ISBN 0 906242

An Bord Míochaine agus Déidliachta Iarchéime

The Postgraduate Medical and Dental Board

Activities related to Dentistry

1996 - 2002

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Foreword

To coincide with the conclusion of the term of office of each cohort of Board members the Postgraduate Medical and Dental Board publishes an "end of term" Report. The 4th such Report has just been published. It is concerned principally with the activities relating to the promotion and co-ordination of the development of postgraduate medical and dental education and training undertaken by the Board in the period 1996 to March, 2002. That report is available from the Board and/or can be viewed/downloaded at its website (*www.pgmdb.ie*).

In response to numerous requests from dentists the Board has also decided to publish in this supplementary volume the Chapter and Appendices related to dentistry which appear in the "end of term" report. For the purpose of context setting the Preface and Chapter I of that "end of term" Report are also reproduced in this volume.

John Gloster
Chief Officer
Postgraduate Medical and Dental Board

March, 2002

PREFACE

The five year tenure of office of this Board coincided with a time of radical change in postgraduate training in both dentistry and medicine. As a Board we are pleased with our contribution to this process and with a number of key achievements.

The process of change in postgraduate medical education from loose amalgamations, to structured schemes of general professional and higher specialist training has largely been driven by EU directives. The contribution by the Medical Council, adopting a more proactive approach to its function in regulation of postgraduate medical education, was also was a strong force for change. For its part the Department of Health and Children realised the importance of adequately funding postgraduate training and the individual training bodies have risen to the challenges presented. The renegotiation of NCHD contracts has resulted in a much improved financial and educational deal for trainees. The prevailing view of NCHDs as primarily service providers has now irrevocably changed.

The Board has been intimately involved in facilitating these changes through direct funding of the training agencies, contributions to key fora, and Board driven initiatives particularly in the area of dentistry. The successful establishment of vocational training in dentistry and of continuing dental education accreditation which have been a long time in gestation and are now seen to be successful operations, and a source of much credit to the dental committees of the Board.

In recognising these successes of the Board over the past five years, it is clear however that much remains to be done in the area of postgraduate education and also redefining the role of the Board. Whilst the Board's functions are limited by statute, we have formulated important policy which has been integrated into the prevailing consensus. We have facilitated new developments, for example in occupational medicine and ophthalmology and very recently in relation to part time training at specialist registrar level. Awareness of the limitations of the Board's role led to our formulating proposals for the future, submission of these proposals to the Minister, and anticipation that most, if not all, will be incorporated in future planning and legislation.

The next eight years will see a major change in the organisation and delivery of medical services and postgraduate training. EU legislation is again the catalyst for change. The introduction of the 48-hour week for NCHDs will require significant change in mechanisms of service delivery. Planning this change will be difficult and will require innovation and flexibility. Whatever new structures evolve must ensure that top quality services are delivered to the public by doctors who are happy in their work and proud of the system in which they practice.

Finally, on behalf of the Board members, I would like to thank the Chief Officer and the Secretariat for the excellence of the service provided to Board members and to all who have dealings with the Board. A steadily increasing workload has been efficiently administered and the reputation of the Board has been enhanced.

B.G. Loftus
Chairman
March, 2002

CHAPTER 1

Functions and Membership of Board

Introduction

1.1 The Postgraduate Medical and Dental Board publishes an "end of term" report to coincide with the conclusion of the term of office of each cohort of Board members. This is the fourth such report to be published and is concerned principally with the activities of the Board since the last Report in 1996 to March, 2002.

Establishment of Board

1.2 Section 39 of the Medical Practitioners Act, 1978 provided for the establishment of a body known as the Postgraduate Medical and Dental Board. The Board was established with effect from 7 March, 1980 and replaced a former non-statutory Council for Postgraduate Medical and Dental Education.

Functions

1.3 The Board's statutory functions are defined in section 40 of the Medical Practitioners Act, 1978 as follows:-

(a) to promote the development of postgraduate medical and dental education and training and to co-ordinate such developments;

(b) to advise the Minister, after consultation with the bodies specified in sections 9(1) (a), 9(1) (b), 9(1) (c), 9(1) (d) and 9(1) (e) of this Act, and with such other bodies as the Board may consider appropriate, on all matters, including financial matters, relating to the development and co-ordination of postgraduate medical and dental education and training;

(c) to provide career guidance for registered medical practitioners and registered dentists.

Membership

1.4 The Medical Practitioners Act, 1978 provides that the Board shall consist of twenty-five members appointed by the Minister for Health, of whom each shall be a person having practical experience or special knowledge of the matters relating to the functions of the Board and not less than twenty shall either be registered medical practitioners or registered dentists.

The Act also provides that the Minister for Health shall, before making appointments to the Board, consult with the Medical Council, the Dental Council, University College, Cork, University College, Dublin, University College, Galway, University of Dublin, the Royal College of Surgeons in Ireland, the Royal College of Physicians of Ireland, a body or bodies, as in his opinion represent psychiatry, a body or bodies, as in his opinion represent general medical practice, any body recognised by the Medical Council pursuant to section 38(3) of the Act (i.e. any body recognised by the Medical Council for the purpose of granting evidence of satisfactory completion of specialist training), and with any organisation which in the Minister's opinion represents, in the State, registered medical practitioners or registered dentists.

1.5 The first appointment of members was for the five year period to 6 March, 1985. The second and third appointments of members were for the five year periods to 31 May, 1990 and 16 July, 1996 respectively.

1.6 In 1997 the following persons were appointed by the Minister for Health to be members of the Board for the period ending on 26 March, 2002.

Dr. J. Barry, Baggot Street Hospital, 18 Upper Baggot Street, Dublin 4

Dr. N. Brennan,* Mercy Hospital, Grenville Place, Cork

Dr. G. Burke, Department of Medicine, Regional Hospital, Dooradoyle, Limerick

Dr. J. Buttimer,* 1 Princeton, Ardilea Estate. Roebuck, Dublin 14

Mr. P. Connellan, 188 Rathgar Road, Dublin 6

Dr. J. Daly, St. Senan's Hospital, Enniscorthy, Co. Wexford

Dr. M. Darling, Rotunda Hospital, Dublin 1

Ms. J. Doran, 4 Arkendale Road, Glenageary, Co. Dublin

Dr. Rita Doyle, 'St. Helen's', Meath Road, Bray, Co. Wicklow

Professor J. Feely, Department of Pharmacology and Therapeutics, Trinity College, Dublin 2

Ms. M. Flynn, Main Library, University College Dublin, Belfield, Dublin 4

Professor MX Fitzgerald, St. Vincent's Hospital, Elm Park, Dublin 4

Mr. T. Holland, Dental School and Hospital, Wilton, Cork

Dr. R. Hone, Mater Hospital, Eccles Street, Dublin 7

Professor B.G. Loftus, University College Hospital, Galway

Dr. C.S. Macnamara,* Chatsfort, Newtown, Waterford

Ms. E. McGovern, Blackrock Clinic, Rock Road, Blackrock, Co. Dublin

Dr. D. O'Halpin, The Childrens Hospital, Temple Street, Dublin 1

Mr. D. O'Shea,* Regional Chief Executive, Eastern Regional Health Authority, Mill Lane, Palmerstown, Dublin 20

Dr. D. Osthoff,* 3 Sruthan an Chláir, Oughterard, Co. Galway

Professor F. Shanahan, Cork University Hospital, Wilton, Cork

Professor D. Shanley, Dublin Dental School and Hospital, Lincoln Place, Dublin 2

Dr. A. Synnott, Beaumont Hospital, PO Box 1297, Beaumont Road, Dublin 9

Mr. G. Watson, Waterford Regional Hospital, Dunmore Road, Waterford

Dr. M. Wrigley, Department of Psychiatry of Old Age, 61 Eccles Street, Dublin 7.

(*outgoing member, re-appointed for a further term of office).

1.7 There have been two changes in the membership of the Board during the period under review. Professor D. Shanley resigned in February, 2001 and was replaced by Professor J. Clarkson, Dublin Dental School and Hospital, Lincoln Place, Dublin 2. Dr. G. Burke resigned in June, 2001 – because of the relative proximity of his resignation to the end of the term of office of all Board members he was not replaced.

Chairman and Vice-Chairman

1.8 At their first meeting in May, 1997 the new Board members appointed Professor B.G. Loftus and Professor D. Shanley to be Chairman and Vice-Chairman respectively. Following Professor Shanley's resignation from membership of the Board in 2001 the members appointed Mr. T. Holland to be Vice-Chairman.

Administrative Staffing

1.9

Chief Officer:	Mr. J. Gloster
Section Officer:	Mr. J. Cosgrave
Staff Officer:	Ms. A. Shaw
Clerical Officer (Grade IV):	Ms. A. Linnane.
Clerical Officer (Grade III):	Ms. N. Palacios

Meetings

1.10 During the period covered by this report the Board held 26 meetings. In addition there were many committee meetings -mainly concerned with finance and with dentistry and also dealing with training structures and the Board's role. Representatives of the Board

also met with representatives of the Department of Health and Children, Medical Council, Training Bodies, the Irish Medical Organisation and Northern Ireland and Scottish Councils for Postgraduate Medical and Dental Education.

