

## IN BRIEF

- Marks 75 years of progress in dental education.
- Describes how the dental curriculum has developed.
- Indicates how policy and resource issues have been tackled nationally.
- Looks to the future of dental education in a changing world.

# The Council of Heads and Deans of Dental Schools: 75 years

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For three quarters of a century the Council of Heads and Deans of Dental Schools (CHDDS) has met to discuss issues relating to the UK and Irish dental schools. In this, the 75<sup>th</sup> anniversary year, it seems timely to review the work of the Council to date.

CHDDS has its origins in the Education Consultative Committee of the Dental Schools of Great Britain and Ireland. The instigator of this committee was Mr W. Malcolm Knott, President of the British Dental Association in 1930. During the Annual Conference of the BDA, he invited several deans of dental schools to join him at the Great Central Hotel, Birmingham, on 28 May 1930, to discuss the formation of a committee of dental school representatives in order to discuss 'all matters pertaining to the curriculum for a dental degree or licence'. The principle of setting up an organisation was agreed and a formal inaugural meeting took place at the Royal Dental Hospital in London on 31 January 1931. The membership consisted of deans or duly appointed officials of recognised dental schools and each dental school was asked to contribute one guinea per annum to cover incidental expenses. The following representatives were present at the first meeting: Mr J. Bell-Milne

(King's College Hospital Dental School), Mr W. G. Campbell (Dundee Dental School), Mr E. B. Bowsett (Guy's Hospital Dental School), Professor E. Fawcett (Bristol Dental Hospital), Professor W. H. Gilmour (Liverpool Dental School), Mr D. Headridge (Manchester Dental Hospital), Mr C. Howkins (Birmingham Dental Hospital), Mr W. M. Knott (Birmingham Dental Hospital), Mr D. L. Rogers (Incorporated Dental Hospitals, Ireland), Mr E. Spawson (London Hospital Dental School), Mr H. Stobie (Royal Dental Hospital) and Dr J. F. Webster (Glasgow Dental Hospital).

Mr W. Malcolm Knott was duly elected as chairman (Fig. 1), Mr Spawson as deputy chairman and Messrs Howkins and Stobie as joint honorary secretaries.

The pre-1980 part of this review owes much to an excellent account of the first 50 years of the Council, published in the *British Dental Journal* by the late Professor Barry Leighton, who played an important role as secretary from 1972 to 1985.<sup>1</sup>

## The early years: Mr W. Malcolm Knott

The first topic chosen for discussion was the 'Recommendations of the General Medical Council as to the course of study and examination to be required of candidates for licences in dental surgery and dentistry'. In 1932 a formal consti-

tution was approved and the title had been altered to 'The Dental Education Advisory Committee of Great Britain and Ireland.' A further change was made in 1937 to 'The Dental Education Advisory Council of Great Britain and Ireland' (DEAC). The function of the council was to consider any question involving dental education brought forward by members or such bodies as the Dental Board of the United Kingdom, and to transmit its views to persons or organisations concerned. In 1937 Mr W. Malcolm Knott resigned from the Council due to ill health. He had presided over the DEAC for six years, during which time the Council had influenced the redrafting of the General Medical Council recommendations for dental education, and established itself as a body whose advice could be of value.

## The war years

The outbreak of war brought with it many problems for the dental schools. Already conscription for National Service had reduced the number of applicants to the profession. The Government set up a Dental War Committee to deal with manpower problems associated with the call to the services of members of the profession. These included the terms under which both dental students and

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## Refereed Paper

Accepted 1 February 2007  
DOI: 10.1038/bdj.2007.226  
©British Dental Journal 2007; 202: 331-334



**Fig. 1** Mr William Malcolm Knott, President of the British Dental Association 1930 and Chairman of the Dental Education Advisory 1931–1937

some dental staff should be reserved from military call-up, military training for dental students during their studies and the supply of dental equipment and materials. In addition members of the DEAC arranged among themselves plans for making available emergency dental accommodation in the event of a dental school being damaged by enemy action. Towards the end of the war considerable thought was given to the role of dentistry in post-war reconstruction. Strong representations were made for the early release of dental teachers in anticipation of an increase in the demand for dental training, which was encouraged by the provision of Government grants on demobilisation to those whose studies had been interrupted by the war. A Joint Committee on Dental Post-War Reconstruction had been set up, and Professor E. Sprawson was elected to represent the views of the DEAC.

