

# **A Reference Guide for Postgraduate Dental Specialty Training in the UK**

**Applicable to trainees taking up appointments in dental specialty training  
which commence on or after 1 October 2009**

**The Dental Gold Guide  
First Edition  
October 2009**

## Preface

### **A Guide to Postgraduate Specialty Training in the UK (modified from the Medical Gold Guide)**

The Dental Gold Guide has been produced by the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) following a consultation with stakeholders. This is a guide to specialty training in dentistry and therefore does not include information on pay or contractual issues. The Dental Gold Guide has the approval of the four UK Departments of Health.

#### **Need for a Dental Gold Guide**

After considering whether the Medical Gold Guide was directly translatable to dentistry or whether it simply required a dental supplement, it was decided that there were a number of fundamental differences between dentistry and medicine and accordingly it would be in the best interests of dentistry to have a separate Dental Gold Guide. This guide uses much of the content of the medical gold guide. Those sections not required, for example, general medical practice and other medical specialties have been deleted and others expanded to include, for example, post-CCST appointments

Trainers and trainees should be aware of the review date so that the latest recommendations are adopted into training programmes.

For details on pay, trainees should refer to the Pay Circulars (Medical & Dental) published by NHS Employers [www.nhsemployers.org](http://www.nhsemployers.org)

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**First Edition**  
**1 October 2009**  
(First reviewed September 2010)

*(Appendix 11 Protocol for making revisions to the guide)*

## A Guide to Postgraduate Dental Specialty Training in the UK

### “The Dental Gold Guide”

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## Section 1:

### Introduction and background: from specialist training to specialty training

- 1.1 *A Guide to Postgraduate Dental Specialty Training* (the “Dental Gold Guide”) replaces the *Guide to Specialist Registrar Training* (the “Orange Book”) from 1 October 2009.
- 1.2 Trainees already in post prior to 1 October 2009 may continue to train as Specialist Registrars using the curriculum to which they were appointed or may choose to switch for educational purposes to the new curriculum (paragraphs 5.21-5.22) after obtaining advice from the postgraduate deanery. The “Orange Book” will continue to be applicable to those who remain on the old curriculum. The Dental Gold Guide does not address issues relating to terms and conditions (e.g. pay, extension of training [the “period of grace”]) of dentists in specialty training.
- 1.3 ***All new entrants to specialty training programmes from 1 October 2009 will be recruited as Specialty Trainees in line with the provisions of Section 6 on entry to the new grade.***
- 1.4 The Dental Gold Guide does not address issues relating to terms and conditions (e.g. pay, extension of training [the “period of grace”]) of dentists in specialty training. Information on pay can be found in the relevant Pay Circular (Medical & Dental) published by NHS Employers.
- 1.5 This Guide sets out the new arrangements agreed by the four UK Health Departments to enable the introduction of the new specialty training programmes. The policy underpinning this Guide is applicable UK wide, but there are some important national variations in its implementation. These have been highlighted appropriately. The four UK Health Departments will formally review the Dental Gold Guide at least once per year after publication.

### Revisions to this edition of the Guide

- 1.6 This edition of the Guide includes the following revisions:-
  - 1.6.1 Paragraph 5.5 wording amended to define broad based training
  - 1.6.2 Paragraph 5.18 (second bullet) wording amended to include reference to relevant exit examinations
  - 1.6.3 Paragraph 6.3 wording amended to define the different recruitment arrangements in England and Scotland
  - 1.6.4 Paragraph 6.39 wording of heading amended to add clarification
  - 1.6.5 Paragraph 6.70 wording amended to say that time taken out of programme for research will not normally exceed four years

- 1.6.6** Paragraph 6.88 wording amended to take account of trainees who are University lecturers
- 1.6.7** Appendices missing from the original version added 5b (New Starter Form) and 5c (ARCP outcomes)

## Section 2:

### Specialty training: policy and the statutory bodies

#### The Statutory Body

- 2.1 The statutory body responsible for assuring the quality of dentists joining the specialist lists is the General Dental Council (GDC). Its current relationship with key stakeholders involved in the provision of specialist training is described in the interim Memorandum of Understanding (MOU) between the GDC and the Joint Committee for Specialist Training in Dentistry (JCSTD<sup>1</sup>). The MOU is set out in Appendix 9.

#### Royal Colleges and Faculties

- 2.2 The Specialty Advisory Committees (SACs), in collaboration with specialist advice, develop the specialty curricula in accordance with the principles of training and curriculum development agreed by the GDC. Only approved curricula can be used for delivering specialty training programmes resulting in the award of a Certificate of Completion of Specialty Training (CCST).
- 2.3 The Dental Faculties of the Medical Royal Colleges and their delegated local representatives (e.g. college tutors, regional advisors) and SACs also work closely with postgraduate deaneries to ensure that curricula are delivered at a local level and to support the quality management of training delivered within training units.
- 2.4 All dentists/doctors in training should enrol/register with the relevant Royal College/Faculty so that:-
- progress in their training can be kept under review and supported where required
  - eligible trainees can be recommended to the GDC by the Postgraduate Dental Dean for consideration of award of a CCST at the end of their specialty training

#### Postgraduate Deaneries

- 2.5 The postgraduate deaneries (or dental equivalents) in the UK are responsible for implementing specialty training in accordance with the GDC's Specialist Dental Education Board (SDEB) approved specialty curricula. Postgraduate Deans work with Royal Colleges/Faculties and local healthcare providers to quality manage the delivery of postgraduate dental training to SDEB standards. The standards

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<sup>1</sup> Currently (summer 2009) the constitution and remit of JCSTD is under review. It may be that a new committee is developed that will, as part of its role, take on the specialty training issues hitherto managed by JCSTD. Subsequent reviews of the Dental Gold Guide will reflect any change

that must be delivered are normally set out in educational contracts between the postgraduate deaneries and educational providers.

- 2.6 Through their Training Programme Directors, Postgraduate Deans (or their nominated deputies) are responsible for developing appropriate specialty training programmes within educational provider units that meet curriculum requirements. The SDEB quality assures deanery processes to ensure that the training programmes meet the required standards. These are based on PMETB standards.

### ***PMETB standards for deaneries***

**Standard 1:** The postgraduate deanery must adhere to, and comply with, PMETB standards and requirements

**Standard 2:** The postgraduate deanery must articulate clearly the rights and responsibilities of the trainees

**Standard 3:** The postgraduate deanery must have structures and processes that enable the PMETB standards to be demonstrated for all training and trainees within the sphere of their responsibility

**Standard 4:** The postgraduate deanery must have a system for use of external advisers

**Standard 5:** The postgraduate deanery must work effectively with others

- 2.7 All trainees must accept and move through suitable placements or training posts which have been designated as parts of the specialty training programme prospectively approved by deaneries. In placing trainees, Postgraduate Dental Deans or their representatives must take into account the needs of trainees with specific health needs or disabilities. Employers must make reasonable adjustments if disabled trainees require these. The need to do so should not be a reason for not offering an otherwise suitable placement to a trainee. They should also take into account the assessments of progress and individual trainees' educational needs and personal preferences, including relevant domestic commitments, wherever possible.

## Section 3:

### Key characteristics of specialty training

#### Standards

- 3.1 The GDC is responsible for approving curricula for training in the dental specialties. It requires that each of the dental specialties produce curricula meeting the standards in Box 1. The GDC's focus is on the learning outcomes stated in the curricula and how they are assessed.
- 3.2 Curricula describe outcomes in terms of achieved competences, knowledge, skills and attitudes. There is a complex relationship between outcomes, performance and experience which is time dependent. The Specialty Advisory Committees (SACs) for each specialty have been instrumental in developing the new curricula for approval by the GDC.

#### Structure

- 3.3 Current Specialist Registrars (SpRs) will complete their contracted training in those programmes, subject to satisfactory progress and will retain their training number during this period. They will have the option, in discussion with their postgraduate deanery, to switch to the new curricula in full or in part (where educational objectives are more limited) to complete their contracted period. This does not confer any rights to extend the duration of their fixed term contract. SpRs who choose to transfer to a new curriculum must elect to do so by 30 September 2010. If any of the curricula have not been agreed by this date, SpRs will have the option to transfer within 12 months of the agreement of the new curriculum by the GDC.
- 3.4 Trainees appointed to new specialty training programmes which lead to the award of a CCST (subject to satisfactory progress) will be allocated a National Training Number (NTN).

**Box 1:** The GDC requires that each of the dental specialties produce curricula meeting the standards shown below. The GDC's focus is on the learning outcomes stated in the curricula and how they are assessed

## **Standard 1: Rationale**

- (a) The purpose of the curriculum must be stated, including its overall role in the relevant postgraduate training
- (b) The curriculum must state how it was developed and consensus reached
  - How content and teaching/learning methods were chosen
  - How the curriculum was agreed and by whom
  - The role of teachers and trainees in curriculum development
- (c) The appropriateness of the stated curriculum to the stage of learning and to the specialty in question must be described
- (d) Linkages of the curriculum to previous and subsequent stages of the trainee's training and education should be clarified
- (e) The curriculum must be presented in relation to programmes and posts within those programmes

## **Standard 2: Content of Learning**

- (a) The curriculum must set out the general professional and specialty specific content to be mastered
  - Knowledge, skills, attitudes and expertise must be addressed
  - Recommendations on the sequencing of learning and experience should be provided, if appropriate
  - The general professional content should include a statement about how *Standards for Dental Professionals* is to be addressed
- (b) Content areas should be presented in terms of the intended outcomes of learning benchmarked to identifiable stages of training, where appropriate:
  - What the trainee will know, understand, describe, recognise, be aware of and be able to do at the end of the course
- (c) Content areas should be linked to guidance on recommended learning experiences

## **Standard 3: Model of Learning**

The curriculum must describe the model of learning appropriate to the specialty and stage of training.

- General balance of workplace based experiential learning, independent self-directed learning and appropriate off-the-job education
- How learning for knowledge, skills, attitudes and expertise will be achieved

## **Standard 4: Learning Experiences**

- (a) Recommending learning experiences must be described which allow a diversity of methods covering, at a minimum
  - Learning from practice
  - Opportunities for concentrated practice in skills and procedures
  - Learning with peers
  - Learning in formal situations inside and outside the department
  - Personal study
  - Specific teacher inputs
- (b) Educational strategies that are suited to a workplace based experiential learning and appropriate off-the-job education should be described

**Standard 5: Supervision and Feedback**

- (a) Mechanisms for ensuring feedback on learning must be recommended and required
- (b) Mechanisms for ensuring supervision of practice and safety of dentist and patient must be defined

**Standard 6: Managing Curriculum Implementation**

- (a) Indication should be given of how curriculum implementation will be managed and assured locally and within programmes. This should include:-
  - Intended use of the curriculum document by trainers and trainees
  - Means of ensuring curriculum coverage
  - Suggested roles of local faculty in curriculum implementation
  - Responsibilities of trainees for curriculum implementation
  - Curriculum management in posts and attachments within programmes
  - Curriculum management across programmes as a whole

**Standard 7: Curriculum Review and Updating**

- (a) Plans for curriculum review, including curriculum evaluation and monitoring, must be set out
- (b) The schedule for curriculum updating, with rationale, must be provided
- (c) Mechanisms for involving trainees and lay persons in (a) and (b) must be set out

**Standard 8: Equality and Diversity**

The curriculum should describe its compliance with anti-discriminatory practice.

## Section 4:

### Setting Standards

#### Approval of Training Programmes: standards of training

- 4.1 Approval of specialty training courses, programmes, and posts rests with the Deaneries who in turn will seek appropriate advice when necessary from SACs and the Joint Committee for Specialist Training in Dentistry (JCSTD). This may be particularly important when setting up a new or lapsed training programme.
- 4.2 A programme consists of a series of placements in a range of training environments, offered by a range of training providers to be used by a number of trainees. The deanery approves programmes of training in all dental specialties, which are based on a particular geographical area; this could be in one or more Deaneries if a programme crosses boundaries. They are managed by a Training Programme Director (TPD). A programme is not a personal programme undertaken by a particular trainee.
- 4.3 Specialty training programmes/posts should conform to training standards equivalent to those set by PMETB. The domains under which these standards are described are shown in (Box 2). However, the GDC is moving towards a system whereby it will require assurance from deaneries that successful trainees have met the learning outcomes stated in the curricula. Therefore, its task will be to collate and analyse information showing that successful trainees have met the relevant learning outcomes.

## Box 2: Domains and Standards for Training (modified from PMETB April 2006)

### **Domain 1: Patient safety**

The duties, working hours and supervision of trainees must be consistent with the delivery of high quality safe patient care. There must be clear procedures to address immediately any concerns about patient safety arising from the training of dentists.

### **Domain 2: Quality Assurance, Review and Evaluation**

Postgraduate training must be quality controlled locally by Deaneries, working with others as appropriate e.g. SACs, Royal Colleges/Faculties, specialty associations, training deliverers.

### **Domain 3: Equality, Diversity and Opportunity**

Postgraduate training must be fair and based on principles of equality. This domain deals with equality and diversity matters pervading the whole of the training - widening access and participation, fair recruitment, the provision of information, programme design and job adjustment.

**Responsibility:** Postgraduate Deans and institutions providing training, trainers and trainees, other colleagues working with trainees and local faculties.

**Evidence:** Surveys, outcome data, deanery quality control data and visits.

#### **Mandatory requirements:**

- at all stages training programmes must comply with employment law, the Disability Discrimination Act, Race Relations (Amendment) Act, Sex Discrimination Act, Equal Pay Acts, the Human Rights Act and other equal opportunity legislation that may be enacted in the future, and be working towards best practice. This will include compliance with any public duties to promote equality.
- information about training programmes, their content and purpose must be publicly accessible either on or via links on deanery websites.
- Deaneries must take all reasonable steps to ensure that programmes can be adjusted for trainees with well-founded individual reasons for being unable to work full-time to work flexibly. Deaneries must take appropriate action to encourage training providers to accept their fair share of dentists training flexibly.
- appropriate reasonable adjustment must be made for trainees with disabilities, special educational or other needs.