Board's representatives on, or nominees to, other Bodies

1.11 The Board is represented by or has nominated the following persons to the Bodies listed:

Steering Committee of National Task Force on Medical Staffing: Professor B.G. Loftus

Medical Education and Training Advisory Group of National Task Force on Medical Staffing: Professor B.G. Loftus and Mr. J. Gloster

RCPI Sub-Committee on General Professional Training: Professor M.X. Fitzgerald and Dr. D. Osthoff.

Irish Committee for Specialist Training in Dentistry: Mr. J. Gloster

Irish Committee on Higher Medical Training: Dr. N. Brennan

Training Committee, College of Anaesthetists: Dr. A. Synnott

Steering Committees of the General Practitioner Specialist Training Schemes in Dublin, the Midlands, Mid-West, North-East, South-East and in the West: Mr. J. Gloster.

CHAPTER 2

DENTISTRY

2.1 The Board has the same functions and responsibilities in regard to postgraduate training in dentistry as in medicine. These are to (a) promote the development of postgraduate education and training and to co-ordinate such developments; (b) advise the Minister for Health and Children on all matters, including financial matters, relating to the development and co-ordination of postgraduate education and training; and (c) provide career guidance.

2.2 To advise it in its task of promoting the development of postgraduate dental education and training and co-ordinating such developments the Board has appointed two special committees and two sub-committees as follows:-

i) Dental Affairs Committee which has the task of advising the Board on all aspects of postgraduate training in dentistry, other than continuing education. The membership of this committee, which is drawn from within the membership of the Board is: Mr. T. Holland (Chairman), Professor J. Clarkson and Dr. P. A. Connellan and Mr. D. O'Shea. To enable it to develop and introduce vocational training in dentistry the Dental Affairs Committee established a Special Steering Committee, the membership of which was Mr. T. Holland (Chairman), Professor Clarkson, Drs. P.A. Connellan, B. Harrington, B. Murphy and P. Rigney. Dr. Harrington was nominated by the Irish Dental Association and Dr. Murphy and Mr. Rigney were nominated by the Eastern and Southern Health Boards respectively.

(ii) Continuing Dental Education (CDE) Committee: The remit of this Committee is to advise the Board in relation to the promotion and co-ordination of continuing education in dentistry, to suggest to the Board the criteria and standards for continuing education in dentistry where this is not already a function of other bodies and thirdly to oversee the work of the Board's regional dental committees (the broad function which is the promotion of continuing dental education within their areas) and finally to examine on behalf of the Board special problems or issues affecting or related to continuing education for dentists. The membership of this Committee consists of all members of the Dental Affairs Committee together with Drs. M. Connolly, M. Delaney, P. G. Heavey, M. Houlihan, M. Kenny, G. McCarthy, S. McMahon, J. Mullen, V.M. O'Connor, E. O'Flynn, G. Papathomas and M. Quirke. Dr. J. Mullen was nominated to the Committee by the Society of Chief and Principal Dental Surgeons of Ireland, Drs. Connolly, Kenny, McCarthy, McMahon, O'Connor and Quirke are the Chairmen of the Board's regional dental committees in the North-East, Midlands, South/Mid-West, North-West, West and South-East respectively and the other five persons named earlier in this paragraph were nominated by the Irish Dental Association. The Board's CDE Committee established a Sub-committee with the task of implementing its accreditation policy (see paragraph 5.16). The membership of the Sub-Committee comprised Drs. Connellan, Flint (of the Dublin Dental Hospital) Holland, Houlihan, Mullen, O'Flynn and Tully (Course Organiser, South East Regional Dental Committee). Dr. G. Gavin, Chief Dental Officer, Department of Health and Children attended the meetings of the Sub-Committee in an observer capacity.

The Board is greatly indebted to the members of the committees and sub-committees for the manner in which they have undertaken the tasks assigned to them. The Board wishes to express its particular appreciation of the contributions made to its deliberations by the Chairmen of the regional dental committees and by those members who were nominated by the Irish Dental Association, by the Society of Chief and Principal Dental Surgeons of Ireland and by the Eastern and Southern Health Boards. The Board acknowledges the important contribution made by M. O'Boyle, Mallow and D. O'Meara, Castlepollard to the deliberations of the Continuing Dental Committee during the periods since 1996 when they chaired the Regional Dental Committees in the South/Mid-West and in the Midlands respectively.

Joint Committee for Specialist Training in Dentistry (JCSTD)

2.3 The Joint Committee for Specialist Training in Dentistry (JCSTD) draws its Membership from the four Royal Colleges of Surgeons of the U.K. and Ireland, the Specialist Associations, the Deans of Dental Schools and the (UK) Postgraduate Dental Deans. This country is represented by the Faculty of Dentistry. The Dental Council, the Chief Dental Officer and the Irish Committee for Specialist Training in Dentistry have observer status on the Joint Committee. The JCSTD has a number of Specialist Advisory Committees (SACs) - in Oral and Maxillofacial Surgery, Orthodontics, Paediatric Dentistry, Restorative Dentistry (comprising Prosthodontics, Endodontics and Periodontics) Dental Public Health and the additional Dental Specialties (viz. Oral Medicine, Oral Pathology, Oral Microbiology and Dental and Maxillofacial Radiology). The RSCI through the Faculty of Dentistry has representatives on each of these SACS.

Faculty of Dentistry, RCSI

2.4 The Faculty of Dentistry of the Royal College of Surgeons in Ireland is concerned with general professional training and postgraduate specialist training in Dentistry for which it provides examinations and awards Membership and Fellowship diplomas. For its purposes under the Medical Practitioners Act, 1978 the Board has recognised the Faculty of Dentistry. An agreement was reached in 1984 with the Faculty regarding the establishment of a special committee concerned with higher specialist training. With the agreement of the Board and of the Dental Council this Committee was reconstituted in 2002 and redesignated as "The Irish Committee for Specialist Training in Dentistry" (ICSTD). It is a standing committee of the Faculty of Dentistry but with a broad membership drawn from a wide spectrum of the Dental Community – i.e. the Faculty, the Dental Schools, the practising profession, the Dental Council, representatives of Specialist and Consultant groups, the Department of Health and Children, the PgMDB and Trainees. There is also representation from the JCSTD and the Northern Ireland consultant groups. The functions of the ICSTD are as follows:

(i) inspect, recommend approval and oversee the conduct of specialist training programmes in dentistry

(ii) advise the Competent Authority (Dental Council) as a body recognised by it (the Dental Council)for the purpose of granting evidence of satisfactory completion of specialist training [Dentist Act 1985, 37 (3)]

(iii) consult with and advise the appropriate bodies on training issues

(iv) ensure continued collaboration and reciprocal recognition of specialist training programmes with other EU countries by continuing to liase with the Joint Committee for Specialist Training in Dentistry (JCSTD) and other similar EU bodies

(v) nominate a representative to the JCSTD

(vi) promote collaboration between all institutions involved in specialist training in dentistry in Ireland with a view to promoting the highest standards

(vii) advise from time to time on the incorporation of additional specialities onto the scheme.

The ICSTD has appointed advisory committees in Oral Surgery (OSAC) and Orthodontics (OAC) in the first instance which have a similar role to the U.K. SACs.

The Dental Council has determined that the Irish Committee for Specialist Training in Dentistry shall be the body which it will recognise in the State for the purpose of granting evidence of satisfactory completion of specialist training [section 37 (3) of the Dentists Act, 1985].

Director of Specialist Training in Dentistry

2.5 During 2001 the Board agreed to make funding available to enable the ICSTD to appoint, on a half time basis, a Director of Specialist Training in Dentistry. Dr. B. McCartan was appointed to the Director post, by competition, with effect from 1 November, 2001. He is responsible, subject to the direction of the ICSTD, for the strategic management and direction of Specialist Education and Training in Dentistry including (i) development and management of the processes involved, (ii) development and management of quality control systems, (iii) implementation of national policy developments in relation to Specialist Training in Dentistry, (iv) co-ordination of training process, (v) ensuring that Specialist Training policies and programmes are in line with agreed Dental workforce policies, (vi) strategic liaison with relevant agencies.

The role of the Director will relate to Orthodontic and to Oral Surgery training programmes initially and to the other Dental Specialties as and when recognised.

2.6 **Hospitals and Posts Approved for Training**

2.6.1 **General Professional Training**

At this time the Cork Dental Hospital and Dublin Dental Hospital are approved for general professional training required for the MFD and FDS (General Fellowship) examinations. There are 20 HO/SHO/Registrar posts recognised in those hospitals. The Faculty's Hospitals Recognition Committee will shortly arrange an inspection at Our Lady's Hospital, Crumlin for 1 Paediatric Dentistry SHO post and inspections will occur during 2002 in the Dublin and Cork Dental Schools and the Maxillofacial

Units in St. James's Hospital, Dublin and Limerick Regional Hospital for continued recognition by the Faculty of Dentistry for its Membership and Fellowship Examination.