Throughout this difficult period clerical assistance was provided by Miss I. M. Williams, a member of the administrative staff of Birmingham Dental School. When Colonel Howkins and Professor Stobie retired from the joint secretaryship in 1947, Professor W. E. Herbert was co-opted to the Council as its Secretary, and Miss P. M. Sheehy, a member of the Guy's Hospital Dental School administration, took over the clerical duties, which she continued to undertake for the next 25 years.<sup>1</sup>

#### The immediate post-war years

The end of the war found the dental schools desperately short of staff, and facing pressure not only to increase their intake of students, but also to provide refresher courses for demobilised serving dentists. The Council was obliged to take a much broader view of its functions, having to concern itself with all factors which might affect both undergraduate and postgraduate training, and even the training duties of other members of the dental team. The principle of training hygienists was endorsed, and support offered for the necessary legislation to implement training schemes in dental schools.

The Council made its submission to the Teviot Committee,<sup>2</sup> drawing attention to the need to expand the output of dental practitioners and therefore an increase in dental school staff and facilities. The growing importance of postgraduate education was recognised by the Council's strong representation on the newly formed Joint Advisory Committee on Postgraduate Education, and the invitation at this time which brought the Institute of Dental Surgery at the Eastman Dental Hospital into membership of the DEAC. Other activities included the expression of views on the general educational standards required of applicants to study dentistry, the admission of overseas students to British dental schools, postgraduate training appointments and the training and duties of dental technicians and dental surgery assistants. The problem of recruiting suitable applicants was discussed again in a report prepared in 1955 by the DEAC for an Interdepartmental Committee set up to 'ascertain the reasons for the lack of candidates for training as dentists.' As a result the dissemination of information about the profession as a career was greatly improved. Not only were publications available from the General Dental Council, but the DEAC co-operated with the *British Dental Journal* in preparing the Educational Directory and later with the Careers Research Advisory Council in preparing its reports on dentistry.<sup>1</sup>

#### Issues in the 1960s and 1970s

The Dental Education Advisory Council steadily grew in strength. It represented the collective views of the dental schools on every aspect of dental education,

whether undergraduate or postgraduate. It foresaw the need for continuing professional development and specialisation and appreciated the implications of the directives of the European Economic Community, which implemented the mutual recognition of qualifications. The formation of the Association of Dental Education in Europe, with membership from DEAC, enabled the dental schools in Europe to have a regular exchange of views. In 1967 it was agreed that the annual subscription from each school should be raised to 10 guineas (£10.50).

Professor Herbert resigned as Secretary in 1967 and was succeeded by Professor Ralph Cocker with Professor B.C. Leighton (King's College) acting as assistant Secretary and Treasurer. When Professor Cocker retired in 1972 Professor Leighton became Secretary and Treasurer. Miss Sheehy also retired in 1972 after 25 years of service as administrator and was succeeded by Mrs Joan Hart who remained in post for 29 years.

#### Developments in the 1980s

Since 1980 the pace of change continued to accelerate and the two purposes of the Council, as a forum for the heads of UK and Irish dental schools and as the authoritative voice of the dental schools, ensured the views of the dental schools have been heard.