### **Domain 4: Recruitment, selection and appointment**

Processes for recruitment, selection and appointment must be open, fair, and effective and those appointed must be inducted appropriately into training.

### **Domain 5: Delivery of curriculum including assessment**

The requirements set out in the curriculum must be delivered.

### **Domain 6: Support and development of trainees, trainers and local faculty**

Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload and time to learn.

### **Domain 7: Management of Education and Training**

Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

### **Domain 8: Educational resources and capacity**

The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

### **Domain 9: Outcomes**

The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards

## Quality assurance and quality management of postgraduate dental education

- 4.4** Postgraduate Dental Deans<sup>2</sup> in the UK are responsible for the quality management of specialty training programmes in their deanery. The requirement to quality manage the delivery and outcomes of postgraduate specialty training through deanery sponsorship of training programmes is a key element in the overall quality assurance approach.
- 4.5** Quality assurance of specialty dental training includes the external monitoring of a number of processes:
- targeted and focused visits to the Postgraduates Deaneries to assess the quality management of training
  - approval process of training programmes, posts and trainers
  - national surveys of trainers and trainees to collect relevant perspectives on training programmes and their education outcomes
  - approval and review of curriculum and associated assessment system
  - the GDC will be responsible for external quality assurance of specialty training. It may devolve some of the work to other agencies

## Managing specialty training

- 4.6** The day to day management, including responsibility for the quality management of specialty training programmes, rests with the Postgraduate Dental Deans who are accountable, via Postgraduate Dean Directors to the Strategic Health Authorities in England, the Welsh Ministers, NHS Education for Scotland, (which is accountable to the Scottish Government), and, in Northern Ireland, to the Department of Health, Social Services and Public Safety (DHSSPS).
- 4.7** The responsible agencies above require Postgraduate Dental Deans to have in place an educational contract (usually as part of a deanery/Trust Educational contract) with all providers of specialty dental training that sets out the number of training posts within the provider unit, the standards to which postgraduate dental education must be delivered and the monitoring arrangements of the contract. This includes providers of specialty training both in and outwith the NHS.
- 4.8** A range of issues will be covered in the educational contract including arrangements for study leave. For example, in the generic standards for training, Domain 6 (*Support and development of trainees, trainers and local faculty*) sets out that:
- trainees must be made aware of how to apply for study leave and be guided as to what courses would be appropriate and what funding is available
  - trainees must be able to take study leave up to the maximum permitted in their terms and conditions of service

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<sup>2</sup> Throughout this document 'Postgraduate Dental Deans' refers to Postgraduate Dental Deans and Directors

- the process for applying for study leave must be fair and transparent, and information about a deanery-level appeals process must be readily available.

## **Managing specialty training programmes**

- 4.9** Postgraduate Dental Deans will implement a range of models to manage their specialty training programmes overall. The models will vary but will rely on senior staff involved in training and managing training in the specialty providing advice and programme management.
- 4.10** Whichever model is used, these structures will seek advice and input from the relevant SAC, Royal College/Faculty or their delegated representatives on specialty training issues, including such areas as the local content of programmes, assessments of trainees, remedial training requirements and training the trainers.

## **Training Programme Directors (TPDs)**

- 4.11** The day to day management of specialty training is carried out by deanery appointed Training Programme Directors (TPDs)
- 4.12** TPDs have responsibility for managing specialty training programmes. They should:
- participate in the local arrangements developed by the Postgraduate Dental Dean to support the management of the specialty training programme(s) within the deanery or across deanery boundaries; TPDs will normally chair the Specialty Training Committee (STC), however it is up to the local deanery and STC to determine their preferred arrangements
  - work with Specialty Advisory Committees (SACs) or delegated College/Faculty representatives (e.g. National, Regional and Specialty Advisors) and national College/Faculty training committees to ensure that programmes deliver the specialty curriculum and enable trainees to gain the relevant competences, knowledge, skills, attitudes and experience
  - take into account the collective needs of the trainees in the programme when planning programmes
  - provide support for clinical and educational supervisors within the programme
  - contribute to the annual assessment outcome process in the specialty
  - help the Postgraduate Dental Dean manage trainees who are running into difficulties by supporting educational supervisors in their assessments and in identifying remedial placements where required
  - ensure, with the help of deanery administrative support, that employers are normally notified at least three months in advance of the name and relevant details of the trainees who will be placed with them. From time to time, however, it might be necessary for TPDs to recommend that trainees be moved at shorter notice.
- 4.13** TPDs also have a career management role. They will need to:

- ensure that there is a policy for careers management which covers the needs of all trainees in their specialty programmes and posts
- have career management skills (or be able to provide access to them)
- play a part in marketing the specialty, where there is a need to do so, to attract appropriate candidates e.g. coordinating taster sessions during foundation training, career fair representation, or liaison with Royal Colleges/Faculties.

## **Educational and clinical supervision**

- 4.14** Healthcare organisations should explicitly recognise that supervised training is a core responsibility, in order to ensure both patient safety and the development of the dental workforce to provide for future needs. The commissioning arrangements and educational contracts/agreements developed between Postgraduate Dental Deans and educational providers should be based on these principles and should apply to all healthcare organisations that are commissioned to provide postgraduate dental education.
- 4.15** Postgraduate Dental Deans, with the Royal Colleges/Faculties and the NHS, should develop locally-based specialty trainers to deliver educational and clinical supervision and training in the specialty. In doing so there will need to be clear lines of accountability to employers so that these educational roles are fulfilled and properly recognised.
- 4.16** Educational and clinical supervisors should demonstrate their competence in educational appraisal and feedback and in assessment methods.
- 4.17** Postgraduate Dental Deans will need to be satisfied, in consultation with their employing organisations, that those involved in delivering training have the required competences. They should be subject to the same training requirements as set out for educational and clinical supervisors (paragraphs 4.21-4.28). This includes TPDs, educational supervisors, clinical supervisors and any other agent who works on behalf of Deaneries or employers to deliver or manage training. All of these individuals must receive training in equality, diversity and human rights legislation which is kept up to date (refreshed at least every three years) and which meets deanery requirements for such training. Monitoring of the delivery and standard of such training will be part of the quality assurance arrangements (Box 2 – Standards of Training). Such training can be undertaken through a range of training modalities e.g. facilitated programmes, on-line learning programmes or self-directed learning programmes. Trainers involved in appraisal and assessment of trainees must also be trained in these areas.
- 4.18** All trainees must have a named clinical and educational supervisor for each placement in their specialty programme or each post. In some elements of a rotation, the same individual may provide both clinical supervision and education supervision, but the respective roles and responsibilities should be clearly defined.

- 4.19** In line with developing standards, educational supervisors should be specifically trained for their role. There should be explicit and sufficient time in job plans for both clinical and educational supervision of trainees.
- 4.20** It will be essential that trainees in specialty training have an understanding of human rights and equality legislation. They must embed in their practice behaviours which ensure that patients and carers have access to health care that:
- is equitable
  - respects human rights
  - challenges discrimination
  - promotes equality
  - offers choices of service and treatments on an equitable basis
  - treats patients/carers with dignity and respect.

### ***Educational supervision***

- 4.21** An educational supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The educational supervisor is responsible for the trainee's Educational Agreement.
- 4.22** Where possible, it is desirable for trainees to have the same educational supervisor for the whole of their training programme or for stages of training (e.g. the early years or more advanced years of training). Educational supervisors should:
- be adequately prepared for the role and have an understanding of educational theory and practical educational techniques e.g. have undertaken formal facilitated training or an on-line training programme or participated in relevant training the trainers programmes
  - be trained to offer educational supervision and undertake appraisal and feedback
  - undertake training in competence assessment for specialty training
  - be trained in equality and diversity
  - provide regular appraisal opportunities which should take place at the beginning, middle and end of a placement
  - develop a learning agreement and educational objectives with the trainee which is mutually agreed and is the point of reference for future appraisal
  - be responsible for ensuring that trainees whom they supervise maintain and develop their specialty learning portfolio and participate in the specialty assessment process
  - provide regular feedback to the trainee on their progress
  - ensure that the structured report which is a detailed review and synopsis of the trainee's learning portfolio (Appendix 3) is returned within the necessary timescales
  - contact the employer (usually the medical director) and the Postgraduate Dental Dean should the level of performance of a trainee gives rise for concern

- be able to advise the trainee about access to career management
  - be responsible for their educational role to the TPD and locally to the employer's lead for postgraduate medical/dental education.
- 4.23** Educational supervisors also have responsibilities through their supervision of trainees to support the delivery of the educational contract which exists between employers that provide postgraduate training and Postgraduate Deaneries.
- 4.24** Educational supervisors are responsible both for the educational appraisal of trainees, and also for review of their performance based on the GDC's ethical guidance document ***Standards for dental professionals***. This links educational appraisal and performance review of trainees. The mechanism for this is described in paragraphs 7.24-7.27 and 7.36-7.47 and Appendix 4 is an example of the documentation that could be used for performance review, using the evidence provided through the Annual Review of Competence Progression (ARCP).
- 4.25** These important educational and review roles make it essential that there are unambiguous lines of accountability for educational supervisors into both educational programme arrangements through the TPD and also into the management structure of the trainee's employer so that there is clarity about:
- who is providing educational supervision and their accountability
  - the clear link between the appraisal, assessment and planning of a trainee's educational programme and their performance as a dentist
  - the transparency of the process ensuring that the trainee is aware of the information being shared with the employer
  - the arrangements for raising matters of clinical concern and professional performance about a trainee within the employing authority and with the postgraduate deanery in line with wider regulatory requirements, notably those set out in documents such as ***Professional Standards in the NHS*** and ***Trust, Assurance and Safety – The Regulation of Health Professionals in the 21<sup>st</sup> Century***.
- 4.26** Employers must ensure that educational supervisors have this role recognised within job planning arrangements.

### ***Clinical supervision***

- 4.27** Each trainee should have a named clinical supervisor for each placement. A clinical supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an educational supervisor for each placement. The roles of clinical and educational supervisor may then be merged.

## 4.28 All clinical supervisors should:

- understand their responsibilities for patient safety
- be fully trained in the specific area of clinical care
- offer a level of supervision necessary to the competences and experience of the trainee and tailored for the individual trainee
- ensure that no trainee is required to assume responsibility for or perform clinical, operative or other techniques in which they have insufficient experience and expertise
- ensure that trainees only perform tasks without direct supervision when the supervisor is satisfied that they are competent so to do; both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care
- consider whether it is appropriate (particularly out of hours) to delegate the role of clinical supervisor to another senior member of the healthcare team. In these circumstances the individual must be clearly identified to both parties and understand the role of the clinical supervisor. The named clinical supervisor remains responsible and accountable overall for the care of the patient and the trainee.
- be appropriately trained to teach, provide feedback and undertake competence assessment to trainees in the specialty
- be trained in equality and diversity and human rights best practice.

## Section 5:

### The Structure of Training

- 5.1 Specialty training will be provided through specialty training programmes and posts approved by the deanery against GDC approved curricula.
- 5.2 Once an applicant has taken up a place in a specialty training programme, the whole of which has been prospectively approved by the deanery, they will have the right to train in that specialty and, subject to satisfactory progress, achieve a Certificate of Completion of Specialist Training (CCST<sup>3</sup>). This will render them eligible to apply for the relevant Specialist List(s).
- 5.3 A flow diagram of possible career pathways is shown in Figure 1. (NB: the size of the boxes on the diagram does not relate to the number of trainees actually working within that level).
- 5.4 Entry into specialty training can only be achieved through open competition.

### Specialty Training

- 5.5 In order to meet the GDC's entry requirements into specialty training, applicants must demonstrate they have a broad based training normally over a period of 2 years of postgraduate study and training and have achieved the foundation competences as set out in the Dental Foundation Curriculum. The most straightforward way of achieving the competences is through completion of Foundation Training. Dentists who have not undertaken a foundation programme will have to provide evidence that they have achieved the foundation competences.