2.6.2 **Specialist Training**

Programmes in Higher Specialist Training in the Republic of Ireland have been approved in Orthodontics, Paediatric Dentistry, Dental Radiology, Restorative Dentistry, and Oral and Maxillofacial Surgery and in Oral Medicine. Eleven senior registrar posts are currently approved - 8 in Orthodontics, 1 each in Oral and Maxillofacial Surgery, Prosthodontics and Restorative Dentistry.

The Dental Council has designated the National University of Ireland, Cork, University of Dublin and the Royal College of Surgeons in Ireland as the bodies recognised by it for the purposes of dental specialist training [section 34 (c) of the Dentists Act, 1985].

St James's Hospital, Dublin and units in the North-Eastern, South-Eastern and Western Health Boards have current approval for specified periods of specialist training.

Irish Organisations (other than the Board) involved with Dental Continuing Professional Education

2.7 The Irish Dental Association through its various regional branches, the Dental Schools in Cork and Dublin, the Faculty of Dentistry and a number of Specialist Societies all contribute extensively to Continuing Dental Education not only to their respective groups but also to the practising profession as an a whole. The Board's role in relation to continuing education in dentistry is described in paragraphs 2.10 to 2.16 inclusive.

Special Considerations in regard to Dentistry

2.8 In its earlier Reports the Board stated that in many ways the position in regard to postgraduate education in dentistry is similar to that in medicine, but acknowledged that in addition there are several factors which make continuing education in dentistry, if anything, more necessary than in medicine. It is worth repeating here the principal such factors enumerated in those reports:-

i) Most dentists work in their own surgeries, many in relatively isolated areas, the number of dentists is relatively small and they are not brought into regular contact with colleagues as are many medical practitioners. At 31 December, 2001 there were 2,004 dentists on the Dental Register of Ireland – of these 56 are registered as specialists in orthodontics and 19 in oral surgery. About 400 dentists are employed in the health boards and dental schools/hospitals, thus the vast majority are in private practice.

ii) Health Boards can contribute towards continuing education etc. for dentists employed by them but, otherwise there has been no State aid for postgraduate education in dentistry, with the exception of the help provided directly by the

Board to professional bodies and by the Board and the health boards to the regional dental committees established by the Board.

iii) There is not in Dentistry, as in Medicine, a pre-registration year during which a graduate can gain increased practical experience.

iv) There is only a very small number of hospital posts where graduates can obtain practical postgraduate experience. [Furthermore up to 1999 no vocational training posts existed in this country – as will be seen from paragraph 2.17 this position has now changed but the number of vocational trainees currently in post is just 13 and is unlikely to increase beyond 30 in the immediate future].

v) Continuing education for dentists must include a large proportion of participatory and "hands-on" courses as new techniques and the use of new materials and equipment can frequently be learned only by work with patients.

2.9 **Outline of Board's activities in relation to Dentistry**

2.9.1 One of the first reports considered by the Postgraduate Medical and Dental Board when first appointed in March, 1980 was one prepared in January, 1980 by the Dental Committee to the former Council of Postgraduate Medical and Dental Education. That report dealt with all aspects of postgraduate education and training in Dentistry, but was particularly concerned with continuing education. The conclusions and recommendations of that report were summarised in the Board's previous reports.

2.9.2 The main recommendations in the report concerned the establishment and funding of regional committees to promote continuing education in dentistry. These proposals and the actions taken in relation to them are discussed in paragraph 2.11 and subsequent paragraphs. During the period since the publication of the Board's Third Report in mid 1996 three further Regional Dental Committees have been established, located in the East, Midlands and North East, thus completing a national network of such committees.

2.9.3 The report referred to in paragraph 2.9.1 recommended that "Subject to the development of suitable programmes of training and an agreed need for more dental consultants, we consider it desirable that there should be increased provision for Programmed Training in this country. We consider schemes of training desirable not only to enable dentists to obtain training in this country, but also because of the beneficial effects schemes of training can have on the general practice of Dentistry. We recommend that the Irish Committee on Higher Training in Dentistry should enter into discussions on the matter with the Department of Health and the new Postgraduate Medical and Dental Board".

In the period covered by this report increased attention has been paid to the development of specialist training in dentistry. As indicated in paragraph 2.4 the Irish Committee for Specialist Training in Dentistry (ICSTD) has been reconstituted. The Board has made funding available to it which has enabled a Director of Specialist Training in Dentistry to be appointed. The Department of Health and Children has indicated that increased funding will be made available for

specialist training and the Dental Council has, with the consent of the Minister for Health established a Register of Specialist Dentists with two divisions: oral surgery, orthodontics. The Board welcomes the commitments in the recently published Health Strategy "Quality and Fairness: A Health System for You" to the preparation and implementation of a plan for the delivery of specialist dental services on a prioritised basis and to approve areas of specialisation in dentistry and to provide public funding for the establishment of specialist training programmes in any additional specialist areas recognised.

2.9.4 The costs of programmed training in Dentistry are met in the same way as in Medicine. The Board contributes to the financing of the Faculty of Dentistry in exactly the same manner as applies to the other bodies recognised by the Board. The system of financing involved is dealt with in Chapter 6 of the main Report.

2.9.5 During the period 1 January, 1996 to 31 December, 2001 the Board's direct expenditure on dentistry - related matters amounted to €1,285m (some 6% of total expenditure) as follows:

PgMDB's Direct Expenditure on Dentistry 1996-2001	
Activity	**Amount (€)**
Regional Dental Committees	776,920
Vocational Training	334,062
Faculty of Dentistry	165,824
CDE Accreditation	8,457
Total	**€1,285,263**

Further information on the Board's expenditure on vocational training in dentistry and the regional dental committees is given in paragraph 2.15.

2.9.6 Reference is made in Chapter 3 of the Board's Fourth 'end of term' report to the need for all health boards and hospitals to make adequate financial provision for continuing professional development and education for the medical staffing. Those comments apply with at least equal force to continuing professional development and education in dentistry, and all correspondence with employing and funding authorities has made this clear.

Continuing Dental Education

2.10 As in the period prior to 1996 a particular focus of the Board's 1996/2001 activities in relation to dentistry has been the development of continuing education. Soon after its establishment in 1980 the Board considered how best to promote continuing dental education. This appraisal or review arose from consideration of the 1980 report of the Dental Committee of the former Postgraduate Council for Medical and Dental Education.

Regional Dental Committees

2.11 The Postgraduate Medical and Dental Board adopted proposals in 1981 which envisaged the establishment of a network of regional dental committees. Stated in general terms the objective of a regional committee is the promotion of continuing dental education within its area. Particular functions and activities to achieve this objective of a regional committee are as follows: -

(a) Co-operation with other bodies involved in postgraduate dental education. It should co-operate with the Continuing Dental Education Committee (of the Board) in trying to have implemented criteria or standards suggested by that Committee, with local Dental Associations and, where appropriate, with Dental Hospitals/Universities. It is important that the Regional Dental Committees should not be seen as in any way supplanting existing bodies within their areas. Their aim should be not only to assist and encourage existing bodies, but to help in co-ordinating their activities and in promoting additional activities.

(b) The general guidance of the activities of a Course Organiser and co-operation with the Course Organiser in the advancement of postgraduate dental education in its area.

(c) The making of recommendations to the Board's CDE Committee as to the developments necessary in its area.

(d) A consideration of the education needs of dental practice and of the relevance and effectiveness of particular activities in meeting these needs.

(e) An examination of the steps necessary to assure that the whole field of Primary Care is covered over a period.

Co-ordinator and Course Organisers, Regional Dental Committees

2.12 The Eastern Regional Dental Committee employs a part-time Co-ordinator and each of the Board's other Regional Dental Committees employs a part-time Course Organiser, whose general duties are to promote and encourage continuing dental education at individual, group and regional level, to liase with all groups interested in such education, to make recommendations to the regional committee on local needs, to provide continuing dental education as appropriate and to be involved in the assessment of the relevance and effectiveness of different courses and activities organised within the functional area of the regional committee. On 31 December, 2001 there were six posts of Course Organiser (one each in the Midlands, North-East, North-West, South-East, South/Mid-West and in the West) and one post of Co-ordinator in the East. Following are the names of those who held the posts on that date: -

- L. Buckley, University Dental School and Hospital, Wilton, Cork.
- W. Cosgrave, 7 Cannon Row, Navan, Co. Meath.
- B. Flanagan, Wine Street, Sligo.
- S. Flint, School of Dental Science & Dublin Dental Hospital.
- J. Lee, Dental Clinic, Arden Road, Tullamore, Co. Offaly.

- D. Tully, St. Andrew's Terrace, Newtown, Waterford.
- M. Walshe, Dental Dept., General Hospital, Roscommon.

The Board wishes to express its appreciation to the following who have also held appointments as course organisers of regional dental committees for various periods since 1996: N. Farvardin, Mullingar and P. McCabe, Oranmore.

