTIVE SUMMARY

CCDAS has sought to establish clear policies to ensure that its members within the Association, and those bodies to which it has links outside, are made fully aware of its guiding principles and strategies.

In summary, the main areas are as follows:

**Representation and Recognition**
- The BDA will support members in dental schools, who may be in dispute/difficulty with their employer, give advice and guidance on all aspects of their employment.
- Continue to negotiate the best arrangements on all aspects of terms and conditions of service and to seek trade union recognition for the BDA in all dental schools.

**Pay & Terms and Conditions of Service**
- Ensure the continuation of pay parity with NHS colleagues.

**Dental School Funding/Workforce Planning**
- CCDAS believe that dental schools are seriously under funded and support the development of single stream funding and that a mechanism should be found to “ring fence” money for dental education.
- CCDAS supports an immediate UK review of the current workforce and that there should be an increase in dental student numbers and that this is fully resourced.

**Dental Education**
- CCDAS believe that the issues identified over recent years by the Rex Richards Report, the Bett Report, Dental Schools and Dental Hospitals Priorities Group and more recently the Follett Report must be addressed urgently if the high standard of educational provision is to be maintained.

**Dental Research**
- CCDAS is concerned about the general lack of funding for dental research in this country.
- CCDAS will encourage the Research Councils and other research organisations and charities to support and fund oral and dental research.
- CCDAS support a Research Assessment Exercise organised by the HEFCs that is less bureaucratic than previous exercises and recognises the teaching and clinical pressures on dental teaching staff.

**Students**
- CCDAS believe that all groups in society should be represented in the dental profession.
- CCDAS believe that dental schools should work with local communities and schools to encourage applications from students with disadvantaged backgrounds.
1. Introduction

1.1 The Central Committee for Dental Academic Staff is an autonomous committee of the Association. It is concerned with all matters that affect university dental teachers and research workers who are dentally clinically qualified, and with dental education and research. Clinical academics in dentistry are based in the university schools of dentistry of which there are ten in England, one in Wales, two in Scotland and one in Northern Ireland. In addition, clinical academics are based in the Eastman Dental Institute in London and Edinburgh Dental Institute, both of which are concerned with postgraduate education and research. In addition, a small number of dentally qualified academic staff are employed in universities without dental schools. Dentally qualified research workers are also employed in research units and in industry.

1.2 Clinical dental academic staff contribute to the improvement in oral and dental health by:
- promoting and delivering high quality undergraduate, postgraduate and continuing education and training for all members of the dental team
- undertaking and facilitating high quality research and scholarship
- delivering high quality care
- delivering continuous professional development

1.3 In order to achieve the goals outlined above the CCDAS aims to ensure
(a) that clinical academic staff are:
- employed in an environment that is safe, provides equal opportunities for all and where issues affecting any individuals or groups of individuals can be addressed and resolved effectively and efficiently with employers
- appropriately financially rewarded
- encouraged to continue to develop their skills
- employed in a fully funded and resourced environment
- rewarded on an equivalent basis for innovation and excellence in teaching to that for research and service provision
and (b) that:
- workforce planning is robust and part of a continuous process
• high calibre students and trainees are recruited to all branches of the dental profession
• suitable links are developed and maintained between all branches of the profession and all other bodies responsible for the delivery of dental education, training, research and oral and dental health care (see Annex).

2. Representation/Recognition

2.1 The Policy and Professional Services Directorates of the Association will:

• continue to represent members employed in the higher education sector by negotiating the best arrangements on all aspects of terms & conditions of service
• support members in the Higher Education sector or employed in research units or researchers working in industry who may be in dispute/difficulty with their employer
• support members by giving advice and guidance on all aspects of their employment
• seek recognition for the BDA in each of the universities with a dental school
• develop the role of the Dental University Accredited Representatives (DUARs) within the Dental Schools. Where the BDA is recognised the DUAR is expected to participate in Joint Staff Side activities and ensure that the BDA is party to any negotiations relating specifically to dental matters or general issues of terms and conditions of service

2.2 The BDA will provide regular training for DUARs including re-training and a residential induction course.

2.3 Links with other organisations will be strengthened and developed to support this representational role. Currently we have good links with the BMA through MASC and CCSC. We wish to develop links with AUT, the defence organisations and other professional organisations by agreeing common interests.