DEAC considered carefully the Nuffield Report into Dental Education, published in 1980.<sup>3</sup> As a result of that discussion they organised a conference on 'Total Patient Care by Undergraduates' under the joint chairmanship of Professor D. K. Mason and Professor C. J. Smith. The meeting was held on two sites, the Dental Schools in Glasgow and Sheffield, so that delegates were given the opportunity to see physical facilities in which students undertake simulated general dental practice. The meeting was important because of the impending changes 'in dental education, in dental disease patterns and in the chance for a major shift towards prevention; there were also recognised to be uncertainties of an economic and political nature that complicated the issue'.<sup>4</sup>

In looking to the future the conference recognised that the introduction of mandatory vocational training would necessitate a re-appraisal of the teaching of 'total patient care' to the undergraduate. It was also felt that more



**Fig. 2** The membership of the Council today. Back row: Professor Paul Wright (Barts and the London, Queen Mary, University of London); Professor Stephen Prime (University of Bristol); Dr Donald Burden (Queen's University Belfast); Professor Kevin O'Brien (University of Manchester); Professor Nairn Wilson CBE (Chair; King's College London); Professor Philip Lumley (University of Birmingham); Professor Malcolm Jones (Secretary & Treasurer; Cardiff University); Professor Richard Ibbetson (Edinburgh Postgraduate Dental Institute); Professor Crispian Scully CBE (University College London, Eastman Dental Institute for Oral Health Care Sciences); Professor Robin Seymour (University of Newcastle upon Tyne)

Front row: Professor Trevor Walsh (University of Sheffield); Dr Margaret Kellett (University of Leeds); Professor Elizabeth Kay (Peninsula College of Medicine and Dentistry); Professor Elizabeth Treasure (Cardiff University); Professor Cynthia Pine (University of Liverpool); Professor Jeremy Bagg (University of Glasgow). In absentia: Professor William Saunders (University of Dundee)

needed to be done to embrace the special needs of children, the handicapped, the medically compromised, the elderly and the homebound. The report concluded that 'further progress towards its [total patient care teaching] implementation is often inhibited by the congested nature of the present undergraduate course; this barrier can best be overcome by extending the course to five years, with total patient care being taught throughout but especially emphasised in the final months.'

Professor Leighton resigned as Secretary in 1985 and was succeeded by Professor Colin Smith (Sheffield). The clerical and administrative duties continued to be carried out by Mrs Joan Hart and meetings were held twice a year at the General Dental Council offices in London. In 1990 Professor Alan Brook (LHMC) became Secretary, a post he held for 10 years.

#### Developing relationships in the 1990s

In the 1960s and 1970s dental schools were semi-autonomous, securely funded, largely teaching and service entities. In the 1980s and 1990s they were confronted, as was the whole university system in Great Britain, with major challenges. DEAC had to respond to the realities of the University Grants

Committee Dental Review Working Party, the requirements of the Research Assessment Exercises, the threat of loss of income and possible closure of dental schools, as well as reacting to the considerable changes in the management and reform of the National Health Service. The BDS programme was extended to five years by the University Grants Committee in 1991, a development called for at the DEAC conference in 1984.

In January 1993 DEAC decided to change its name to the Council of Deans of Dental Schools (CCDS), so aligning itself in a parallel fashion with the Council of Heads of Medical Schools. Deans of Irish Dental Schools are still invited as observers to meetings. The organisation continued to be funded by a levy on each dental school, which in 1993 was £240. A Working Party was established which provided written and verbal evidence to the House of Lords Select Committee on Medical Research and the NHS Reforms in January 1995.<sup>5</sup> An effective executive structure was created, which enabled officers to become more proactive and lead decision making between meetings of the whole Council. Representation was sought and obtained on a number of significant bodies, including gaining observer status on the Committee of Vice-Chancellors and

Principals Health (later UUK) Committee. This proved invaluable and helped dentistry in a partly successful attempt to increase the unit of resource for dentistry from the Higher Education Funding Councils.

Further issues in the 1990s included:

- The European College of Dentistry
- The future of dental hospitals
- Hepatitis B and C
- GDC visitations
- Relationships with the Royal Colleges
- Dental technician education and Training Board
- General Professional Training
- Review of *The First Five Years*.