Number, Location and Establishment of Regional Dental Committees

2.13 The proposals originally adopted in 1981 envisaged the establishment of 5 regional committees, based on Dublin, Cork, Galway, the North West and the South East. Financial constraints dictated that a phased approach had to be adopted in establishing a national network of regional dental committees. When the Board's Third Report was published in 1996 the Board had established, in partnership with the relevant health boards four regional dental committees vis: North-West in 1983, South and Mid-West in 1984, South-East in 1986 and Western in 1987. As indicated in two of its previous Reports the Board recognised that the proposals for a network of regional dental committees would need modification before being implemented in a region embracing the functional areas of the (then) Eastern, Midland and North-Eastern Health Boards. Following reviews the Board was satisfied that a single regional dental committee covering that entire area would find it very difficult to be responsive to the needs of all dentists it would seek to serve. The Board was convinced that the establishment of separate regional dental committees in the East Midlands and in the North-East would provide a much more effective structure for those areas. The Board is pleased therefore that with the additional monies made available to it in 1996 and in 1998 it was enabled to provide the necessary funding to establish those three additional regional dental committees. The Regional Dental Committee In the North-East held its first meeting on 12 June, 1996, appointed its Course Organiser with effect from 10 October, 1996 and held its first course in December of that year. The Midland Regional Dental Committee held its first meeting at the end of June, 1996, appointed its course organiser with effect from end February, 1997 and held its first course in May, 1997. The inaugural meeting of the Eastern Regional Dental Committee took place in November, 1998, during which the members agreed that there would be a greater emphasis by their Committee on the co-ordination of courses than is the case in other regions. They agreed to appoint a Co-ordinator. Following public advertisement and competition he took up duty on 1 June, 1999.

The regional committee based on Dublin serves Dublin, Kildare, and Wicklow; the committee based on Cork serves the Southern and Mid Western Health Board areas; the other committees serve the health board areas in which they are located – see Appendix 1. It is not intended however that there should be a rigid division by areas and dentists are free to attend courses or activities outside their own areas if they wish.

Membership of Regional Dental Committees

2.14 The Board's wish is that while the membership of a regional committee should be small it should be as representative as possible of the dentists in the area being served. In general it is felt that there should be about 5 private dental practitioners and 3 public dental officers together with one member of the Continuing Dental Committee of the Postgraduate Medical and Dental Board and one health board representative on each regional committee. It is recognised that in some instances local circumstances might make it desirable to vary these

numbers. The dental schools are represented on the Cork and Dublin based regional committees. The membership of the regional committees established to date conforms to the general scheme set out in this paragraph.

Summary of Activities (1997-2001) of Regional Dental Committees

2.15 The six regional dental committees in the Midlands, North-East, North-West, South/Mid-West, South-East and West have between them organised some 316 courses in the period January 1997 to December, 2001 (see Appendix 2). Those 316 courses, which have been held in a total of 35 venues, have attracted total attendances of 4,708 dentists. Course topics have included Crown and Bridge, Cross Infection Control, Dental Materials, Endodontics, Paedodontics, Preventive Dentistry, Periodontics, Resin-Bonded Bridges, Osseointegration, Other Restorative, Hepatitis B/AIDS, Oral Surgery, Orthodontics, Occlusion, Oral Cancer, Pharmacology, Veneers, Aesthetic Dentistry, Emergencies in the Dental Surgery, Implants, Dentine Bonding, Dental Radiographs, Relative Analgesia, Stress, Computers in Dentistry, Health and Safety in the Dental Surgery, Employment legislation, Practice Management, Treatment of the medically-compromised patient, Fluoridation, Nutrition and the Updates referred to later in this paragraph. Various course types have been adopted e.g.: lecture programmes, participation/demonstration courses, evening lectures, extended 'hands-on' courses, video-conferencing. A number of time-limited informal study groups have been established from time to time in the North-East, North-West, South/Mid-West and in the West.

Library information services have been operated by the regional dental committees in the North-West, South-East and in the South and Mid-West. A dental video-loan service has also been operated in the South and Mid-West. On occasion some regional dental committees have published in booklet form and widely distributed the presentations made at their courses.

A particular feature of the programme in the South and Mid-West has been the number of Dental Updates which have been held. The concept of the updates is to provide current knowledge on dental subjects to the practising dentist by means of a series of short lectures given concurrently at a local meeting. These lectures are condensed information given by experts on the subject. They are of 15-20 minutes duration; a number of different subjects can be covered in a session of say 2 hours. At the end of the session the participating dentists are encouraged to question the speakers who come together and hold a seminar for 20 minutes approximately. The Dental Update programme has also resulted in a number of time limited *ad hoc* study groups being set-up in local areas. Updates have been held in the following venues: Bantry, Charleville, Cork, Dunmanway, Ennis, Killarney, Limerick, Listowel, Mallow, Midleton, Nenagh, Thurles and Tralee.

The Regional Dental Committee in the South and Mid-West is establishing a data transfer and conferencing facility to its outlying areas. There has been an increasing demand for an emphasis in providing “hands on” courses. Many of the regional dental committees publish and circulate newsletters to the dentists in their areas. The Regional Dental Committees survey periodically the dentists in their areas to elicit information on perceived needs and preferences for topics, formats, location and timing of future courses. The Eastern Regional Dental Committee has taken the lead role in developing the segment of the Board’s website which seeks to co-ordinate and provide information on continuing dental education activities being organised. The site provides a wealth of information on forthcoming CDE events and

while its principal focus initially was on events taking place in the greater Dublin area its scope has been extended so that any organisation in the country organising a CDE activity may have advance information in relation thereto posted on the web.

Most of the organisational costs of the regional dental committees are met by the Board. These costs include the sessional payments of their Course Organisers and Co-ordinator, their travelling expenses and those of the members of the regional dental committees (who generally meet about 4 to 5 times a year) together with a contribution towards the administrative/secretarial costs provided by the health boards and by the Cork and Dublin Dental Schools and Hospitals. The Board has also provided grants, amounting to almost €77,300 in the period 1997 - 2001, towards the purchase of some teaching aids. In addition to a small quantum of sponsorship income the regional dental committees generate income from the fees charged to course participants - the fees in question are designed primarily to cover course costs and are not designed to generate profits although the fees received for some very well attended courses do provide subsidies in some instances for other courses which are expensive to mount, and which by their nature, in many cases, have to be confined to a smaller number of participants. Dental School facilities and Health Board hospital clinics and premises are of course made available at no cost to the committees. In the period 1996 - 2001 the Board provided almost €777,000 in support of the regional dental committees - this represents 3.7% of overall expenditure during that period.

The Board is pleased to take this opportunity to pay tribute to the work undertaken by the regional dental committees under their chairmen and assisted by their Course Organisers/Co-ordinator. The Board is very satisfied that by their combined efforts all involved continue to contribute significantly to stimulating the growth of continuing dental education in a very cost effective manner.

Continuing Dental Education Accreditation

2.16 Shortly before the publication of its Third Report in 1996 the Board adopted a policy relating to recognition of participation in continuing dental education activities. The following principles and procedures underpinned that policy: (a) CDE is essential, (b) participation in CDE should be on a voluntary basis, (c) incentives should be available to encourage participation in CDE, (d) the accreditation system should be based on the accumulation of credit points, (e) CDE accreditation should be time limited, (f) an Accreditation Body/Committee should be established by the Board, (g) for the purposes of CDE accreditation, courses, seminars etc. will in the future need to be evaluated - [in developing policies and procedures for this it should be possible to draw on the experience of other agencies and professions both at home and abroad], (h) the Board should issue CDE accreditation certificates - such certificates were seen as an encouragement and incentive to participate, (i) account must be taken of access to CDE, (j) if a recognition system is introduced "due credit should be given to the many dentists who have made CDE part of their professional lives without seeking any recognition to date".

The Board's Sub-Committee given the remit to bring forward proposals for the practical implementation of a policy on "Recognition for participation in CDE" based on those principles and procedures reported in March, 1996. It proposed a non bureaucratic system which could promote continuing dental education through a system of accreditation. It envisaged that participation therein would be voluntary and non-threatening and should be developed in such a way as to gain maximum acceptance, support and participation from its inception. The Board endorsed and accepted the proposals. The present Board and its

Continuing Dental Education Committee were therefore pleased when the Board's financial allocation for 1998 provided specifically for the establishment of a CDE Accreditation Programme. The members of the Board and of the CDE Committee appointed a special Sub-Committee to make the practical arrangements for the introduction of the accreditation system and to seek the support of the dental profession. Among the practical arrangements which had to be made were the development of a database and operational arrangements for the recording of credits, the seeking of support from the dental profession and the enrolment of individual dentists. The Sub-Committee was keen that the system should be operational as quickly as possible. The scheme was formally established on 1 January, 2000. The principal operational decisions taken by the Sub-Committee are set out in Appendix 3 and could be summarised as follows

- The initial accreditation cycle, which would be of two years duration, would commence in January, 2000

- Certificates of CDE Accreditation should be awarded in 2002 to those participating dentists who attain 30 CDE credits in the previous two years; thereafter certificates to be awarded on an annual basis to those who attain 30 credits in the preceding two years,

- One credit is earned in respect of each hours participation in approved/ recognised verifiable CDE activities in Ireland or abroad.