### Filling gaps in training programmes

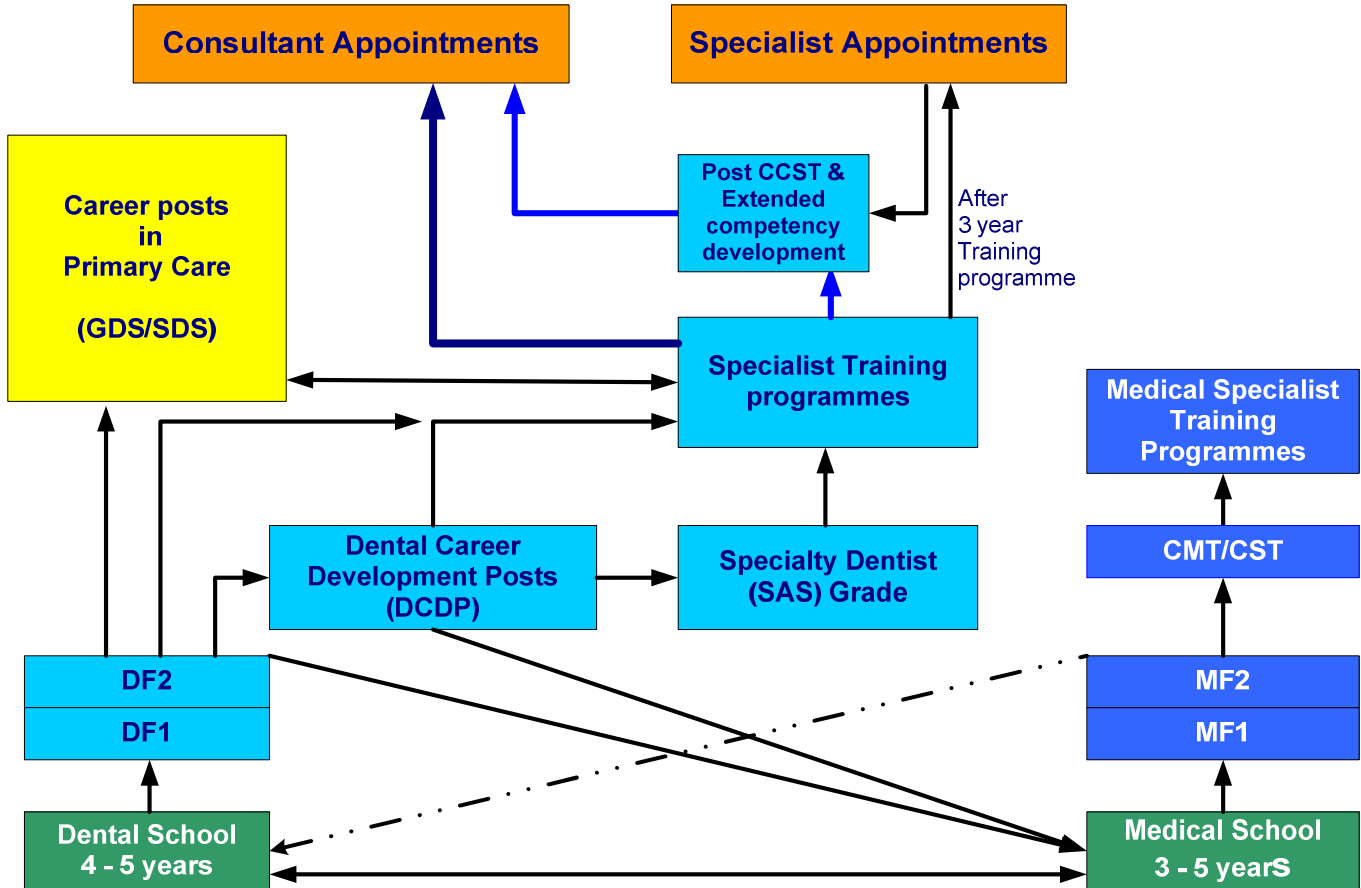
- 5.6 It is inevitable that there will be gaps to fill in training programmes as a result of people taking time out of programme; leaving programmes at variable rates after completion of training and variations in when appointments to programmes may occur.
- 5.7 Vacancies or gaps in training programmes can be filled by locums where there is a service requirement to do so.
- 5.8 These will be specified as "Locum Appointments for Training" (LAT) or "Locum Appointments for Service" (LAS), depending on whether training is offered through the placement or whether the locum is employed solely for service purposes.

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<sup>3</sup> The GDC Specialist List Regulations currently state that dentists must hold CCSTs (rather than CCTs) in order to join the Specialist Lists. Until such time as legislation changes, CCST is used throughout this guide

**Figure 1: Modernising Dental Careers Framework**

(NB: In order to avoid a cluttered flow chart, not all possible pathways are shown)



- It is anticipated that those exiting 3-year specialty training programmes will need to obtain post CCST experience before obtaining a consultant appointment
- Dental Career Development Posts (DCDPs) are essentially training posts in which it is accepted that more service delivery will be possible; they will enable graduates to consolidate their experience in a range of dental specialties
- Dental graduates wishing to pursue a career in Oral and Maxillofacial Surgery will undertake a variable period of postgraduate training within dentistry before applying for entry to Medical School. Normally, it is expected that they will have completed Dental Foundation Training and obtained a Dental Membership of one of the Royal Colleges
- Medical graduates who study dentistry will need to complete medical FY1, at least, in order to become GMC registered. For those wishing to pursue a career in Oral and Maxillofacial Surgery, achievement of medical FY1 and FY2 competences must have been demonstrated. In addition, and ideally, Dental Foundation Training competences should also have been demonstrated. It is likely, however, that such trainees may not have undertaken DF1 training in general dental practice
- Dually qualified graduates wishing to undertake specialty training in Oral Medicine will be required to have completed Dental Foundation Training competences and, at least, medical FY1 competences. However, such trainees would be well advised to complete Medical Foundation Training so, that in the event of not being able to enter Oral Medicine, they still have the ability to apply for medical specialty training

- 5.9 Both types of locum appointments can be made by employers or Deaneries in order to fill gaps or vacancies in training programmes/posts where these are required for service provision but they must have the agreement of the deanery to do so since the gaps that must be filled are within recognised training programmes.
- 5.10 Dentists filling a gap as either a LAT or a LAS will not be allocated a training number since these can only be obtained through competitive appointment to a specialty training programme. Appointment to a LAT or a LAS post carries no future entitlement to appointment into a specialty training programme leading to a CCST.

#### **Locum Appointments for Training (LAT)**

- 5.11 LAT posts must be competitively appointed using the appropriate specialty national person specification. A deanery nominated representative from the specialty and normally from outside the employing authority must sit on the appointment panel.
- 5.12 Dentists who are appointed to LAT posts must have, in addition to appropriate clinical supervision, a named educational supervisor. The educational supervisor should meet them early in their appointment to plan the training opportunities available in the placement which will allow them to gain competences in the specialty. Suitable assessments, comparable to those undertaken by trainees in specialty training programmes should be undertaken. They should obtain a structured report from their educational supervisor at the end of their LAT placement, summarising their assessments and achievements.
- 5.13 If a dentist is subsequently appointed to a relevant specialty training programme through open competition, the documented competences achieved through one or more LAT posts may be taken into account by the TPD. Additional advice on the suitability of previous experience in LAT posts can be obtained from the relevant SAC.
- 5.14 There are no national limits on LAT posts except that they can only count towards a CCST if the dentist subsequently enters an approved training programme. Deaneries should keep a careful record of these appointments on the trainee's file. A dentist *cannot* obtain a CCST with only LAT appointments.

#### **Locum Appointments for Service (LAS)**

- 5.15 Locum appointments for service (LAS posts) may be appointed by employers in consultation with the deanery and are usually short-term service appointments.
- 5.16 Discussion with the deanery is required in order to ensure that the responsibility for filling the short-term gap is clear between the employer and the deanery. Since these appointments are for service delivery and will not usually enable appointees to be assessed for the competences required in a specialty CCST curriculum, employers may use local person specifications.

- 5.17** Dentists undertaking a LAS post must have appropriate clinical supervision but do not require an educational supervisor, since they will not normally be able to gain documented relevant specialty training competences through the appointment. LAS posts cannot count towards a CCST

## The Specialist Lists

- 5.18** The GDC is responsible for awarding CCSTs. Award of the CCST takes place through the following process:
- the deanery will retain the outcome documents from the annual assessment process as part of the minimum data set required by GDC for quality assurance purposes
  - when a dentist is within three months of completion of their specialty programme the Postgraduate Dental Dean may recommend to the GDC the award of a CCST currently using form REC 1, following a satisfactory RITA G/ARCP 6 and satisfactory completion of the relevant exit examination (see Appendix 10)
  - the GDC will then contact the dentist and provide the relevant application form for requesting the award of CCST
  - if the GDC accepts the Postgraduate Dean's recommendation and receives a valid application form, it will issue the CCST

## Applying for consultant posts

- 5.19** A trainee may be interviewed within 6 months of the anticipated CCST date if progress has been satisfactory and it is anticipated that the outcome of the final ARCP will recommend that training will be completed by the time the recommended CCST date is reached. Currently, for those trainees in post-CCST, fixed-term training appointment posts in Orthodontics and Paediatric Dentistry, this situation is anomalous as they will already hold a CCST. It is recommended that the 6 month period is determined from the anticipated completion of post-CCST FTTA training.

## Continuing as a Specialist Registrar (SpR)

- 5.20** Current SpRs will continue to hold their allocated training number in the specialty on the same arrangements to which they were appointed, i.e. either a full programme leading to award of a CCST or a fixed-term training appointment (FTTA) which does not lead to award of a CCST.
- 5.21** Current SpRs are entitled to continue training to the curriculum to which they were appointed and which are time-based, until they reach the end of training and the CCST is awarded. The *Guide to Specialist Training* (the "Orange Book") should be used as the guidance for SpRs, including arrangements for the review of in-training assessments (RITA), although workplace based assessments (WPBAs) may be

used to provide evidence to support it. SpRs should continue to use RITA documentation for annual review purposes.

**5.22** The process for switching to a new curriculum is as follows:

- the trainee should discuss the possibility of the switch with their educational supervisor and TPD. Deaneries may seek advice from SACs or the Royal Colleges/Faculties before educational supervisors/TPDs advise trainees since issues relating to assessment and other curricula requirements will vary between specialties and may impact on switching to the new curricula
- there should be careful consideration as to the level of the new curriculum the trainee might enter since switching from a time-based curriculum to a competence based curriculum will require a clear understanding of the documentation, including assessments, required to demonstrate acquisition of the necessary competences. SAC and/or Royal College advice may also be required here
- if it is agreed that the move to a curriculum should be made, the trainee should write formally to the TPD and to the Postgraduate Dental Dean confirming their wish to change to the new curriculum
- all decisions for current SpRs to switch to their new curriculum should be taken by 30 September 2010 at the latest (see paragraph 3.3).

## **Acting up as consultant**

**5.23** Trainees may act up as a consultant with the deanery's and their employer's approval within six months of their CCST date (end of designated training period) providing they have passed their exit examinations and have satisfactorily completed training to that date. Such trainees must continue to have a nominated educational supervisor. Such appointments do not affect the anticipated award of CCST or the grace period.

## **Locum consultant appointments**

**5.24** Trainees may accept a locum consultant appointment within six months of their CCST date provided they have passed their exit examinations and have satisfactorily completed training to that date. Such appointments are considered as Out of Programme Experience (OOPE) and are not counted towards training (see paragraphs 6.57 and 6.66), however the NTN is retained. Ideally, trainees should accept these appointments when they have their CCST and are in their grace period. Such a locum appointment should not exceed six months. The duration of the grace period is not affected by taking up such appointments.

**5.25** In both situations above (5.23 and 5.24), CCST holders in Paediatric Dentistry and Orthodontics, currently must have completed 18 months (pro-rata) in a post CCST (FTTA) appointment before applying for these options.

**Applying for specialist posts**

- 5.26** CCST holders completing 3 year training programmes may be eligible to apply for specialist posts in the future. For those who wish to become consultants, it is likely that they will need to undertake a period of post-CCST development.

## Section 6:

### Becoming a Specialty Registrar

#### Recruitment into specialty training

- 6.1** The NHS and the UK Health Departments promote and implement equal opportunities policies. There is no place for discrimination on grounds of sex, marital status, race, religion, sexual orientation, colour, disability or age. Advertisements for specialty training programmes will include a clear statement on equal opportunities including the suitability of the post for part-time/job share working. Appointment processes must conform to employment law and best practice in selection and recruitment.
- 6.2** The GDC will adopt PMETB's *Principles for Entry into Specialty Training* which are set out in Box 3.
- 6.3** The recruitment process into specialty training in England is overseen by the Dental Programme Board, reporting to Medical Education England (MEE) and any changes will be reflected in new guidance. In Scotland, recruitment into specialty training is managed through NHS Education for Scotland (NES)
- 6.3.1** Interview panels will generally include a mix of people as outlined below, although there may be variations:

#### *In England*

- A lay chair or lay representative
- Regional (or national) college adviser or nominated deputy
- A university representative or nominated deputy (when appropriate i.e. lecturer, ACF and ACL posts)
- Training Programme Director (TPD)
- Chair of the Specialty Training Committee (usually the TPD)
- Consultant representation from the training programme(s)
- A senior management representative (i.e. Clinical Director or nominated deputy)
- Representation from human resources

#### *In Scotland\**

- A lay chair
- External assessor appointed by the Academy of Medical Royal Colleges and Faculties in Scotland
- Dean of Postgraduate Dental Education or nominated deputy
- A university representative
- Training Programme Director or Chair of the Specialty Training Committee
- Senior representative of the service (e.g. clinical director or consultant)
- The appointment committee will have support from Human Resources

\*If additional or alternate membership is proposed to take account of a particular discipline, placement or rotation, the Dean of Postgraduate Dental Education should be consulted and will be responsible for arranging this where necessary. A proper balance of membership should be carefully preserved.

### **Box 3: Principles for Entry to Specialty Training (adapted from PMETB)**

1. The GDC requires applicants to specialty training to have completed a broad based training programme such as that undertaken during UK Foundation Training
2. The selection process must be demonstrably fair to all candidates.
3. The selection process must be through open competition and must be designed to identify the candidates most likely to complete the programme successfully
4. A mandatory requirement for entry to specialty training is that candidates must be able to demonstrate the competences required at the end of the Foundation programme either by successfully completing that programme or by demonstrating that they have gained those competences in another way
5. Other evidence that may be sought or presented as part of the selection process may include evidence of excellence in terms of attributes such as motivation, career commitment etc, but no requirement for the completion of a particular post
6. Any trainee accepted onto a programme leading to the award of a CCST will be able to continue in specialty training to award of a CCST so long as the trainee passes all necessary assessments at each stage of progression and does not give other cause for concern, and the trainee wishes to continue in the training programme
7. Entry to specialist training programmes may be at different stages. A candidate must demonstrate any competences required for the level of entry as defined by the Person Specification for the programme based on the curriculum requirements approved by the GDC for that specialty

### **Offers of employment**

- 6.4** Responsibility for *employment* rests with employing organisations (e.g. Trusts, Health Boards). Whilst employers are involved in the selection process and have agreed to its use for appointing trainees who will become employees in their healthcare organisations, they are not responsible or accountable for the selection process itself.
- 6.5** An allocation offer for a training programme following the selection process is not an offer of employment. This can only be made by an employer who will need to ensure that the candidate who has been allocated meets the requirements of employability.
- 6.6** Once an allocation offer has been made by the deanery or its employing agent or in Scotland by NHS Education for Scotland (NES) and the applicant has accepted it:

- the employing organisation should be informed of the applicant's details by the deanery/NES
  - the employing organisation should contact the applicant to confirm the pre-employment process and set out the requirements for completion of satisfactory pre-employment checks such as Criminal Record Bureau enhanced disclosures, Occupational Health clearance and GDC fitness to practice
  - employers will also require two recent references from clinical supervisors and previous employers in line with employment check standards published in June 2009 by **NHS Employers**
  - offers of employment will be subject to satisfactory pre-employment checks and references
  - the issue of contracts of employment remain the responsibility of the employing organisation as is now the case for Specialist Registrars and trainees.
- 6.7** If an applicant is selected and offered a placement on a training programme by the deanery or NES, the employing organisation ultimately has the right to refuse employment but it must be able to offer robust reasons for this. Examples will include failed CRB or Occupational Health checks, unresolved fitness to practise issues, or if the checks highlight falsification of evidence on the part of the applicant. Under such circumstances, the relevant Postgraduate Dental Dean will take every measure to ensure that an appropriate placement is found, where possible, but ultimately, if an employing organisation willing to offer employment - and training through it - cannot be identified, then the offer of a training programme to the applicant will be withdrawn.