3. Pay & Terms and Conditions of Service

3.1 CCDAS will continue to seek to improve the pay and terms and conditions of service for clinical academic staff in conjunction with colleagues from the British Medical Association.

3.2 We will pursue with the Universities and Colleges Employers Association (UCEA) a commitment to introduce the recommendations within the Follett Report\(^1\) for clinical academic staff at the earliest opportunity.

3.3 We will seek:

• to ensure the fully funded implementation of the consultant contract across the UK
• to ensure that non-consultant academic staff have access to the full range of discretionary payments available to non-consultant NHS career grade staff.
• the right to pursue private practice for personal gain
• implementation of the EU Working Time Regulations for Clinical Academic Staff
• to ensure clinical academic staff are not disadvantaged and have parity with NHS Staff
• improvements in all terms and conditions of service to include maternity and paternity provision and sabbatical leave. Clinical academic staff must not be disadvantaged in the awarding of clinical excellence awards and in pensions benefits
• to ensure equal access to NHS Clinical Excellence Awards
• to ensure that the system of joint appraisal continues to be implemented across the UK
• We do not support a system of performance review where this is linked to promotion or retention. Additional reviews of clinical academic staff would be in conflict with the system of joint appraisal agreed in the terms and conditions of the new consultants contract.

4. Staff Development

4.1 CCDAS supports the principle of staff appraisal when it is used for staff development.

4.2 CCDAS will continue to press Government, DfES, and the Universities to fully support Continuing Professional Development for clinical academic staff.

• In particular we will be seeking a commitment to clearly identify the source of funding and to ensure time is made available for this to occur.

4.3 A number of published reports have highlighted the often conflicting roles of Clinical Academic Staff. These included the Independent Review of Higher Education Pay and Conditions (The Bett Committee), JMAC\(^2\), Breckenridge\(^3\), Richards\(^4\) and Academy of Medical Sciences\(^5\) reports. These all covered the complexity of the interface between the universities and the NHS and reported that recruitment and retention of clinical academics was reaching crisis point.

• CCDAS will continue to seek for these issues to be resolved at each and every opportunity.

5. Workforce Planning

5.1 CCDAS supports the development of robust mechanisms for planning the dental workforce. We believe the BDA and CCDAS in particular can play a crucial role.

• The Department of Health needs to acknowledge the need to continually review demand and demographic factors and to consider PCT information on need. The workforce for the UK should not be reliant on overseas trained individuals. The output of UK dental schools should be sufficient for the needs of the population recognising geographical variables.

• The Department of Health should be encouraged to work with the GDC and other agencies to collect data on working patterns of registrants

• Attempts to increase dental undergraduate numbers should be resisted unless fully supported by adequate funds and academic staff numbers. This should be funded at the intake level.
Clinical dental academics should take a lead promoting recruitment into the profession

6. Dental School Funding

6.1 CCDAS believes that appropriate funding of dental schools is central to achieving the goals outlined in paragraph one. We will make representations to CDDS, national parliaments and assemblies, the Departments of Health and Universities UK.

- We are particularly concerned about the lack of transparency in both elements of the dual funding streams. Those provided from the DoH to NHS Trusts and from the HEFCs to the Universities.

- We believe there is a lack of liaison between universities and Trusts, which can lead to funds being used to bolster up service commitment, which might not necessarily be for dental care. We believe a mechanism should be found to "ring fence" money for dental education.

- We believe dental schools are currently seriously under funded. We support the development of a single stream of funding to ensure that there will be appropriate staffing levels for dental education and research.