- Persons or organisations organising CDE activity notify the Board of the names of those who attend.

The dental profession has responded very enthusiastically to the establishment of the CDE accreditation system. By mid-February, 2002 a total of 1,344 dentists have enrolled in the scheme – this represents 67% of all registered dentists [or 69% when adjusted to take account only of registered dentists with addresses in the State]. Again in mid-February 2002 attendance returns have been received in respect of 400 separate CDE events held in the preceding two years, which attracted attendances by some 1,358 individual dentists (including 227 who have not enrolled to date to participate in the accreditation scheme).

It is intended that the first tranche of CDE Accreditation Certificates will issue soon after the end of March of this year, with the recipients being those participating dentists who have attained 30 verifiable CDE credits in the period since January, 2000. 403 dentists have attained 30 (or more) such credits as at 20 February, 2002 and it is likely that this figure will grow further in the period to end March 2002.

A further tranche of certificates will be issued mid year to other participating dentists who did not have 30 credits at 31 March but who at 30 June, 2002 have acquired 30 credits in the preceding two years. From 2003 onwards, as a general rule, certificates will be issued around March or April to all participating dentists who have acquired 30 credits over the two preceding calendar years.

Vocational Training in Dentistry

2.17 In its Third Report in 1996 the Board set out the background which led it and the Dental Council to set up a joint working group to bring forward proposals for the establishment of

vocational training in dentistry in this country. The working group completed its task in March, 1993. The report recommended, inter alia,:

- A pilot scheme on vocational training in dentistry should be established
- The training period should be one calendar year
- The total number of trainees involved should be about ten in the first instance
- The pilot scheme should be designed to test the feasibility of introducing, on a national basis, vocational training specifically designed for Irish general dental practice.

The proposals prepared by the joint working group were endorsed by the Board and submitted to the Department of Health in April, 1993 for approval and funding. The Board was pleased therefore when its financial allocation in respect of 1998 provided funding specifically for the "the establishment of a pilot scheme in vocational training to reflect the training requirement of vocational trainees in the Health Board dental services". The Board then established a Steering Committee to (i) undertake the preparatory work necessary to develop a scheme and (ii) to oversee the organisation and conduct of the scheme when established. The preparatory work involved was quite considerable and included

- agreeing on
  - # the exact nature of the scheme
  - # the criteria for the appointment of trainers
  - # the intake levels
  - # salary and grant levels for trainees and trainers
- the appointment of a Co-ordinator
- the development of an academic day release course
- the appointment of trainers and trainees.

The original proposals submitted by the Board had envisaged a scheme designed to test the feasibility of introducing vocational training specifically designed for Irish general dental practice. The Department's initial agreement to funding indicated that the scheme should reflect the training requirement of vocational trainees in the health board dental services. The Board is pleased to report that following further discussions with the Department of Health and Children and with the dental profession it was possible to reach agreement that the Board's pilot scheme would have the aim to provide a transitional year for newly qualified dental graduates to help prepare them for either general dental practice or the public dental services. It was agreed, therefore, to introduce an innovative pilot scheme combining training placements in both general dental practice and in the public dental service with a first intake in September, 1999.

The Board appointed with effect from 6 April, 1999 Frank Ormsby, BDS, DGDP (UK) to be

the Co-ordinator for the pilot scheme, his current commitment is for four sessions a week and he is responsible to the Board for the overall promotion and co-ordination of the pilot scheme.

The hope was to have an initial intake of six and that the training locations would be in the greater Dublin and Cork areas in the first year. The aim of commencing the scheme in September, 1999 was met but due in the main to difficulties encountered in recruiting suitable trainers the initial intake of trainees was three and they were assigned to training placements in the Dublin area. In September, 2000 eight trainees were recruited and they were assigned to training posts in Dublin and in the North-Eastern and South-Eastern Health Board areas. The trainee intake was increased further to thirteen in September, 2001 and all health board regions are now involved in the Scheme.

2.18 **Outline of Principal Features of Board's Pilot Scheme on Vocational Training in Dentistry**

Board's financial allocation for 1998 provides for the development of pilot study on vocational training.

During 1998 and 1999 Board reaches agreement with Department of Health and Children and with the dental profession on the nature of a pilot scheme.

In April 1999 Board appoints Co-ordinator for the scheme.

In 1999 the Postgraduate Medical and Dental Board (PgMDB) establishes a pilot scheme for vocational training in dentistry

Participation in the Scheme is voluntary. The pilot scheme was rolled out with an intake of 3 in September 1999, 8 in 2000. There are currently 13 new graduates on the third year of the Scheme, which commenced in September 2001. The female:male ratio this year is 12:1. There is an almost even split between Dublin and Cork graduates, with no graduate this year, on the scheme from outside these two dental schools. All Health Board regions are involved in the current scheme

The aim of vocational training in dentistry is to provide a transitional year for the newly qualified dental graduate to help prepare him/her to assume responsibility for the running of a general dental practice or a public dental service clinic and to acquire more efficiency in the skills and competencies required in the delivery of comprehensive primary dental care. It should provide a supportive environment for the new graduate in which he/she can adapt to the demands of general dental practice or the health board dental service

Vocational Training lasts twelve months and each trainee on the scheme is placed with suitable trainers in both private practice and in the health board dental service - two days per week in each training setting. Trainees also attend weekly academic sessions

The PgMDB is the employing authority for trainers who are in private practice and pays a grant of £5,000 [€6,348.69] to each training practice. Income generated by a trainee while attached to the private practices accrues to the practice

The PgMDB also pays a grant of £5,000 [€6,348.69] to health boards in respect of each trainer provided by them to help the health boards in question to replace the service deficit resulting from the trainers commitment to vocational training and to recoup a payment of £2,460 [€3,123.56] to each health board trainer.

The health boards are the employing authorities for all trainees (VDPs). The salary level for the post of VDP is £24,750 [€31,426.06] from 1 October, 2001.

Review of the Vocational Training Pilot Scheme

2.19 The Board committed itself to review the pilot scheme within three years of its establishment. The review has now been completed and the full report thereon is reproduced at Appendix 4. The principal recommendations arising from the review are as follows -

Vocational Training should be established nationally on a permanent basis

The existing format of the training scheme based on a weekly schedule of two days in private practice, two days in the health board dental services and one day at an academic course should be maintained,

In each health board area there should be, on an ongoing basis the equivalent of one health board training post per community care/dental area, providing a pool of at least thirty posts

The ultimate aim should be to provide vocational training for all graduates of Irish dental schools with a short-term aim to increase the intake level to 25 for the training year commencing September, 2003 and to increase it further to 30 the following year,

Arrangements should be made to periodically uprate the trainer grants,

An increase in the number of trainees above 15 will require additional day release courses and additional co-ordination sessions,

For the purposes of eligibility to sit the MFDS/MFD examinations, training and experience gained in vocational training should be accorded the same recognition as that gained in clinical posts in hospital, community practice and dental public health approved for training by the Faculties of Dental Surgery/Dentistry of the Royal Colleges of Surgeons in Ireland and of the UK.

A small representative Steering Committee reporting to the PgMDB should be given the responsibility of overseeing and developing vocational training.

As will be evidenced from the recommendations enumerated above the Board is very pleased with what has been achieved to date in the pilot scheme. Providing a training scheme which places young graduates in a combination of, or, paired training settings in the public dental service and in general dental practice is not only novel and innovative but is also challenging. The review of the pilot scheme has demonstrated that this form of vocational training is feasible and attractive (41 newly graduated dentists sought places on it in 2001 and the number of applications for the 13 trainer positions in general dental practice was 38, although the number of general dental

practitioners in Cork and Dublin offering themselves as potential trainers continues to be low). The Board strongly recommends that vocational training in dentistry should now be established nationally on a permanent basis and that the intake should be increased, on a phased basis, in the short term to 30. The Board will be seeking the requisite funding from the Department of Health and Children to enable it to expand the scheme to that number of training places. To make such an intake possible it will be necessary for health boards to commit themselves to the provision of adequate numbers of training posts, and difficulties in recruiting private practice trainers in Dublin and Cork will need further attention.

The successful launch of the pilot scheme would not have been possible without the hard work and commitment of many individuals. The Board is indebted to its Steering Committee, its Co-ordinator and most particularly to the trainees and their trainers. The Board is very appreciative of the support received from the Department of Health and Children, the dental profession, the Health Boards and the Dental Schools/Hospitals in Cork and Dublin. The Board is also very pleased to acknowledge the advice and encouragement received from the Northern Ireland Council for Postgraduate Medical and Dental Education.