## National Training Numbers (NTNs)

- 6.8** National Training Numbers (NTNs) will only be awarded to dentists in specialty training programmes which, subject to satisfactory progress, have an end point of the award of a CCST.
- 6.9** The allocation of a training number has three main purposes:
- **educational planning and management:** to enable Postgraduate Dental Deans to keep track of the location and progress of trainees who have been selected into specialty training programmes
  - **to act as a "passport" for trainees:** as long as the NTN is held a trainee has, subject to acceptable progress and performance, a guarantee of a continued place in a training programme for the specialty or group of designated specialties to which the NTN relates, for the duration of the programme
  - **workforce information:** to document, within each country and within specialties, how many dentists are in each specialty training programme at any time and to provide indicative evidence as to when their training is likely to be completed.

- 6.10** A CCST can only be awarded to a dentist who has been allocated an NTN by open competitive appointment to a training programme approved as leading to the award of a CCST and who has successfully completed that programme.
- 6.11** SpRs who held a National Training Number (NTN), Visiting Training Number (VTN) or Fixed Term Training Appointment Number (FTN) prior to October 2009 will continue to hold these numbers under the same arrangements upon which they were awarded.
- 6.12** Following appointment to a specialty training programme an NTN will be allocated by a deanery to a candidate who has successfully competed for entry into a specialty training programme on a substantive (but not a locum) basis.
- 6.13** The NTN is unique to the trainee for the period the trainee holds the number in that specialty. The NTN will be changed for a given trainee if that trainee is subsequently appointed competitively to a different specialty programme.
- 6.14** Subject to progress, a trainee will hold an NTN until training is completed (including the period of grace)

## **Deferring the start of a specialty training programme**

- 6.15** The NTN is issued by the Postgraduate Dental Dean when the trainee is accepted into a training programme. It will be held so long as the trainee is in specialty training or is out of programme on statutory grounds or for out of programme activity which has been agreed with the Postgraduate Dental Dean.
- 6.16** The start of training may only be deferred on statutory grounds (e.g. maternity leave, ill health), or to enable the dentist to complete research for a registered higher degree which they have already commenced or for which they have already been accepted at the time of being offered their clinical placement. Trainees appointed to specialty training or to post-CCST development posts cannot defer the start of their fixed term appointment for the purpose of undertaking a higher degree.

## **Who does not qualify for a National Training Number?**

- 6.17** Dentists undertaking training through the following types of appointments are not eligible for an NTN as a result of such appointments:
  - Locum Appointments for Training (LAT)
  - Locum Appointments for Service (LAS)
  - sponsorship programmes (e.g. the Medical and Dental Training Initiative)

## **Allocation of a NTN: registering with the Postgraduate Dental Dean**

- 6.18** The Postgraduate Dental Dean will issue an NTN to each dentist entering specialty training. The dentist should register with the Postgraduate Dental Dean using the registration form *Form R* (Appendix 1) which is obtained from and returned to the

Postgraduate Dental Dean. This procedure should be completed within one month of appointment. This will:

- trigger issuing of the NTN
- ensure the dentist is registered on the Postgraduate Dental Dean's database and the appropriate SAC informed
- initiate the Annual Review of Competence Progression (ARCP) through which progress in training is monitored so long as the dentist remains in training
- result in the Postgraduate Dental Dean forwarding a copy of the registration form to the relevant SAC advising that a new trainee has been registered within a specialty training programme in the deanery and giving his/her training number
- enable the Postgraduate Dental Dean to confirm for the new employer the relevant details of the new trainee and their NTN
- record the date of entry into the programme.

**6.19** A trainee cannot hold more than one NTN at the same time except in circumstances approved by the deanery.

**6.20** Registration for specialty training and the NTN will be confirmed each year by the Postgraduate Dental Dean. Subject to a satisfactory assessment of progress determined by the ARCP and confirmation that the conditions for holding the NTN have been met, registration in the programme will be maintained. If a trainee is undertaking approved additional or remedial training, the NTN will continue to be retained.

**6.21** Before an NTN is issued trainees will be required to indicate formally that they accept the *Conditions of entering into a specialty training programme* (Appendix 2) In addition, trainees awarded an NTN should:

- be engaged in activities approved by and agreed with the Postgraduate Dental Dean, if not currently taking part in the training programme, which are compatible with their training programme, (e.g. research or agreed leave of absence for a career break). If time out of the training programme is agreed, the trainee must ensure that the Postgraduate Dental Dean/TPD is informed of their proposed plans/timescale to return to the training programme
- ensure that their educational supervisor and TPD are aware of their absence from the training programme for e.g. maternity or prolonged sick leave. The Postgraduate Dental Dean's office and employer must be made aware of plans for prolonged absence
- agree to engage in the training and assessment process e.g. participate in setting educational objectives, appraisal, attend training sessions, ensure that documentation required for the assessment process is submitted to time and in the appropriate format
- be committed to make steady progress in completing their training programme

- not undertake locum activities which compromise their training or make them non-compliant with European Working Time Regulations
- be aware that if they are employed outside the NHS and cease to pursue their research or other activity which the Postgraduate Dental Dean has agreed is required for retention of the NTN, they must inform the deanery at once. The Postgraduate Dental Dean will then decide whether it is appropriate for them to retain their NTN

**6.22** Failure to comply with these requirements may result in the removal of the NTN by the Postgraduate Dental Dean. The arrangements for appealing against the loss of a NTN are described in paragraphs 6.31-6.32.

### **Maintaining a training number: continuing registration**

**6.23** Trainees in specialty training programmes will retain their NTNs through satisfactory progress and performance.

**6.24** Trainees can maintain their NTN and therefore continue registration with the deanery even when they take time out for research and may no longer be employed by the NHS, or take an agreed leave of absence or career break, as long as they agree and adhere to the following protocol.

**6.25** In advance of leaving a training programme for a period of time, the trainee must agree:

- the period of absence with the deanery
- completion of the appropriate out of programme document which sets down the agreed terms of leave from the programme. Time out of programme (OOP) will not normally be agreed until a trainee has been on a training programme for at least one year, unless at the time of appointment deferral of the start of the programme has been agreed, e.g. for undertaking a higher degree
- where research is concerned, they will continue to pursue the research for which agreement was reached unless a change to the research programme has been agreed with the academic and educational supervisor
- they intend to return to complete their training to CCST
- to provide the deanery with up-to-date contact details.

**6.26** The Postgraduate Dental Dean cannot guarantee the date or the location of the trainee's return placement. It is therefore important that both the Postgraduate Dental Dean and TPD are advised well in advance of a trainee's wish to return to clinical training. Deaneries will attempt to identify a placement as soon as possible. The trainee should indicate their intention and preferred time of return as soon as they are able to do so.

**6.27** The return of the trainee into the programme should be taken account of by the TPD when planning placements. If a trainee, having indicated that they are

returning to the training programme, subsequently declines the place offered, then there is no guarantee that another place can be identified, although every effort will be made to do so. Under these circumstances, but following discussion with the relevant TPD and the Postgraduate Dental Dean, the trainee may need to relinquish their NTN. Since trainees who take time out of programme remain employed by their last employer (albeit in an unpaid capacity) in order to protect their terms and conditions and continuity of service, employing authorities need to be party to any decisions by a trainee to relinquish their NTN so that the process is timely and fair.

- 6.28** Trainees holding an NTN in one deanery who are successful in their application for an inter-deanery transfer will be allocated an NTN by the receiving deanery.

### **When is a training number given up?**

- 6.29** The training number will be given up when a trainee:
- is no longer on the GDC register
  - has completed their training and achieved CCST including any period of grace
  - is assessed as not being suitable for completing training
  - permanently relinquishes their place in a training programme
  - decides not to complete the training programme agreed with the Postgraduate Dental Dean
  - does not comply with the requirements for registering or maintaining their registration with the Postgraduate Dental Dean.
- 6.30** A trainee dismissed by an employer as a result of conduct and capability procedures will normally be deemed by the Postgraduate Dental Dean to be unsuitable to continue in the specialist training programme training and will have their training number removed and their place on the programme terminated.
- 6.31** In all cases where the NTN is removed, the Postgraduate Dental Dean will inform the trainee in writing of the reasons for this decision. The dentist will have the right of appeal (paragraphs 7.144 – 7.147). Employers need to be party to any decisions for removal of an NTN from a trainee in their employ since normally this will also mean that their employment contract will be terminated. However, the decision for the NTN to be removed rests with the Postgraduate Dental Dean. This must be done fairly and must satisfy the requirements of employment law.
- 6.32** It is open to those who have had their training numbers removed, or have given them up voluntarily to re-apply for competitive entry to specialty training at a later date should circumstances change.

## How is a training number constructed?

**6.33** Each training number is an alpha-numeric code (see Appendix 10 for a list of codes). It contains four elements:

- i) three letters which identify the deanery, e.g. "WMD" (West Midlands Deanery)
- ii) three digits for the specialty or core specialty in which the CCST training programme is being undertaken e.g. 062 Orthodontics; (Scotland uses different specialty codes for some specialties)
- iii) three digits to identify the individual holder ("the individual identifier" element); e.g. 324 and
- iv) a single letter suffix which enables identification of the following:

**N:** *current NTN* holders who remain on current SpR training curricula. Trainees currently holding VTNs (visiting training number) should be allocated NTNs. Those on run-through post-CCST Fellowships or development posts will retain their NTNs until the end of the Fellowship or development post. Trainees *appointed* to the new specialty training grade will be awarded an NTN.

**S:** for trainees who **Switch** from the current SpR (**specialist** training) curriculum to the new **specialty** training curriculum. Trainees undertaking a switch should complete a Form R (paragraph 6.18) so that there is a record when the switch took place

**A:** for trainees who hold **Academic** training numbers (either clinical lecturers with Honorary StR appointments, or NIHR Academic Clinical Fellows/Lecturers)

**F:** some trainees may still retain part of a fixed term training appointment (FTTA) contract and will have been allocated a fixed term training appointment training number (FTN). Such trainees should have a training number denoted by the suffix **F** for the remainder of their training period.

**6.34** It is essential that the deanery maintains clear and up to date records documenting the programme that a trainee is undertaking as reflected by the NTN. If there is any change to this during the course of a trainee's training the deanery must inform the relevant SAC.

## Arrangements for the Defence Dental Services

**6.35** The Defence Dental Services (DDS) will continue to train dental officers in primary and secondary care specialties for practice in the Armed Forces. Consultants and GP Principals will be by qualification, experience and personal quality, equal to their NHS colleagues. Professional training will follow, as closely as possible, the pattern required for NHS trainees as well as meeting the needs of the DDS.

**6.36** Candidates for consideration for Specialty Registrar (StR) status will be selected by the DDS from officers who satisfy the entry criteria for the grade. These candidates

will apply through the national recruitment system and will be presented to a specialty training appointment committee in conjunction with the host deanery, currently the West Midlands Deanery, which will include representation from the Defence Postgraduate Medical Deanery (DPMD). Service candidates will not be in competition with civilians for appointment but are required to meet the person specification for entry into specialty training in the relevant specialty.

- 6.37** Successful candidates for specialty training will be selected as required by the DDS. Those appointed as StR will be awarded a DPMD National Training Number (NTN) by the Defence Postgraduate Dental Dean (the prefix of which remains TSD). They will hold this number until completion of specialty training but those who choose to leave the Armed Forces through premature voluntary retirement (PVR) will be required to relinquish their DPMD NTN. If they wish to continue their specialty training as a civilian, they will have to seek an appropriate vacancy within a civilian deanery for which they will have to compete. For those who retire early not by choice but for medical reasons or other reasons beyond their control, but who would still be able to continue their dental training as a civilian, DPMD will endeavour to arrange an inter-deanery transfer subject to availability of vacancies within appropriate training programmes in civilian Deaneries. However, they will still be required to relinquish their DPMD NTN and secure a civilian NTN instead. DDS StRs will occupy posts and programmes approved by the deanery and their progress will be monitored as required by the GDC approved curriculum and assessment strategies. This will include attendance annually or as required at an assessment panel for their specialty convened by the host deanery or DPMD as appropriate. Host deanery assessment panels will normally be attended by the Defence Postgraduate Dental Dean or a nominated representative. DPMD assessment panels will normally include external representation.
- 6.38** Following the successful completion of a full programme of specialty training and receipt of a CCST and/or Specialist Registration, any Service dental officer seeking accreditation as a DMA consultant will be presented to an Armed Services Consultant Approval Board for confirmation of NHS equivalence and suitability for consultant status.