- We are concerned that any reduction in HEFCs' unit of resource for dentistry will continue to adversely affect undergraduate dental education, eroding an already insecure funding base.

- Ring-fenced capital funding should be provided for dental schools to replace outdated and in some cases dilapidated facilities. The NHS Executive must address the difficulty of identifying money specifically allocated to dentistry for capital improvement programmes. The NHS Executive should also review the arrangements for Dental Hospital access to capital funds. Funds should be available on a secure and recurrent basis.

- Any increase in student numbers resulting from a workforce review must be fully resourced. At the moment there are too few staff teaching too many dental students and this must be corrected at once if staff morale and support for dental education is not to become critical.

- There should be a national provision for the rebuilding of dental schools and this might be aided by a National Organisation for Dental Schools with funds and responsibility for the whole of dental education.

- If the university system fails to properly support dental education the other host organisations might, as a last resort, have to be considered.

7. Dental Education

7.1 Education is the primary task of clinical academics. The UK dental schools play the major role not only in undergraduate education but also postgraduate education and training for all members of the dental team. It is important that dental schools in the UK are seen to be leaders in the training of overseas dentists. It must be recognised that the dental course occupies at least 45 weeks of a year and the course is five years long. The
consequence of this is that dental teaching staff have less time to prepare between years and one year tends to run into another. This can lead to teacher fatigue and demoralisation. Because of this very heavy teaching load dental teachers have very little time for research compared to other academics. Universities need to recognise this difference when considering promotion.

7.2 The report of the Dental Schools and Dental Hospitals Priorities Group to the Department of Health was published in January 2000. The Group made nine recommendations, some of which related to difficulties in recruiting all levels of staff and to resource issues. The reports indicated in paragraph 5 refer to the conflicting pressures on time for clinical academic staff. Despite these pressures, dentistry performed extremely well in the recently completed Teaching Quality Assessment Exercise undertaken by the Higher Education Funding Councils Quality Assurance Agency. We were heartened to read in the Department of Health paper Modernising NHS Dentistry - Implementing the NHS Plan the statement in paragraph 4.2 "Dentists who qualify in this country have rigorous training and can be proud of their skills and professional standards".

7.3 CCDAS believe that the issues identified by Richards and Bett and the Dental Schools and Dental Hospitals Priorities Group must be addressed urgently and the continued reliance on the "goodwill" of staff and the chronic under-funding of dental schools and hospitals is no longer sustainable if this high standard of educational provision is to be maintained.

7.4 By continuing to develop high quality, innovative and evidence based curricula, which meet the needs of undergraduate dental students and of the health of the population of the UK, CCDAS will encourage dental schools to respond to:

- changes in the oral and dental health of the nation
- trends in education
- changes in the understanding of the aetiology and management of oral and dental disease
- changes in the delivery of dental care

7.5 The BDS/BChD courses should form the basis of life long learning and be the start of the continuum of dental education. CCDAS encourages dental schools to form close links with organisers and other providers of postgraduate and continuing education including importantly vocational and general professional training.

8. Dental Research

8.1 Research is essential to future developments in dentistry and underpins dental education. UK dental schools must continue to strive to maintain their position amongst the world leaders in all areas of dental research. The UK spends a much smaller figure per head of population on dental research than many other leading industrialised countries. CCDAS is concerned about the general lack of funding for dental research in this country.

- CCDAS supports an RAE that is minimally bureaucratic and recognises the high teaching and clinical demands on dental teaching staff. The RAE exercise, whilst rewarding excellence, should not reduce funding to the extent that dental education should suffer in an individual dental school.
• Educational research must be accorded equivalence and the same prominence with other forms of research.

• CCDAS supports and endorses the activities of organisations such as BSDR and the UK Forum for Oral and Dental Research.

• CCDAS will encourage & work with the Research Councils, other research organisations and charities to support, promote and fund oral and dental research.