Dentistry: Concluding Remarks

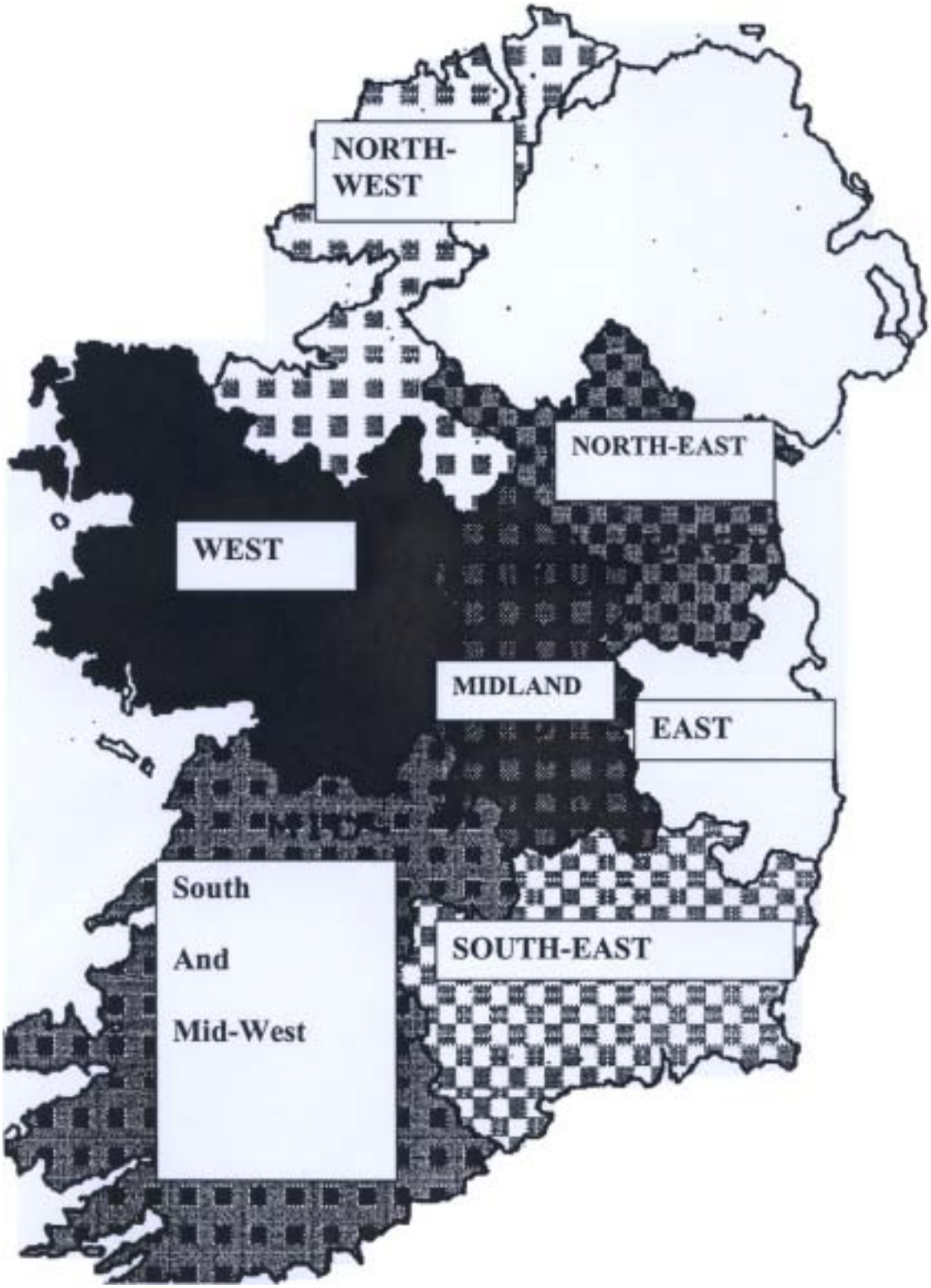
2.20 The principal activities undertaken by the Board in the last five years in relation to postgraduate training in dentistry are outlined in the preceding paragraphs. The highlights have been

- funding the appointment of a Director of Specialist Training in Dentistry,
- completion of the national network of Regional Dental Committees for the provision and co-ordination of continuing dental education,
- the establishment of a CDE accreditation system, and
- the development and establishment of a pilot scheme of vocational training in dentistry.

The Board is pleased with the progress which it has been able to achieve and looks forward with confidence to its successors building on the initiatives which are outlined above. It is likely that when the next "end of term" report comes to be written substantial further progress will have been made in the development of specialist training in dentistry, the regional dental committees will have been further consolidated, the CDE accreditation system will have been firmly established and will be developed further by the introduction of quality assurance and quality improvement enhancements and vocational training will not only be firmly established but greatly expanded and consideration will have been given as to whether schemes of general professional training in dentistry should be introduced.

Appendix 1

Geographic area of each Regional Dental Committee



Appendix 2

Regional Dental Committee (RDC) Courses: January, 1997 – December, 2001

Regional Dental Committee	Number of Courses in 1997/2001(attendances by dentists)	Selection of Topics Covered
Midland	40(422)	Adhesive Dentistry, CPR, Cross-infection control, Crown and Bridge, Endodontics, Fluoridation, Implants, Oral Cancer & Precancer, Oral Surgery, Orthodontics, Paedodontics, Periodontics, Prosthodontics, Radiation Protection, Restorative Dentistry, Risk Management, Sedation
North-East	44(470)	Adhesive Dentistry, Computers in Dentistry, CPR, Cross-infection Control, Crown and Bridge, Difficult Dentures, Employment Legislation, Endodontics, Fluoridation, Full Upper & Lower Dentures, Implants, Oral Cancer, Oral Medicine, Oral Surgery, Paedodontics, Practice Management, Prosthetics
North-West	38(453)	Adhesive Dentistry, Aesthetic Dentistry, Computers in Dentistry, CPR, Cross-infection Control, Dental Radiology, Endodontics, Implants, Oral Surgery, Orthodontics, Periodontics, Practice Management, Restorative Dentistry, Treatment Planning
South & Mid-West	72(1,666)	Anaesthetics, "Anomalies of Eruption", CPR, Dental Prescribing, Dental Radiology, Dental Traumatology, Dental Updates, "Denture Problems", Diagnosis and Management of TMJ Dysfunction, Endodontics, "Faces Spaces Braces", Implants, Lasers, Oral Surgery, Orthodontics, Periodontics, "Porcelain Laminate Veneers", Restorative/Perio Interface, 'Tooth wear', Treatment of medically compromised patients, Treatment options for the partially dentate patient, "Wisdom Teeth Revisited"
South-East	39(717)	Bleaching, Composites, CPR, Dental Materials, Dental Radiology, Fluoridation, Health and Safety, Implants, Management of Hepatitis C patient, Nutrition; Software Solutions, Oral-Facial Pain, Restorative Dentistry, Stress Management, Prosthodontics, Treatment of medically compromised patients, Worn Dentition
West	83(976)	Amalgam, Bleaching, Caries Diagnosis, Cross Infection Control, Dental Public Health, Endodontics, Epidemiology, Fissure Sealants, Fluoridation, General Anaesthesia, Health Promotion, Implants, Oral Medicine, Oral Radiology, Oral Surgery, Orthodontics, Paedodontics, Patient Satisfaction, Periodontology & Heart Disease, Practice Management, Role & Functions of Dental Council, Special Needs, Veneers

Appendix 3

POSTGRADUATE MEDICAL and DENTAL BOARD

CDE Accreditation

OPERATIONAL DECISIONS

Certificates of CDE Accreditation

Certificates of CDE Accreditation will be awarded in 2002 to those participating dentists who attain 30 CDE credits in the two year period January, 2000 to December, 2001. Thereafter Certificates will be awarded on an annual basis to those who attain 30 credits in the preceding two years.

Course Approval/Recognition

It will not be necessary for courses to be approved in advance.

Notification by CDE Activity Organisers

Course providers are to notify the PgMDB of the names of those who attend courses (A form is available for this purpose.)

Card indicating Registration Number

Each participant has been provided with “plastic card” indicating his/her registration number.

Credits

One credit will be earned in respect of each hour's approved/recognised CDE activity.

Credit Points for Individual CDE activities.

(a): Research and publication in peer reviewed/CPD journals.

1st author:	5 points
Co-author:	2 points

(b): Paper/Poster presentations/lectures to peers.

Congress papers/posters:	2 points
Long papers(>20 minutes), e.g. Invited lectures, keynote addresses:	4 points

(c): Relevant additional qualifications obtained:

Completed Diplomas

6 month Diploma:	3 points
1 year Diploma:	6 points
2 year Diploma:	12 points
Completed Masters or Doctoral degrees:	15 points

These points are in addition to any points obtained during the study period.

(d): Examinations/Evaluations/Assessments:

These activities include, but are not restricted by the following:
Undergraduate and postgraduate examinations; Evaluations undertaken on behalf of registering authority; Assessment of these scripts.

1 point per hour.