#### Declaration on oral health for the UK, 2000

A prime example of the pro-active networking approach of CCDS was the declaration on oral health for the UK. Working with the National Purchasing Unit (NPU) for dental SIFT, and the Association of Dental Hospitals (ADH), a series of action points were developed at a Policy Retreat held on 18–20 October 2000.<sup>6</sup> Dental hospitals and dental schools recognised the Government's commitment to deliver improved dental health and CCDS stated their desire to continue as provider of high quality dental education, research and patient-centred care.



### Pace of change, 2000–2006

During the late 1990s the Council of Heads of Medical Schools (CHMS) had begun to fund a permanent secretariat based in Woburn House, London. Informal links were quickly established with this office and it was agreed that a similar structure would be helpful to CDDS. The subscription was increased to £1,200 in March 2001. In 2004 a formal agreement with CHMS created a joint secretariat to support both organisations, a development which strengthened links between CHMS and CDDS. Since 2003 the secretariat has been headed by Dr Katie Petty-Saphon and between 2003 and 2006 doubled from two to four people, supporting the administration and policy work of the Council. In 2005 the name of the Council was changed slightly to recognise that not all Heads of Dental Schools were given the title Dean. Thus the organisation is now known as the Council of Heads and Deans of Dental Schools (CHDDS). In addition, the Deans of the Dental Schools at Dublin and Cork now attend meetings of the CHDDS in an observer capacity. Meetings are usually held at Woburn House, London and connections with the GDC are maintained through the attendance of representatives at CHDDS meetings.

In the last five years the pace of change in universities and the NHS has continued unabated. Over this period the issues confronting the CHDDS have been many and varied, including:

- arrangements for the recent increase in the undergraduate dental student numbers and the creation of new dental schools
- rebasing of Dental-SIFT (Service Increment for Teaching) and the

future provision of Medical for Dental (Human Disease) SIFT

- the recruitment and retention of, in particular, clinical academic staff to ensure succession planning, let alone meet new needs in terms of increased student numbers and new and emerging disciplines
- developments in Europe, notably the Bologna Declaration and initiatives of the Association of Dental Education in Europe (ADEE)
- implications and effects of Research Assessment Exercises (RAEs)
- new ways of working with the General Dental Council (GDC), subsequent to the constitution of the GDC having been changed to include professional members appointed through election only
- the effects of devolution on dental education across the UK.

Concurrently, the CHDDS has further developed and strengthened its relationships with the Departments of Health, devolved administrations and a large number of national organisations and other bodies. These relationships have been of increasing importance at a time of unprecedented change in dentistry in general. (See Fig. 2.)

### The future

Looking forward, the CHDDS anticipates playing an even larger role than at present in coordinating and voicing the views of Deans and Heads of dental schools and in representing academic dentistry at the national level. The primary aim of the CHDDS will remain to ensure that dental education across the UK is suitably organised, resourced and

otherwise supported as the lifeblood of the profession. There is a strong possibility that the CHDDS, while maintaining its autonomy, may become involved in the activities of a proposed European Council of Deans and Heads of Dental Schools. Such a development will, amongst other opportunities, allow the CHDDS to fully participate in the harmonisation of dental education in Europe.

### Conclusion

A number of themes emerge from the review of the work of CHDDS over the last 75 years. These include: developments in dental education, student recruitment, shortage of academic staff, need for continuing professional development, impact of vocational training, increase in dental specialties, dental directives of the EEA, all against a background of changes in dental diseases patterns, alterations in university funding, NHS reform and general 'uncertainties of an economic and political nature'.

In a changing world, a strong and effective CHDDS will continue to play a vital role by leading and influencing discussions on all matters relating to dental education.

*With thanks to Mrs D. Leighton, Mrs J. Hart, Ms H. Morley (Policy Officer CHDDS) and Professor C. Smith for their help in preparing this paper.*

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