• CCDAS will seek to encourage a more interdisciplinary approach to research, which in turn should lead to accessing funding through different channel without loss of identity.

• CCDAS will work to encourage and foster the development of young researchers.

• CCDAS will develop web site links to identify sources of research funds.

• CCDAS will work to encourage dental researchers to ensure that there is protected time within their job plans to pursue research projects.

• A realistic approach to the attainment of levels for clinical academic promotion bearing in mind the high clinical and teaching loads.

• CCDAS will seek to promote and publicise the benefits of dental teaching & research.

9. Students

9.1 CCDAS believe entry to dental schools should continue to be based on merit. However we believe there is a need to encourage applications from potential undergraduates from under represented groups. Dental schools and the BDA should work with local communities and secondary schools, including targeting year 9, to achieve this and to ensure that all groups, including those with disabilities, in society are represented within the profession.

9.2 CCDAS supports the re-introduction of student maintenance grants combined with scholarships, thus encouraging access by a wider range of the population and minimising the cost to individual students and their parents. CCDAS supports a system of university funding that increases funding to universities, but this must not be at the expense of equity of access or excessive debt burden.

9.3 We welcome the abolition of payment of tuition fees by students who live and study in Scotland and encourage similar arrangements to be made in the rest of the UK.
9.4 We have some reservations about the introduction of dental student bursaries that tie graduates to working in Scotland and exclusively for the NHS.

10. Basic Scientists Teachers

10.1 CCDAS will continue to represent dentally qualified basic science staff and to work towards their inclusion within the clinical academic pay scales.
10.2 We believe that it is important to involve clinical teachers in preclinical education.

11. Part-Time Teachers

11.1 CCDAS wishes to ensure that those employed as part-time teachers are not discriminated against or receive detrimental treatment because of their part-time status. CCDAS should work to ensure that the main needs of this group as highlighted in the part-time teachers questionnaire, are addressed.

11.2 CCDAS should represent the interests of all part-time dental teachers no matter how they are funded.

References

1 The Independent Review of Higher Education Pay & Conditions
2 Joint Medical Advisory Committee Report to the UK higher education funding bodies – Good Practice in NHS/academic links March 1999
3 Joint Department of Health/HEFCE Task Group II Report November 1999
5 The Tenure-Track Clinician Scientist: A New Career Pathway to Promote Recruitment into Clinical Academic Medicine – The Academy of Medical Sciences 4 March 2000
6 Declaration on Oral Health for the UK – The Contribution of the NHS/University Partnership 20 October 2000
ANNEX

List of some of the organisations and individuals with whom CCDAS wish to maintain, strengthen or develop links both within and outside of the profession including other bodies responsible for the delivery of dental education, training, research and oral and dental health care.

WITHIN THE BDA

- Executive Board
- Representative Body
- Other autonomous committees
- Education Committee
- The directorates within the Association
- BDA National Offices

OUTSIDE THE BDA

- Council of the Deans of Dental Schools
- British Medical Association (BMA)/Medical Academic Staff Committee (MASC)
- Association of University Teachers (AUT)
- General Dental Council (GDC)
- Chief Dental Officers
- Higher Education Funding Councils (HEFCs)
- Universities and Colleges Employers Association (UCEA)
- Universities UK
- Universities Scotland
- Quality Assurance Agency (QAA)
- Opposition spokespersons for education and health
- Interested MPs, MSPs, Assembly members
- The Surgical Royal Colleges
- Committee of Postgraduate Dental Deans (COPDEND)
- Scottish Council for Postgraduate Medical and Dental Education (SCPMDE)
- DVTA
- Joint Committee for Specialist Training in Dentistry (JCSTD)
- Scottish Dental Vocational Training Committee (SDVTC)
- Learning & Teaching Support Network (ILT/LTSN)
- UK Forum for Oral and Dental Research
- Oral and Dental Research Trust
- Dental Defence Unions