### **Less than Full-Time Training (LTFT) [formerly flexible training]**

- 6.39** This guidance is based on *Principles underpinning the new arrangements for flexible training* (NHS Employers, 2005). Advice may also be obtained from the local Postgraduate Dental Dean.
- 6.40** Flexible training shall meet the same requirements in specialty training as full-time training, from which it will differ only in the possibility of limiting participation in dental activities by the number of hours worked per week.
- 6.41** All trainees can apply for flexible training either at the point of application for entry into specialty training or at any time once they have been accepted into specialty training. As for all other applicants wishing to enter into specialty training, competitive appointment into specialty training is required but must not be affected or influenced by the applicant's wish to be considered for flexible training. The aims of flexible training are to:

- retain within the workforce dentists who are unable to continue their training on a full-time basis
  - promote career development and work/life balance for dentists in training
  - ensure continued training in programmes on a time equivalence (pro-rata) basis
  - maintain a balance between flexible training arrangements, the educational requirements of both full and part-time trainees and service need.
- 6.42** As far as possible, Postgraduate Dental Deans will seek to integrate flexible training into mainstream full-time training by:
- using slot/job shares where it is possible to do so
  - using full-time posts for part-time training where it is possible to do so
  - developing permanent flexible posts in appropriate specialties
  - ensuring equity of access to study leave.
- 6.43** Where such arrangements cannot be made, the Postgraduate Dental Dean may consider the establishment of personal, individualised supernumerary posts, subject to training capacity and resources.
- 6.44** A post that is approved for training is also considered to be approved for training on a flexible basis.

## **Eligibility for flexible training**

- 6.45** Those wishing to apply for flexible training must show that training on a full-time basis would not be practical for them for well-founded individual reasons. The UK Committee of Postgraduate Dental Deans and Directors (COPDEND) has agreed the following categories which serve as guidelines for prioritising requests for part-time training. The needs of trainees in Category 1 will take priority.

### ***Category 1***

Dentists in training with:

- disability
- ill health
- responsibility for caring for children
- responsibility for caring for ill/disabled partner, relative or other dependant

### ***Category 2***

Dentists in training with:

- unique opportunities for their own person/professional development, e.g. training for national/international sporting events

- religious commitment – involving training for a particular role which requires a specific time commitment
- non-dental professional development such as management courses, law courses, fine arts courses, etc.

**6.46** Other well-founded reasons may be considered but will be prioritised by the Postgraduate Dental Dean and will be dependent on the capacity of the programme and available resources.

## **Applying for flexible training**

**6.47** Trainees will:

- be required to undertake at least 50 per cent of a normal working week, reflecting the same balance of work as their full-time colleagues
- normally move between posts within rotations on the same basis as a full-time trainee
- not normally be permitted to engage in any other paid employment whilst in less than full-time training

## **Academic training, research and higher degrees**

**6.48** All of the specialty training curricula require trainees to understand the value and purpose of research and to develop the skills required to critically assess research evidence. In addition, some trainees will wish to consider or develop an academic career and may wish to explore this by undertaking a period of training in either research or education during their clinical training.

**6.49** Such opportunities are available through two main routes. Trainees can:

- **Option 1:** compete for opportunities to enter either deanery approved *integrated combined academic and clinical programmes* or a University post. Trainees who are appointed to such posts will need to meet the clinical requirements for appointment if they are not already in specialty training, as well as the academic requirements
- **Option 2:** take time out of their deanery specialty training programme once admitted into specialty training to undertake research or an appropriate higher degree (Out of Programme for Research OOPR paragraphs 6.55 – 6.56 and 6.68 – 6.73), with the agreement of the Postgraduate Dental Dean. Trainees will continue to hold their NTN during this time out of their clinical programme.

### ***Option 1: Integrated combined academic and clinical programmes***

**6.50** Each of the four countries has developed or is in the process of developing their own arrangements for these integrated academic and clinical posts.

- 6.51** Trainees already holding an NTN who are subsequently selected for such an integrated academic/clinical programme will have their NTN converted to an NTN (A) or receive an NTN (A) in the appropriate specialty.
- 6.52** Trainees appointed to such programmes who require an NTN will be allocated an NTN (A) from the outset.
- 6.53** Trainees in integrated, combined programmes will be assessed through a joint academic and clinical annual assessment process as described in paragraphs 7.98 – 7.101.
- 6.54** If it is recommended at any point, either through the annual assessment process or by the academic supervisor that such trainees should leave the academic programme, but should still continue with their clinical training, then trainees will be facilitated back into the clinical training programme by the Postgraduate Dental Dean, given due notice. The NTN (A) will revert to an NTN in the appropriate specialty.

### ***Option 2: Taking time out of programme to undertake research***

- 6.55** The trainee will need to seek the agreement of the Postgraduate Dental Dean to take time out of programme to undertake research or an appropriate higher degree. NTN (A)s are not allocated to trainees who take time out of programme for research. Trainees taking time out of programme for research purposes will retain their NTN as long as they have the agreement of the Postgraduate Dental Dean to do so. The process for this is described in paragraphs 6.68 – 6.73 (OOPR).
- 6.56** A trainee may request deferral for up to three years before starting a specialty training programme if they have been accepted to a higher degree programme (e.g. PhD, MClintDent, MSc) at the time of being offered their clinical placement or if they are already undertaking research for a registered degree when their clinical placement is due to start.

### **Taking time out of programme (OOP)**

- 6.57** There are a number of circumstances when a trainee may seek to spend some time out of the specialty training programme to which they have been appointed. All such requests need to be agreed by the Postgraduate Dental Dean, so trainees are advised to discuss their proposals as early as possible. Time out of programme (OOP) will not normally be until a trainee has been in a training programme for at least one year, unless at the time of appointment deferral of the start of the programme has been agreed, e.g. for statutory reasons or to undertake a higher degree. The purpose of taking time out of a specialty training programme is to support the trainee:
- in undertaking prospectively approved clinical training which is not available locally and not part of the trainee's specialty training programme
  - in gaining clinical experience which is not a requirement of the curriculum but which may benefit the dentist (e.g. working in a different health

environment/country) or help support the health needs of other countries (e. g. Médecins Sans Frontières, Voluntary Service Overseas, supporting global health partnerships) See **Crisp Report**

- in undertaking a period of research
- in taking a planned career break from the specialty training programme.

**6.58** If out of programme time is agreed the relevant section of the out of programme (OOP) document (Appendix 6) must be signed by the Postgraduate Dental Dean. The trainee should give their Postgraduate Dental Dean and their employer (current and/or next) as much notice as possible. Three months is the *minimum* period of notice required so that employers can ensure that the needs of patients are appropriately addressed.

**6.59** Trainees will also need to submit the out of programme (OOP) document annually, ensuring that they keep in touch with the deanery and renew their commitment and registration to the training programme. This process also requests permission for the trainee to retain their NTN and provides information about the trainee's likely date of return to the programme, as well as the estimated date for completion of training. For trainee's undertaking approved training out of programme, it should be part of the return for the annual assessment process. It is the trainee's responsibility to make this annual return, with any supporting documentation that is required.

**6.60** Deaneries may seek specialty specific advice from SACs as necessary in relation to flexible training, academic training or time out of programme.

### **Time out of programme for approved clinical training (OOPT)**

**6.61** The deanery must prospectively approve the clinical training if it is to be used towards their CCST award. This will include, for example, undertaking an approved training post in a different training programme in the UK, but could also include overseas posts which have prospective training approval.

**6.62** Trainees will also be able to take time out of programme and credit time towards training as an "acting up" consultant if this has been prospectively approved by the deanery. Trainees acting up as consultants or specialists will need to have appropriate supervision in place and approval will only be considered if the acting up placement is relevant to gaining the competences, knowledge, skills and behaviours required by the curriculum (see paragraph 5.23).

**6.63** The Postgraduate Dental Dean will advise trainees about obtaining prospective approval in these circumstances. Clinical training which has not been prospectively approved cannot contribute towards the award of a CCST and will not be out of programme training (OOPT) but may be appropriate as out of programme experience (OOPE).

**6.64** Trainees will retain their NTN whilst undertaking a clinical approved training opportunity, as long as the OOPT has been agreed in advance by the Postgraduate

Dental Dean and trainees continue to satisfy the requirement for annual review. OOPT will normally be for a period of one year in total but exceptionally, can be up to two years.

- 6.65** Trainees who undertake OOPT must submit the assessments required by the specialty curriculum to the home deanery's annual outcome panel, along with an annual OOPT document. This will ensure that they keep in touch with the deanery and renew their commitment and registration to the training programme. This process also requests permission to retain their NTN and provides information about the trainee's likely date of return to the programme, as well as the estimated date for completion of training. It is the trainee's responsibility to make this annual return.

### **Time out of programme for clinical experience (OOPE)**

- 6.66** Trainees may seek agreement for out of programme time to undertake clinical experience which has not been approved by the deanery and which will not contribute to award of a CCST. The purpose of such this it to:
- enhance clinical experience for the individual so that they may experience different working practices or gain specific experience in an area of practice and/or
  - to support the recommendations in *Global health partnerships: the UK contribution to health in developing countries (2007)* See **Crisp Report**
  - take time out of programme to gain experience as a Locum Consultant Specialist which cannot be credited towards training
- 6.67** The request to take time out for such experience must be agreed by the Postgraduate Dental Dean. The OOP document should be used to make the request and should be returned on an annual basis to the deanery whilst the trainee is out of programme. OOPEs will normally be for one year in total, but can be extended for up to two years with the agreement of the Postgraduate Dental Dean.

### **Time out of programme for research (OOPR)**

- 6.68** Trainees should be encouraged and facilitated to undertake research where they have an interest in doing so.
- 6.69** Once prospective approval of the posts and programmes has been obtained the deanery may seek advice from the SAC to confirm whether this research has contributed in anyway to the individuals training. For periods of research taking up to six months, trainees may not need to go out of programme. The deanery may seek SAC advice as to whether there has been sufficient maintenance of clinical skills such that there is no detriment to the clinical training programme.

- 6.70** Time taken out for research purposes is normally for a higher degree, e.g. a PhD, or Master's degree and will not normally exceed four years. Trainees in their final year of training will not normally be granted OOPR.
- 6.71** Trainees who undertake OOPR must submit the relevant section of the OOP document to the annual outcome panel. This will ensure that the trainee keeps in touch with the deanery and registers each year to renew their commitment to the training programme. It requests permission to retain their NTN and provides information about the trainee's likely date of return to the programme, as well as the estimated date for completion of training. It is the responsibility of the trainee to make this return annually.
- 6.72** Many individuals undertaking such research retain a clinical element that will allow them to maintain their existing competences whilst out of programme, although at least 50% of time must be spent in approved clinical training if it is to be attributable to a CCST. The trainee should seek advice from their TPD to ensure that the proposed clinical element is appropriate.
- 6.73** If there is prospective approval for the OOPR to contribute to the CCST, then formal assessment documentation must be submitted annually to the review panel. Deaneries may seek advice from SACs as to the relevance of such experience to the training programme.

### **Time out of programme for career breaks (OOPC)**

- 6.74** Specialty training can require trainees to commit up to five years of training in some specialties. For trainees with outside interests, this may influence their choice of specialty or career. The opportunity to take time out of a training programme with the guarantee of being able to return at an agreed time and resume training may make some specialties, and indeed a dental career in general, more attractive. Requests for career breaks should therefore be sympathetically considered.
- 6.75** A planned OOPC will permit a trainee to:
- i. step out of the training programme for a designated and agreed period of time to pursue other interests, e.g. domestic responsibilities, work in industry, developing talents in other areas
  - ii. take a career break to deal with a period of ill health, secure in the knowledge that they can re-join the training scheme when they are well enough to continue.
- 6.76** The chance to take a career break for any of these reasons may make the difference between a dentist staying in dentistry or leaving permanently, thereby wasting the public and their personal investment in dental training to date.

## ***Who is eligible to apply for an OOPC?***

- 6.77** OOPC can be taken with the agreement of the Postgraduate Dental Dean, who will consult as necessary with those involved in managing the training programme. Limiting factors will include:
- the ability of the programme to fill the resulting gap in the interests of patient care
  - the capacity of the programme to accommodate the trainee's return at the end of the planned break
  - evidence of the trainee's on-going commitment to and suitability for training in the specialty.
- 6.78** If all requests for a career break within a programme cannot be accommodated, priority will be given to trainees with any of the following:
- those with health issues
  - those who have caring responsibilities for dealing with serious illness in family members that cannot be accommodated through flexible training
  - those who have childcare responsibilities that cannot be accommodated through flexible training options
  - at the discretion of the Postgraduate Dental Dean, those with a clearly identified life goal which cannot be deferred.

## ***Planning and managing an OOPC***

- 6.79** The following apply to the planning and management of career breaks during specialty training:
- OOPC may be taken after a specialty training programme has been started, but not normally until at least one year of the programme has been successfully completed
  - OOPC are not an acceptable reason for deferring the start of a programme. In such cases, the trainee should defer making an application until ready to begin training
  - career breaks are breaks without pay and time out of dentistry will not be recognised in increments to salary. Trainees should take expert advice from the deanery or from their professional associations on their statutory rights in relation to career breaks
  - the needs of the service must be considered in agreeing a start date
  - the duration of the OOPC will normally be limited to two years since there are good educational and training reasons for this but may be longer in exceptional circumstances which must be agreed with the Postgraduate Dental Dean

- trainees wishing to take longer OOPC will normally need to relinquish their NTN and re-apply in open competition for re-entry to the same specialty or to a new specialty
- a replacement NTN to fill the gap in a programme left by a trainee undertaking a OOPC may be made available but the Postgraduate Dental Dean will need to ensure that the programme can accommodate any newly appointed trainees, as well as the subsequent return of the trainee who has undertaken the OOPC
- the trainee should give at least six months notice of their planned return to work. Although the returning trainee will be accommodated in the next available suitable vacancy in their specialty, it may take time for a suitable placement to arise
- there is no guarantee that the return date will be within six months of a trainee indicating their wish to return to training. If there are likely to be problems accommodating the trainee back into the programme, the trainee should be advised at the outset of the OOPC
- a period of refreshment of skills and updating may be necessary before the trainee returns formally to the programme. This will be at the discretion of the Postgraduate Dental Dean, following consultation with the TPD. Arrangements for how this will be achieved will be subject to local agreement
- although trainees on career breaks will be encouraged to keep up to date through attending educational events, there is no entitlement to study leave funding for this. Arrangements will be subject to local agreement. Since this is not prospectively approved training, it cannot be attributed to award of a CCST
- trainees must complete Form R and the relevant section of the OOP on an annual basis and submit this to the annual assessment outcome panel in order to continue to register their interest in staying in the programme. This should include an update of the date of their intention to return to the programme to facilitate the planning process
- In the future trainees will also have to consider the effect of a career break on their ability to maintain their registration with the GDC (e.g. maintaining CPD activity).