(e): Supervision of Degrees (Masters/Doctoral students (thesis or dissertation))

Promotor/mentor/study leader for Masters or Doctoral qualifications.

5 points per graduate.

Credits for 'CDE Course Presenters'

Persons resourcing a CDE course will be granted the same credits as those who attend the course – subject to credits not being awarded on more than three occasions in respect of "basically the same lecture/presentation".

Video Conferencing.

Courses held by the means of video conferencing will attract CDE credits in the same manner as conventional courses.

Study Groups

Credits (computed on the basis one credit for each hour) will be awarded in respect of recognised Study Group activity. Study Groups will have to seek the approval of the Steering Committee and attendance sheets will have to be returned. The Board may ask its Regional Dental Committees to accredit Study Groups in their areas.

Credits for Courses Abroad

Dentists seeking to claim credits in respect of courses held outside the Republic of Ireland should send the data detailed below to the PgMDB -

- Their own name and registration number.
- Third party confirmation of attendance at the course in respect of which credits are being claimed (this confirmation should normally be obtained from the course organiser).
- Details of the course programme.

Courses on 'non-clinical' Topics

In the initial phases of the system, a maximum of three credits per annum may be earned in respect of attendance at courses on non-clinical topics oriented towards dentistry.

Private Reading

Private reading, because it is not verifiable, will not qualify for credits. The Postgraduate Medical and Dental Board will however, explore the possibility of the Irish Dental Journal publishing the occasional educational edition/ issue which would incorporate a system for earning CDE credits along the lines available with the publication "CPD Dentistry"*[see next paragraph]*

Credits awarded through publication 'CPD Dentistry'

Recognition on a "one for one" basis will be granted in respect of the hours of validated CPD which are awarded to those who complete the MCQs associated with the publication "CPD Dentistry" published by Rila Publications Ltd. London.

Faculty of Dentistry CPE Scheme

There is a need to consider what linkages/co-ordination should exist with the Faculty of Dentistry CPE Scheme.

Postgraduate Medical and Dental Board
December, 2001

Appendix 4

Review (2001) of Pilot Scheme on Vocational Training in Dentistry.

1 Background Information

1 Introduction

In 1999 the Postgraduate Medical and Dental Board (PgMDB) established a pilot scheme for vocational training in dentistry.

2 Aims of Vocational Training

The aim of vocational training in dentistry is to provide a transitional year for the newly qualified dental graduate to help prepare him/her to assume responsibility for the running of a general dental practice or a public dental service clinic and to acquire more efficiency in the skills and competencies required in the delivery of comprehensive primary dental care. It should provide a supportive environment for the new graduate in which he/she can adapt to the demands of general dental practice or the health board dental service.

3 Outline of Pilot Scheme

Vocational Training lasts twelve months and each trainee on the scheme is placed with suitable trainers in both private practice and in the health board dental service - two days per week in each location. Trainees also attend weekly academic sessions. The third intake of trainees (thirteen in all) joined the Scheme in September, 2001.

4 Co-ordinator

Dr. Frank Ormsby, BDS, DGDP(UK) has been appointed as Co-ordinator for the pilot scheme.

5 Trainers

Twenty-six trainers (thirteen in general dental practice and thirteen in the public dental service) will be engaged for the third year of the Pilot Scheme – each trainee has two trainers, one in general practice and one in the health board service.

The PgMDB invites applications for trainer posts from amongst all dentists in private practice.

Recruitment of suitable dentists from the Health Board Dental Service as trainers is by way of request to the health boards concerned.

Training is provided for trainers.

The PgMDB is the employing authority for trainers who are in private practice and is responsible for the allocation of a £5,000 [€6,348.69]grant to each training practice. Income generated by trainees attached to private practices accrues to the practice.

The PgMDB also pays a grant of £5,000 [€6,348.69] to health boards in respect of each trainer provided by them to help the health boards in question to replace the service deficit resulting from the trainers commitment to vocational training and to recoup a payment of £2,460 [€3,123.56] to each health board trainer.

6 Trainees (Vocational Dental Practitioners)

The PgMDB invites applicants for trainee (VDPs) posts from amongst the final year students in the dental schools in Cork and Dublin, and also accepts applications from other final year dental students.

The health boards are the employing authorities for all trainees (VDPs). The salary level for the post of VDP is £24,750 [€31,426.06] from 1 October, 2001.

7 Outline of Annual Timetable for Recruitment of Trainers & Trainees

January:	Information sessions with Cork and Dublin final year students
	Information session for Dentists
March:	Application forms returned from Dentists
	Practice visitations
	Practice visits by potential trainees
April:	Trainer Applicants Interviewed
	Trainee interviews held
June:	Trainer/Trainee Matching Process completed
	Trainer Induction Day
September:	Training Year commences

8 Certification of Completion of Vocational Training

All Vocational Trainees keep a Professional Development Record and are obliged to attend the Day Release Course, undertake a research project and participate satisfactorily in the clinical activities of their general practice and health board training placements.

A certificate attesting that they have successfully completed these requirements is presented at the end of the year.

9 Evaluation of Scheme

It was agreed that the pilot scheme would be evaluated on an on-going basis but particularly so after three years.

2 Issues considered in Review

10 **Basic Facts of Experience to date**

Participation in the Scheme is voluntary. The pilot scheme was rolled out with an intake of 3 in September 1999, 8 in 2000. There are currently 13 new graduates on the third year of the Scheme, which commenced in September 2001. The female:male ratio this year is 12:1. There is an almost even split between Dublin and Cork graduates, with no graduate this year, on the scheme from outside these two dental schools.

11 **Format/Make-up of Vocational Training**

The scheme commences in September and lasts for one year. VDPs work a 5 day week and are entitled to 24 days annual leave. They spend 2 days working in private practice and 2 days in the Health Board and attend up to 30 study release days. In weeks where there is no day release course, VDPs work a third day in either private practice or Health Board.

Conclusions

The existing format of the training scheme is based on a weekly schedule of two days in private practice, two days in the health board dental services and one day at an academic course. Alternative models could be based on (i) training solely in a health board or private practice setting or (ii) a continuous period of six months in a health board followed by six months in private practice [or vice versa]. An academic release course should also form part of the alternative models outlined. The experience to date has shown that the existing model has worked well and should in the Steering Committee's view be maintained. That said, the Board would be open to consider, in particular circumstances or in the light of changing circumstances, alternative models along the lines already outlined. Such alternatives could, of course, only operate if the specific training location could provide sufficient clinical activity for four or five consecutive days in a week.

12 **Location and Number of Training Posts**

All Health Board regions are involved in the current scheme. In some Health Board areas the private practice trainer is in close proximity to the Health Board clinic (trainer) while in others there can be a distance of up to 30 miles separating the locations. The existing thirteen trainees are based in Ballinasloe, Cavan, Clonmel, Cork, Dublin, Ennis, Galway, Kildare, Longford, Newcastlewest, New Ross and Sligo.

Conclusions

In each health board area there should be, on an ongoing basis, the equivalent of one health board training post per community care/dental area. This would provide a pool of at least 30 posts. These training posts should be additional to the normal complement. The role of the Clinical Dental Surgeon (Grade I) post should be reviewed in the light of the development of vocational training.

13 **Numbers that can be trained**

Various factors limit the number of VDPs that can be trained. These include the number of private practitioners with suitable training premises willing to become Trainers, the number of Health Board dentists willing to become Trainers, the number of VDPs which could potentially be accommodated by Health Boards. From a potential of 80 final year students, 40 applications were received in 2001 together with one application from an Irish graduate of a British Dental School. 57 general dental practitioners sought application forms for trainer positions and health boards offered at least 24 posts.

Conclusions

The ultimate aim should be to provide vocational training for all graduates of the Irish dental schools. It would not be possible to meet that aim immediately but realistic targets would be to increase the intake level to 25 for the training year commencing September, 2003 and to increase it further to 30 the following year.

14 **Private Practice Trainers**

There are at present 13 private practice Trainers. For the training year commencing September, 2001 there was interest shown in the scheme by 57 general dental practitioners after an awareness campaign of regional roadshows and mailshot notification. 28 of these went through the entire selection procedure. This procedure involved completing a formal application, undergoing a practice visitation and attending for interview. Only multi-surgery practices were considered for selection. The Trainer's contract lasts for one year and they receive a training grant (currently £5,000 [€6,348.69]) the PgMDB and also all the earnings of the VDP. The successful applicants are required to attend a Trainer induction day where the principles of the Trainer's role are outlined and communication skills are enhanced. There are 3 meetings during the year to facilitate an on-going review and evaluation of the training process and the trainer/trainee interaction Some Trainers have undertaken to participate in the Day Release Programme. Interest among General Dental Practitioners in Cork and Dublin has been low.

The criteria for selection as trainers are set out in the Annex.

Conclusions

The existing recruitment process whereby all trainers are selected and recruited de novo each year is cumbersome and needs to be streamlined. It is proposed that the following process be adopted – interview for appointment to a panel of trainers for a three year period with an actual appointment being for a period of one year, renewable.