### **Movement between Deaneries (Inter-Deanery Transfers)**

- 6.80** Whilst It is possible for trainees to move between Deaneries (Inter-Deanery Transfers) there is no automatic entitlement or right for this to take place. Movement is at the discretion of the Postgraduate Dental Deans. Funding of the transferred trainee is provided by the receiving deanery unless both the original and receiving deaneries agree to an alternative arrangement. This may be from existing SpR/StR funding, flexible or other training monies. The arrangements for this apply to both full-time trainees and trainees working less than full-time.
- 6.81** Postgraduate Dental Deans will do their best to deal sympathetically with trainees where they judge that there are well-founded personal reasons which justify such a move. Trainees who have direct caring responsibilities or those who need a move

for reasons of ill health will have priority. Trainees seeking a transfer must normally have satisfactorily completed all annual assessments.

- 6.82** It is important that trainees give as much warning as possible to their current Postgraduate Dental Dean that they are seeking a transfer. Training vacancies in other Deaneries may not be readily available and the arrangements may take time to set up.
- 6.83** The transfer must have the support of the current deanery, taking into account the notice given, the needs of the service and the progress of the trainee to date, and that of the receiving deanery, recognising constraints on their training capacity.
- 6.84** Requests for an Inter-Deanery Transfer for well-founded personal reasons:
- will give priority to trainees with special health needs, those with direct caring responsibilities, e.g. young children or family members/partners or for those who require a transfer on grounds of ill health
  - will only be considered where there has been a significant change in a trainee's situation since their original appointment
  - will normally only be considered after the trainee has been in programme for one year
  - must be made directly between Postgraduate Dental Deans, trainees should *not* make direct approaches to a potential receiving deanery but should ensure that the request comes from the home Postgraduate Dental Dean to the deanery of transfer
  - may require the trainee to attend a deanery specialty interview. This will be the case particularly for competitive specialties within a deanery since there must be equity of access to training programmes. The trainee may be required to wait until the next appointment process for the interview to take place. The appointment panel will need to consider whether it accepts the trainee requesting transfer or a new appointee to the programme. This will be dependent not only on the outcome of the interview, but on the capacity of the programme to support the potential for a trainee to enter the programme at a higher level rather than at the start of the programme
  - will require the trainee to accept a reasonable offer of a placement which can facilitate the transfer. Failure to do so may result in termination of the inter-deanery transfer request.
  - SACs are available to provide advice if requested
- 6.85** When a request for an Inter-Deanery Transfer (Appendix 7) is agreed the trainee will be allocated a training number from the receiving deanery.
- 6.86** Inter-Deanery Transfers are *not* appropriate for:
- **educational or training reasons:** Deaneries should provide a full range of programmes and placements for the specialties in which they offer training, or

have formal arrangements for doing so which are not dependent on ad-hoc transfer arrangements

- **secondment to a different deanery:** such moves would be planned to fit in with the agreed training programme and training availability. Trainees would keep their original training number
- **rotation between Deaneries as part of a planned training programme:** this arrangement applies in some specialties and across some Deaneries because of local arrangements
- **undertaking research in a different deanery:** trainees given permission by their Postgraduate Dental Dean to take time out of a programme to undertake research will retain their training number, even if research takes place in a different deanery. Trainees will have no entitlement to transfer subsequently to the deanery in which they have been doing their research but will need to go through either the inter-deanery request process (and meet the requirements of eligibility) or through a competitive process.

**6.87** Where trainees wish to move to another deanery for any other reason, or their request to transfer is not supported, they will have to compete for a place in a specialty training programme in the receiving deanery through the normal application process.

### **Movement of trainees between University Lecturers holding an honorary NHS StR post**

**6.88** The movement of trainees who are university lecturers holding honorary NHS StR posts, will be subject to the processes of the universities involved. It will also depend on the training capacity of the recipient University/School to take an additional trainee. It may be that the recipient deanery will need to seek advice from the relevant SAC as to its view of whether the University/School has the requisite training capacity.

### **Right of appeal**

**6.89** Where a trainee is refused an inter-deanery transfer, the trainee may lodge an appeal. The trainee will have 28 days from the date of notification in which to state, in writing, their reasons for appeal. The appeal process will be similar to that used in removing an NTN (see paragraphs 7.144 – 7.147).

## Section 7:

### Progressing as a Specialty Registrar

#### Competences, experience and performance

- 7.1 The curricula approved by the GDC for specialty training programmes define the standards of knowledge, skills and behaviours which must be demonstrated in order to achieve progressive development towards the award of the CCST.
- 7.2 Competences, knowledge, skills and attitudes take time and systematic practice to acquire and to become embedded as part of regular performance. Implicit therefore in a competence based programme of training must be an understanding of both the minimum level of frequency and experience and the time required to acquire competence and to confirm performance in the specialty.
- 7.3 All specialty curricula approved by the GDC will specify the expected duration of training (which must be at least as long as any European requirement).
- 7.4 This is important for two reasons:
- to define a programme of prospectively approved training which entitles an individual who successfully completes it, award of the CCST (see paragraph 2.1 and Appendix 9)
  - to make sense of a competence defined programme of educational progression within a framework of time required to ensure that the competences gained are sustainable and part of everyday practice.
- 7.5 Assessment strategies for specialty training must not deliver just “snapshots” of skills and competences, but must deliver a programme of assessment which looks at the sustainability of competences and the clinical and professional performance of trainees in everyday practice.
- 7.6 The new emphasis on work place assessments aims to address this through assessing performance and demonstration of the standards and competences in clinical practice. It means that trainers and trainees must be realistic about undertaking these assessments and that employers must ensure that appropriate opportunities are provided to enable this to happen effectively. Clearly, educational and clinical supervisors must make time available in their job plans for the process.
- 7.7 Trainees gain competences at different rates, depending on their own abilities, their determination, and their exposure to situations that enable them to develop the required competences. It is important that Deaneries, trainers, trainees and employers are clear as to what is acceptable progress within specialty training. This will enable reasonable limits for remediation to be set and so that trainees are aware of the boundaries within which remediation can and will be offered. It is possible that some trainees may acquire competences faster than anticipated within the relevant curriculum leading to a recommendation for a reduction in time

taken to achieve a CCST. Such decisions may be made on advice sought from the relevant SAC.

## **Annual Review of Competence Progression (ARCP): appraisal, assessment and annual planning**

- 7.8** Structured postgraduate dental training is dependent on having curricula which clearly set out the standards and competences of practice, an assessment strategy to know whether those standards have been achieved and an infrastructure which supports a training environment within the context of service delivery.
- 7.9** The three key elements which support trainees in this process are *appraisal*, *assessment* and *annual planning*. These three elements are individual but integrated components of the training process. Together they contribute to the Annual Review of Competence Progression (ARCP).
- 7.10** Assessment is a formally defined process within the curriculum in which a trainee's progress in the training programme is assessed and measured using a range of defined assessment tools, along with professional and triangulated judgements about the trainee's rate of progress. It results in an *outcome* following evaluation of the written evidence of progress and is essential if the trainee is to progress and to confirm that the required competences are being achieved.
- 7.11** Appraisal provides a complementary approach which focuses on the trainee and his or her personal and professional needs (educational appraisal) and how these relate to performance in the workplace and relate to the needs/requirements of the employer (workplace based appraisal).
- 7.12** All trainees must have a formally appointed educational supervisor who should provide, through constructive and regular dialogue, feedback on performance and assistance in career progression. Ordinarily such a dialogue should not inform the assessment process.
- 7.13** The educational supervisor will be responsible for bringing together the structured report which looks at the evidence of progress in training and also for undertaking workplace based appraisal (sometimes known as NHS appraisal) with their trainees.
- 7.14** The educational supervisor is the crucial link between the educational and workplace based appraisal process since the trainer's report provides the summary of the assessment evidence for the annual review process. The outcome from the annual review underpins and provides evidence for the workplace based appraisal process which is designed to reassure employers that the performance of trainees in postgraduate specialty training is satisfactory.
- 7.15** During their appraisal discussion trainees must be able to discuss their worries/mistakes without fear that they will be penalised. Patient safety issues should usually be identified by clinical incident reporting, unless it is repetitive poor practice. However, where it is in the interests of patient safety or of the trainee, then the trainee must be informed that the relevant element of the appraisal discussion

will be raised with the director/lead of dental education in the healthcare organisation and the Postgraduate Dental Dean.

## **Educational appraisal**

**7.16** The purpose of educational appraisal is to:

- help identify educational needs at an early stage by agreeing educational objectives which are SMART (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**imebound)
- provide a mechanism to receive the report of the annual assessment outcome panel and to discuss these with the trainee
- provide a mechanism for reviewing progress at a time when remedial action can be taken quickly
- assist in the development in postgraduate trainees of the skills of self-reflection and self-appraisal that will be needed throughout a professional career
- enable learning opportunities to be identified in order to facilitate a trainee's access to these
- provide a mechanism for giving feedback on the quality of the training provided
- make training more efficient and effective for a trainee.

**7.17** Educational appraisal is a developmental, formative process which is trainee-focused. It should enable the training for individual trainees to be optimised, taking into account the available resources and the needs of other trainees in the programme. Training opportunities must meet the training standards as approved by the deanery. The advice of SACs and JCSTD will be sought when necessary.

**7.18** Appraisal should be viewed as a continuous process. As a minimum, the educational element of appraisal should take place at the beginning, middle, and end of each section of training, normally marked by the ARCP process. However, appraisal may be needed more frequently, for example after an assessment outcome which has identified inadequate progress.

**7.19** Each trainee should normally have a learning agreement for each training placement, which sets out their specific aims and learning outcomes of for the next stage of their training, based on the requirements of the curriculum for the specialty and on their ARCP outcome. This should be the basis of all appraisal discussions throughout all stages of training. The learning agreement will need regular review and updating.

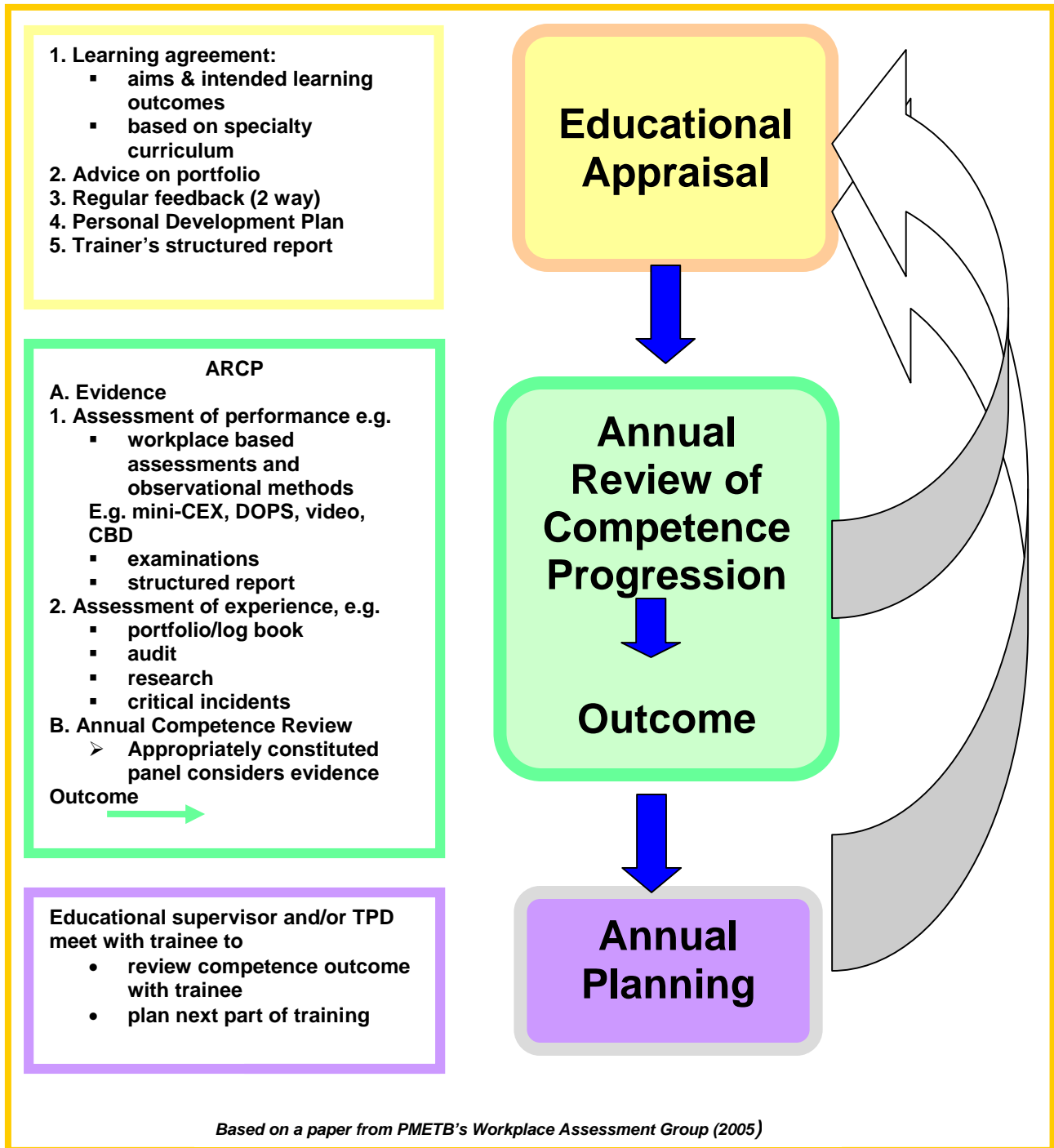
**7.20** The educational supervisor and trainee should discuss and be clear about the use of a learning portfolio. Regular help and advice should be available to the trainee to ensure that the portfolio is developed to support professional learning.

- 7.21** Regular feedback should be provided by the educational supervisor on progress. This should be a two way process, and in the context of an effective professional conversation. Trainees should feel able to discuss the merits or otherwise of their training experience. The detailed content of the discussion which takes place within appraisal sessions should normally be confidential and a summary of the appraisal discussion should be agreed and recorded and any agreed actions documented. Appraisal summaries should be part of the trainee's portfolio.
- 7.22** The educational appraisal process is the principal mechanism whereby there is the opportunity to identify concerns about progress as early as possible. Failure to participate in undertaking workplace based assessments across all areas where these are required or in specific instances; issues raised in multi-source feedback information from either staff or patients; significant or unexplained absences are examples of some early warning signs which should alert the educational supervisor that intervention may be required.
- 7.23** These concerns should to be brought to the attention of the trainee during appraisal meetings. Account should be taken of all relevant factors which might affect progress (for example, health or domestic circumstances) and should be recorded in writing. An action plan to address the concerns should be agreed and documented between the educational supervisor and trainee. If concerns persist or increase, further action, either through the annual assessment process or, if timing is inappropriate, through direct contact with the TPD and/or Employer, alerting them of these concerns should be taken.

## **Assessment**

- 7.24** In accordance with GDC requirements, the SACs will develop assessment strategies that are blue-printed against the CCST specialty curricula approved by the GDC.
- 7.25** This section deals with the elements of the annual review of competence that are designed to provide evidence and a judgement about progress. It does not address the important processes of educational appraisal and programme planning that should respectively precede and follow from the formal assessment process (Figure 2).

Figure 2: The Annual Review of Competence Progression



- 7.26** The RITA process will be replaced by an assessment process for specialty training - the Annual Review of Competence Progression (ARCP) - which will be based on the more explicit use of evidence to inform the annual assessment outcome of progress. However, while the RITA process is still in use, the overall assessment for specialty training requires better definition to take into account the more explicit evidential base required by these assessment standards. It requires better linkages to the service and the public as set out in the Principles of Assessment developed by PMETB (Box 4) (see Medical Gold Guide)

#### **Box 4: Principles of Assessment**

##### **Quality Assurance, quality management and assessment systems guidance**

(adapted from PMETB, Revised, December 2006)

1. The overall assessment system must be fit for a range of purposes
2. The content of the assessment will be based on curricula for specialty training
3. The individual components used will be selected in the light of the purpose and content of that component of the assessment framework
4. The methods used to set standards for classification of trainee's performance/ competence must be transparent and in the public domain
5. Assessments must provide relevant feedback
6. Assessors/examiners will be recruited against criteria for performing the tasks they undertake
7. There will be Lay input in the development of assessment
8. Documentation will be standardised and accessible nationally and internationally
9. There will be resources sufficient to support assessment

- 7.27** Assessment strategies will normally also include well-constructed and “fit-for-purpose” professional examinations which map back to the curriculum, in-work and real-time assessments such as directly observed procedures (DOPS); case note review or case-based discussion (CbD); multi-source feedback reports; observed video assessments or assessments in clinical skills facilities and other documented evidence of progress of the individual against the standards set out in the curriculum for the specialty. The educational supervisor's structured report (Appendix 3) or an equivalent summary should be used to provide a summary of the outcome of these for the annual assessment outcome panel. This report must:
- reflect the learning agreement and objectives developed between the trainee and his/her educational supervisor
  - be supported by evidence from the workplace based assessments (WPBAs) planned in the learning agreement

- take into account any modifications to the learning agreement or remedial action taken during the training period for whatever reason.
- 7.28** Log-books, audit reports, research activity and publications document other sorts of experience and attainment of skills which trainees may need to demonstrate. They are not, in and of themselves, assessment tools, but are a valid record of progress. Information about these areas should be retained in a specific specialty professional **learning portfolio** (which is increasingly likely to be an electronic portfolio) which all trainees must keep in order to record their evidence and progress in their training. The portfolio will also form the basis of the educational and workplace based appraisal process (paragraphs 7.16 – 7.23) and the annual planning process (paragraphs 7.24 – 7.25). Increasingly, portfolios are being developed by specialties through the colleges and faculties to be maintained electronically, forming part of an electronic learning platform. Clinical logbooks presented at annual review should be anonymised in terms of patient identification. Ideally, e-logbooks should be developed for each specialty such that an annual summary of activity can be produced in addition to the full log of activity. SACs may well provide guidance on what is required in a trainee portfolio.
- 7.29** Trainees should familiarise themselves with the relevant specialty assessment and other documentation requirements required for the assessment (and the supporting appraisal and planning processes) process at the start of the training programme.
- 7.30** Trainees should also familiarise themselves with the requirements of the GDC's *Standards for dental professionals*. They must:
- maintain a folder of information and evidence, drawn from their clinical practice
  - reflect regularly on their standards of practice in accordance with GDC guidance
  - take part in regular and systematic clinical audit
  - respond constructively to the outcome of audit, appraisals and the annual assessment of outcome process,
  - undertake further training where necessary
  - take part in systems of quality assurance and quality improvement in their clinical work and training (e.g. by responding to requests for feedback on the quality of training, such as the National Trainee Survey).
- 7.31** The trainee's educational supervisor must ensure that the trainee:
- is aware of his/her responsibility to initiate workplace based assessments
  - maintains an up-to-date clinical log-book where this is required
  - ensures that the trainee's professional learning portfolio is adequately developed including undertaking and succeeding in all assessments of

knowledge (usually examinations) in a timely fashion based on the recommended timescale set out in the specialty curriculum.

- 7.32** If genuine and reasonable attempts have been made by the trainee to arrange for workplace based assessments to be undertaken but there have been logistic difficulties in achieving this, the trainee must raise this with their educational supervisor immediately since the workplace based assessments must be available for the annual assessment outcome panel.
- 7.33** The educational supervisor should raise these difficulties with the programme director and between them, must facilitate appropriate assessment arrangements within the timescales required by the assessment process.
- 7.34** The educational supervisor will be responsible for completing a structured report (Appendix 3) which must be discussed with the trainee prior to submission. This report is a synthesis of the evidence in the trainee's learning portfolio which summarises the trainee's workplace assessments, experience and additional activities which contribute to the training process. The report and the discussion which should ensue following its compilation must be evidence based, timely, open and honest.
- 7.35** If there are concerns about a trainee's performance, based on the available evidence, the trainee must be made aware of these. Trainees are entitled to a transparent process in which they are assessed against agreed standards, told the outcome of assessments, and given the opportunity to address any shortcomings. Trainees are responsible for listening, raising concerns or issues promptly and for taking the agreed action. The discussion and actions arising from it should be documented. The educational supervisor and trainee should each retain a copy of the documented discussion.

## **Collecting the evidence**

- 7.36** Each specialty is required by the GDC to map its assessment processes against the approved curriculum and the GDC's *Standards for dental professionals*. A structured report should be prepared by the trainee's educational supervisor and should reflect the evidence which the trainee and supervisor agreed should be collected to reflect the learning agreement for the period of training under review. The purpose of the report is to collate the results of the required in-work assessments, examinations and further experiential activities required by the specialty curriculum (e.g. logbooks, publications, audits). Trainees may need guidance on the compilation of a satisfactory audit report.
- 7.37** The trainee's educational supervisor may also be his/her clinical supervisor (particularly in small specialties and small training units), although wherever possible this should be avoided. Under such circumstances, the educational supervisor could be responsible for some of the in-work assessments, for producing the structured report, as well as for providing educational and workplace based appraisal for the trainee.

- 7.38** Great care will need to be taken to ensure that these roles are not confused and indeed, under such circumstances, the trainee's educational supervisor should discuss with the TPD and, if necessary, the Postgraduate Dental Dean, a strategy for ensuring that there is no conflict of interest in undertaking educational appraisal and assessment for an individual trainee.
- 7.39** Deaneries will make local arrangements to receive the necessary documentation from trainees and will give them at least six weeks notice of the date by which it is required so that trainees can obtain structured reports from their educational supervisors summarising their portfolio. Trainees will not be "chased" to provide the documentation by the required date but should be aware that failure to do so will result in the panel failing to consider their progress. As a consequence, the trainee will not be able to document attained competences or progress in the specialty for the period under review. Failure to comply with the requirement to present evidence is dealt with in paragraph 7.74. In time it is anticipated that annual assessment panels will receive the evidence, which is largely but not exclusively the structured report, electronically. This is dependent on the development of e-portfolios for each specialty to support training.
- 7.40** Trainees must submit, as part of their documentary evidence for each annual review, an updated Registration Form (Form R), giving accurate demographic details for use on the deanery database.
- 7.41** It is up to the trainee to ensure that the documentary evidence which is submitted is complete. This should include evidence which the trainee may view as negative. Unsuccessful workplace based assessment outcomes (WPBAs) need not be included in the evidence submitted to the ARCP. Unsuccessful workplace based assessments should however be retained in the trainee's portfolio so that they are available for discussion with educational supervisors during educational appraisal discussions.
- 7.42** Where the documentary evidence submitted is incomplete or otherwise inadequate so that a panel cannot reach a judgement, **no** decision should be taken about the performance or progress of the trainee. The failure to produce timely, adequate evidence for the panel will result in an *incomplete* outcome (Outcome 5) and will require the trainee to explain to the panel and deanery in writing the reasons for the deficiencies in the documentation. The fact that outcome 5 has occurred will remain as a part of the trainee's record but once the relevant evidence has been submitted then a new outcome will be added according to the evidence evaluated by the assessment panel.
- 7.43** It may be necessary for the TPD to provide an additional report, for example detailing events that led to a negative assessment by the trainee's educational supervisor. It is essential that the trainee has been made aware of this and has seen the report prior to its submission to the panel. It is not intended that the trainee should agree the report's content but is intended to ensure that the trainee is aware of what had been said. Where the report indicates that there may be a risk to patients arising from the trainee's practice, this risk needs to be shared with the Postgraduate Dental Dean and the current employer. The trainee needs to be made aware that this is the case.

- 7.44** The trainee may submit, as part of their evidence to the ARCP, a response to the TPD or educational supervisor's report or to any other element of the assessment documentation for the panel to take into account in their deliberations (see Appendix 3). Whilst such a document will be considered "privileged" and will be viewed and considered only by the panel in the first instance, depending on its content the trainee must expect that it will be followed up appropriately. Where, for example, a trainee raises allegations of bullying, harassment or other inappropriate conduct on the part of a trainer or other healthcare professional, such allegations must be taken very seriously. Whilst the panel itself is not set up to investigate or deal with allegations of this nature, it will bring such concerns to the attention of the deanery in writing immediately following the panel for further consideration and possible investigation by the employing authority. All Deaneries and employers of specialty trainees will have policies on managing allegations of inappropriate learning and working environments. Trainees are encouraged to follow these policies and training providers must make their policies on bullying and harassment known to trainees as part of their induction.

#### **What is the purpose of the annual review?**

- 7.45** The annual review panel provides a formal process which uses the evidence gathered by the trainee, relating to his/her progress in the training programme. It should normally be undertaken on at least an annual basis for all trainees undertaking specialty training and will enable the trainee, the Postgraduate Dental Dean and employers to document that the competences required are being gained at an appropriate rate and through appropriate experience. The panel may be convened more frequently if it needs to deal with progression issues outside of its annual meeting. It is not in itself a means or tool of assessment but has been designed to fulfil the following functions:
- provide an effective mechanism for recording the evidence of the trainee's progress within the training programme
  - provide a means whereby the evidence of the outcome of formal assessment, (e.g. agreed in-work assessment tools and other assessment strategies), including examinations which are part of the assessment programme, are coordinated and recorded to provide a coherent record of a trainee's progress
  - provide a mechanism for the assessment of out of programme clinically approved training and its contribution to achievement of the required competences
  - provided adequate documentation has been presented, to make judgements about the competences acquired by a specialty trainee and their suitability to progress to the next stage of training if they are in a training programme
  - provide a final statement of the trainee's successful attainment of the competences for the specialty and thereby the completion of the training programme. This will enable the Postgraduate Dental Dean to recommend the trainee to the GDC for award of the CCST

- to ensure that trainers, the training unit and training opportunities in training placements are satisfactory. Negative feedback on such issues may be reported directly to the deanery or a third party such as the relevant SAC. In addition, concern may be raised in survey data. In the first instance, the deanery will attempt to resolve matters and ensure that the trainee is not penalised. However, the deanery will need to ensure that any clinical skills or knowledge missed is provided in the subsequent year. Unresolved issues may require the Postgraduate Dental Dean to invite the SAC to do a targeted visit

**7.46** The ARCP process is applicable to:

- all specialty trainees whose performance through a specialty training programme must be assessed to demonstrate progression
- trainees in combined academic/clinical programmes, e.g. those in Academic Clinical Fellowships, Academic Lectureships, Clinician Scientist appointments
- trainees who are out of programme with the agreement of the Postgraduate Dental Dean (see paragraphs 6.49 – 6.79)
- trainees in post-CCST development programmes
- trainees in Locum Appointments for Training (LATs).

**7.47** Trainees who continue in SpR programmes will be subject to the Record of In-Training Assessment (RITA) process which supports the relevant curricula unless they switch to the new curriculum for the specialty (see paragraph 5.22). Workplace based assessments should be used to provide evidence to support the RITA process.

### **The ARCP Panel**

**7.48** The panel has two objectives:

- to consider and approve the adequacy of the evidence and documentation provided by the trainee, which at a minimum must consist of a review of the trainee's portfolio through a structured report from the educational supervisor, documenting assessments (as required by the specialty curriculum) and achievements. The panel should provide comment and feedback where applicable on the quality of the structured educational supervisor's report or assessor's documentation;
- provided that adequate documentation has been presented, to make a judgement about the trainee's suitability to progress to the next stage of training or confirm training has been satisfactorily completed.