The trainer grant was set at £5,000 [€6,348.69] per annum in September, 1999. It has not been updated since then. It is recommended that the quantum of the grant should be uprated periodically and that the rate of increase should correspond with the level of pay increases under national pay agreements.

While there has been some welcome evidence that the interest among private practitioners in Cork and Dublin may increase there is a need for research to determine and overcome the factors which have given rise to the low interest shown to date.

15 **Health Board Trainers**

In the training year 2000/2001 there are 13 Health Board Trainers. The Health Boards select their own Trainers, from amongst their dental staff, using criteria very similar to that used by the PgMDB when selecting private practice Trainers. In some regions there was competition for the positions. Health Board Trainers receive an additional allowance of £2,460 [€3,123.56] p.a. to their salary. The successful applicants are required to attend a Trainer induction day where the principles of the Trainer's role are outlined and communication skills are enhanced. Some Trainers have undertaken to participate in the Day Release Programme.

Conclusions

At the inception of the pilot scheme the Department of Health and Children agreed that the Postgraduate Medical and Dental Board would, in respect of each training post, pay a grant of £5,000 [€6,348.69] to the Health Boards involved to enable the boards replace the service deficit resulting from the trainers commitment. Health Boards pay to their trainers a proportion (currently £2,460 [€3,123.56])of the grant. It is the Board's view that these grants should be regularly updated, on the same basis as recommended in paragraph 14 above and that 50% of the grant should be paid to the health board trainers.

16 **Trainees**

In February/March 2001 the Co-ordinator visited the two Dental Training Schools in Cork and Dublin and brought the advantages and benefits of the Vocational Training Scheme to the attention of interested final year students. The PgMDB received 41 applications. All applicants were requested to attend a Health Board assessment interview and were subsequently notified by the PgMDB of available Private Practice Trainers and locations. The applicants were advised to visit Private Practice training locations and associated HB Principal Dental Surgeons and return to the PgMDB their ranked preference of the training placements. 24 of the original 41 applicants visited Practices and so were involved in the assignment/ matching process. The mean number of practices visited was four.

Conclusions

It is recommended that the existing trainee recruitment process be retained.

17 **Day Release Course**

During the VT year trainees attend 30 day-long academic sessions, most of which take place in Dublin at the Postgraduate Centre in St James's Hospital. Presentations are usually held on a Monday and commence at 11 am and finish at 4.30 pm. Topics covered on the programme range from purely clinical through to administration and management. Sessions are reserved to include specific topics as requested by the VDPs based on their working experiences. Two release days are designated for hands-on sessions. Six of the day release sessions will be held in venues outside Dublin. Although the presentations have a structured format, the sessions are interactive and the VDPs gain 'added value' by relating the topics to their actual working experiences. Modern IT and projection equipment are essential. There is on-going appraisal and assessment of topics and Presenters.

Conclusions

The maximum number of trainees which can attend at the day release course, without impairing educational effectiveness, is 15. So as to accommodate the increased numbers of trainees envisaged in this report it will be necessary to develop a second parallel course. While decisions have yet to be taken in this matter it is envisaged that one course would continue to be held principally in Dublin and that the second course could be located principally at another centre.

18 Co-ordination

There is presently one Co-ordinator of the Scheme who is employed on a sessional basis (four sessions per week) and reports to the Chief Officer and the Steering Committee. The duties of the Co-ordinator involve the implementation, development and evaluation of the Scheme as an alternative route for the new dental graduate while working within the established structures of the profession e.g. Private Practitioners, Health Boards, Training Hospitals.

Conclusions

The Steering Committee wishes to retain the concept of a national scheme under the general direction of one Co-ordinator. It is clear, however, that an expansion of the Scheme along the lines envisaged in this report would require additional co-ordination sessions which could be delivered by a combination of increasing the sessions of the existing Co-ordinator and supplementing them by the appointment of Associate Co-ordinators, with one or two sessions, on a regional basis.

19 **MFDS/MFD**

Many young dentists wish to acquire the Diploma of Member of the Faculty of Dental Surgery/Dentistry (MFDS/MFD). To be eligible for the award of the diploma a candidate must, inter alia, "have completed satisfactorily 24 months full time equivalent postgraduate experience in dentistry of which at least 12 months must have been gained in clinical posts in hospital, community practice and dental public health which have been approved for training by the Faculties of Dental Surgery/Dentistry of the Royal Colleges of Surgeons in Ireland and of the UK".

Conclusions

The Steering Committee is strongly of the view that training and experience gained in vocational training should be accorded the same recognition as that gained in the clinical posts already referred to.

20 **Costs**

The costs of running the pilot scheme have been shared by the Postgraduate Medical and Dental Board and the Health Boards. The health boards have met the salary and travelling costs of trainees and the Postgraduate Medical and Dental Board has met all other costs (for example co-ordination, trainer fees, day release courses, induction training). The costs incurred in the period 1999 to 2001 and the estimated full year costs (at current prices) of maintaining the intake at current levels and of increasing it to 20, 25 and 30 trainees per annum are shown in the following tables.

TABLE 1: COSTS INCURRED 1999 - 2001

AGENCY / YEAR	PgMDB		HEALTH BOARDS	
	IR £s	**EURO €**	**Ir £s**	**EURO €**
1999	30,000	**38,000**	20,000	**25,500**
2000	84,000	**106,500**	102,000	**129,500**
2001	150,000	**190,500**	232,000	**294,500**

TABLE 2: VOCATIONAL TRAINING FULL YEAR COSTS[1]

AGENCY / TRAINEE NOs.	PgMDB		HEALTH BOARDS	
		EURO €	IR £s	**EURO €**
15	242,000	**307,500**	375,000	**476,000**
20	330,000	**419,000**	500,000	**635,000**
25	392,000	**498,000**	620,000	**787,000**
30	454,000	**576,500**	745,000	**946,000**

21 **Future Governance of Vocational Training**

A Steering Committee is responsible to the PgMDB for the running of the pilot scheme. Its membership consists of the three dental members of the PgMDB together with a Principal Dental Surgeon of the ERHA, the General Manager for the SHB and a representative of the IDA.

[1] Estimated costs at 2001 prices. Euro estimates have been rounded to nearest 500 euro.

Conclusions

It is the Steering Committee's view that in future the Postgraduate Medical and Dental Board should continue to have a small Steering Committee responsible to it for overseeing the organisation and development of vocational training. The Committee should be composed of Board Members together with representatives from the Irish Dental Association and from the Health Board dental service.

22 2 Year General Professional Training (GPT)

22.1 The Steering Committee is aware that there is a growing number of GPT schemes in the UK

22.2 Those Schemes are made up as follows

22.2.1 2 year integrated schemes consisting of 1 year in General Practice VT and 2 six-month periods in the Community Dental Service and in Hospital Dental Service.

22.2.2 1 year scheme consisting of equal periods in Community Dental Service and in the Hospital Dental Services but previous participation in one year VT being obligatory.

22.2.3 Day release courses of 30 days per year are also a feature of both of the above models of GPT.

Conclusions

22.3 If GPT were to be introduced here a number of questions would arise

22.3.1 How would it be constituted? If the existing VT model is retained presumably the second year of GPT would be composed of training periods in private practice and in the hospital service.

22.3.2 How would it be funded?

22.3.3 What numbers should be involved? (What is the capacity of the Dental Schools in this regard? Would it be possible to utilise HB orthodontic and oral surgery units?)

22.4 A model along the lines set out in 23.3.1 above would require significant numbers of GP Trainers

22.5 It will be a matter for the incoming Postgraduate Medical and Dental Board to consider whether (and if so, when) general professional training in dentistry should be introduced in Ireland. The Steering Committee is of the view that vocational training should be recognised as part of any general professional training scheme introduced.

23 Concluding Remarks/Recommendation

The Steering Committee is satisfied that the pilot scheme has operated satisfactorily and recommends that vocational training be established nationally on a permanent basis.

December, 2001

Appendix 5

PANEL OF CAREER GUIDANCE ADVISORS IN DENTISTRY

Child Dental Health:	A. O'Connell, TCD T. Holland, UCC
Special Care:	J. Nunn, TCD
Dental Public Health:	J. Clarkson, TCD D. O'Mullane, UCC H. Whelton, UCC
Dental General Practice:	P. Cudmore, UCC B. Harrington, TCD
Vocational Training:	F. Ormsby, PgMDB
Oral Pathology:	M. Toner, TCD
Oral Medicine:	B. McCartan, TCD C. O'Brien, UCC
Oral Surgery	D. Ryan, TCD S. Sleeman, UCC
Orthodontics:	T. Garvey, TCD D. Field, UCC
Radiology:	D. McDonnell, TCD
Restorative Dentistry: (comprising Conservative Dentistry, Periodontology and Prosthetic Dentistry)	R. McConnell, UCC F. Burke, UCC F. Allen, UCC H. Ziada, UCC B. O'Connell, TCD N. Claffey, TCD F. Houston, TCD
Specialist Training:	B. McCartan, RCSI