### ***Composition of the ARCP Outcome Panel***

**7.49** The panel has an important role which its composition should reflect. It should consist of at least the following **three** panel members:

- Postgraduate Dental Dean or their deputy
- TPD who is normally the Chair of the Specialty Training Committee
- the College Dental Faculty Specialty Adviser relevant to each country

In addition, it is usual to invite an external panel member who should be a member of the SAC nominated panel of external advisers.

In the event of ARCP recommended Outcomes 2, 3 or 4, the external adviser should be present or party to the decision by virtue of teleconference or correspondence.

Educational supervisors and Associate Directors/Deans are all appropriate panel members that could deputise for an unavailable member from the primary list. Where an annual academic assessment outcome is also involved, there should additionally be one academic representative on the outcome panel who has not been involved in the trainee's academic programme.

**7.50** Since decisions from the panel have important implications for both the public and for individual trainees there should also be external scrutiny of its decisions from two sources:

- a lay member to ensure consistent, transparent and robust decision-making on behalf of both the public and trainees who should review at least a random 10% of the outcomes and evidence supporting these and any recommendations from the panel about concerns over progress. Lay members will be appointed from a list compiled by the postgraduate deanery. A lay member may be specifically appointed by the deanery or may be an executive or non-executive member of an employing authority board or other senior non-medical member of management. Lay participants will need to receive appropriate training to undertake this work
- an external trainer from within the specialty but from outside the specialty training programme, who should review at least 10% of the outcomes and any recommendations from the panel about concerns over progress. The external trainer could be a member of the SAC nominated panel of external advisers. Deaneries may set up reciprocal arrangements to facilitate this where there is only one training programme in a specialty within a deanery. Deaneries should work with the relevant Royal College to help identify senior members of the profession to support this work.

**7.51** Where it is likely or even possible that a trainee could have an outcome indicating insufficient progress which will require an extension to the indicative time for completion of the training programme, the TPD (or academic educational supervisor for those in academic training programmes) should notify the deanery in order to ensure that the Postgraduate Dental Dean or designated deputy can attend the panel

**7.52** If either the lay member or the external trainer has concerns about the outcomes from the panel, these will be raised with the Postgraduate Dental Dean for further consideration. The Postgraduate Dental Dean may decide to establish a different

panel to consider further the evidence that has been presented and the outcomes recommended.

- 7.53 Where an outcome panel is being held for a clinical lecturer on a training programme or an individual undertaking an Academic Clinical Fellowship or Lectureship or as a Clinician Scientist, the panel should also include two academic representatives, one from the specialty in the employing University and one outside the specialty. These panel members should specifically take a view about the evidence of academic progress which is submitted.
- 7.54 All members of the panel (including the lay member and those acting as external members) must be trained in equality and diversity issues. This training should be kept-up-to date and should be refreshed every three years.
- 7.55 Consultant supervisors should declare an interest if their own trainees are being considered by a panel of which they are a member and should withdraw temporarily from the process whilst their trainee is being considered.

### ***How the panel works***

- 7.56 The full panel will be convened by the deanery. The panel will normally be chaired by the chair of the specialty training committee or one of the TPDs or Associate Deans/Directors. The external member of the panel need only attend as required to fulfil his/her responsibilities as outlined above and so may only be required towards the end of the process, especially in large specialties.
- 7.57 The process is not an assessment of the trainee in and of itself but it is *an assessment of the documented and submitted evidence* that is presented by the trainee. It has been compared to consideration of University examination results by an external panel and as such *the trainee should not normally attend the panel*.
- 7.58 For practical and administrative reasons, some Deaneries or specialties may wish to discuss other issues e.g. the trainee's views on their training or planning of future placements on the same occasion as the annual panel meets. However, the assessment of evidence and the judgement arising from the panel must be kept separate from these other issues. Trainees must *not* be present at the panel considering the outcomes except for the circumstances described in the next paragraph.
- 7.59 The exception to this is where the TPD, educational supervisor or academic educational supervisor has indicated that there *may* be an unsatisfactory outcome through the annual review process (Outcomes 2, 3 or 4). Under such circumstances the trainee will have been informed prior to the panel of the possible outcome and **must** meet with the panel but only *after* the panel has considered the evidence and made its judgement, based upon it.
- 7.60 The purpose of the trainee meeting with the panel *after* it has reached its decision is to discuss the recommendations for focused or additional remedial training if these are required. If the panel recommends focussed training on the acquisition of

specific competences (Outcome 2) then the timescale for this should be agreed with the trainee.

- 7.61** If additional remedial training is required (Outcome 3), the panel should indicate the intended outcome and proposed timescale. The details of *how* a remedial programme will be delivered will be determined by the TPD and the Postgraduate Dental Dean. The remedial programme will be planned within the context of available resources, taking into account the needs of other trainees in the specialty and must be within the limits of patient safety. In addition, it may be appropriate to seek advice from the relevant SAC.
- 7.62** This additional training must be agreed with the trainee, and with the training site/employer and new trainers who will be providing it. Full information about the circumstances leading to the additional training requirement must be transmitted by the deanery to the training site/employer, including any areas of weakness and any negative reports. The information transmission will be shared with the trainee but agreement to it being shared with the new employer and trainers is a requisite of joining the training programme.
- 7.63** The panel should systematically consider the evidence as presented for each trainee against the specialty curriculum assessment framework and make a judgement based upon it so that one of the outcomes is agreed.
- 7.64** Details of placements, training modules etc. completed must be recorded on the ARCP form (Appendix 5), including where trainees continue to hold a training number but are out of the programme with the agreement of the Postgraduate Dental Dean.
- 7.65** At the annual review the provisional expected date for successful completion of specialty training which is set by the Postgraduate Dental Dean's specialty training committee, should be reviewed, taking into account such factors as a change to or from flexible training; leave of absence from the programme to pursue research; career breaks in training, or delays in achieving the competences as set out in the specialty curriculum, for whatever reason. The expected date for the successful completion of training is important information, since it is required for planning subsequent recruitment into the specialty training programme and for keeping an overview of the available workforce in the specialty. Where potential changes to the CCST date are proposed, for example, to take into account prior education and training, maternity or other leave, Deaneries may wish to seek advice from the relevant SAC.
- 7.66** The outcome recommended by the panel (Appendix 4) for *all* trainees will be made available by the Postgraduate Dental Dean to the:
- **Relevant SAC** via an annual trainee report
  - **Training Programme Director (TPD)**. The TPD will receive three copies of the outcome form:

- one copy should be sent to the trainee's educational supervisor. This should be used to form the basis of the further educational appraisal and workplace based (NHS) appraisal that the educational supervisor undertakes on behalf of the employing authority. It is the educational supervisor's responsibility to raise any areas of concerns about the trainee's performance as documented by the annual review with the Medical Director as part of the workplace based appraisal process. If the review has been undertaken shortly before rotation to a new placement has occurred, the documentation should be forwarded by the TPD to the Medical Director at the institution where the trainee is due to start. Local arrangements may require documentation to be forwarded to the Clinical/Dental Director.
- the second copy should be given to the trainee who must sign it and return it to the deanery within **ten** working days. The trainee should retain a copy of the signed form in their portfolio. The deanery will retain the signed copy in the trainee's file. Where electronic systems for assessment/annual reviews are used, digital signatures will be acceptable
- the third copy will be retained by the TPD. The TPD (with or without the trainee's educational supervisor) should arrange to meet with the trainee to **discuss the outcome** and to **plan** the next part of their training where this is required (paragraphs 7.116 – 7.120) and document the plan fully. Where the educational supervisor is not present at such a meeting, it is important that s/he is briefed by the TPD.

**7.67** Each trainee will need to complete Form R (Registering for Postgraduate Training) annually (Appendix 1). This holds the up-to-date demographic data on the trainee. The return of Form R annually to the deanery plus the signed annual outcome will enable the trainee to renew their registration as a run-through trainee on an annual basis with the deanery.

**7.68** Any concerns which emerge about a trainee's fitness to practice must be reported to the Postgraduate Dental Dean for further advice and guidance.

**7.69** The panel will recommend one of the following outcomes for each trainee, including those on integrated clinical/academic programmes:

## **ARCP Outcomes**

### ***Satisfactory Progress***

**7.70** **Achieving progress and the development of competences at the expected rate (Outcome 1).** Satisfactory progress is defined as achieving the competences within the specialty curriculum approved by the GDC at the rate required. The rate of progress should be defined within the specialty curriculum e.g. with respect to assessments, experiential opportunities, exams, etc.

***Unsatisfactory or insufficient evidence – trainee required to meet with the panel (Outcomes 2, 3, 4) [See Appendix 4]***

- 7.71 Development of specific competences required – additional training time not required (Outcome 2).** The trainee's progress has been acceptable overall but there are some competences which have not been fully achieved and need to be further developed. It is not expected that the rate of overall progress will be delayed or that the prospective date for completion of training will need to be extended or that a period of additional remedial training will be required.

Where such an outcome is anticipated, the trainee should appear before the panel. The panel will need to specifically identify in writing the further development which is required. The documentation will be returned to the TPD and educational supervisor, who will make clear to the trainee and the employer/s what must be done to achieve the required competences and the assessment strategy for these. At the next annual assessment of outcome it will be essential to identify and document that these competences have been met.

- 7.72 Inadequate progress by the trainee – additional training time required (Outcome 3).** The panel has identified that a formal additional period of training is required which will extend the duration of the training programme (e.g. the anticipated CCST). Where such an outcome is anticipated, the trainee must attend the panel. The trainee, educational supervisor and employer will need to receive clear recommendations from the panel about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision). It will, however, be a matter for the deanery to determine the details of the additional training within the context of the panel's recommendations, since this will depend on local circumstances and resources. Where such additional training is required because of concerns over progress, the overall duration of the extension to training should normally be for a maximum of one year, unless exceptionally, this is extended at the discretion of the Postgraduate Dental Dean, but with an absolute maximum of two year additional training during the total duration of the training programme. The extension does not have to be taken as a block of one year, but can be divided over the course of the training programme as appropriate. The outcome panel should consider the outcome of the remedial programme as soon as practicable after its completion.

Where clinical lecturers with Honorary NHS StR status, are subject to their University probationary process, an adverse probationary assessment may impact on clinical training. In such situations, the academic supervisor and TPD will need to discuss and agree an educational plan. Ideally the timing of probationary assessment should coincide with the ARCP process.

- 7.73 Released from training programme with or without specified competences (Outcome 4).** The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress. The panel should ensure that any relevant competences which have been achieved by the trainee are documented. The trainee will be required to give up their National

Training Number, but may wish to seek further advice from the Postgraduate Dental Dean about future career options

- 7.74 Incomplete evidence presented – additional training time may be required (Outcome 5).** The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel. If this occurs, on the face of it, the trainee may require additional time to complete their training programme. The additional time begins from the date the panel should have considered the trainee. The trainee will have to supply the panel with a written account within five working days as to why the documentation has not been made available to the panel. The panel does not have to accept the explanation given by the trainee and can require the trainee to submit the required documentation by a designated date, noting that available “additional” time is being used (see paragraph 7.72) in the interim. If the panel accepts the explanation offered by the trainee accounting for the delay in submitting their documentation to the panel, it can choose to recommend that additional time has not been used. Once the required documentation has been received, the panel should consider it (the panel does not have to meet with the trainee if it chooses not to and the review may be done “virtually” if practicable) and issue an assessment outcome.

***Recommendation for completion of training***

- 7.75 Gained all required competences; will be recommended as having completed the training programme and for award of a CCST (Outcome 6).** The panel will need to consider the overall progress of the trainee and ensure that all the competences of the curriculum have been achieved and the final college examination passed prior to recommending the trainee for completion of the training programme to the GDC.

***Outcomes for trainees in post-CCST development or out of programme***

- 7.76 Out of programme for research, approved clinical training or a career break (OOPR/OOPT/OOPC) (Outcome 7).** The panel should receive documentation from the trainee on the required form indicating what they are doing during their out of programme (OOP) time. If the trainee is out of programme on a deanery approved training placement that will contribute to the competences of the trainee’s programme, then an OOPT document as well as in-work assessments etc demonstrating the acquired competences should be made available to the panel in the usual way. If the purpose of the OOP is research, the trainee must produce a research supervisor’s report along with the OOPR indicating that appropriate progress in research is being made in achievement of the higher degree. Finally, if a trainee is undertaking a career break, a yearly OOPC notification form should be sent to the panel, indicating that the trainee is still on a career break with their indicative intended date of return. Where such experience is gained outside the UK, it is recognised that external QA and deanery QM is not possible. It will be for the deanery to decide on the value of this training and its contribution to competences in conjunction with the relevant SAC.
- 7.77** Trainees employed as LAT trainees will undertake regular work place based assessments and maintain documentary evidence of progress during their fixed-

term appointment. This evidence will be considered by the regular ARCP panel or an ad hoc one should the trainee move on sooner. The outcome should be sent to the trainee's educational supervisor for that period of training. The educational supervisor should ideally meet again to discuss any issues raised in the outcomes. The trainee should also be provided with a copy of the outcome. The deanery will also keep a copy on record. If the trainee subsequently obtains a substantive StR appointment, the host deanery will be provided with a copy.

- 7.78 Outcome for trainees in post-CCST development (Outcome 8)** Trainees in post-CCST development will undertake regular in-work assessments and maintain documentary evidence of progress during their fixed term appointment. This evidence will be considered by the ARCP panel and will result in an outcome that should document the competences achieved. The outcome should be sent to the trainee's educational supervisor for that year of training who should arrange a follow-up meeting even if the end of the appointment year has been reached. Where this is not possible, the educational supervisor should send a copy of the outcome to the trainee so that the trainee can retain a copy of the outcome in their portfolio. The deanery will also keep a copy on record.

#### **Additional or remedial training**

- 7.79** Whilst the review panel must recommend the outcome for an individual trainee on the basis of the submitted evidence it must also take into account any mitigating factors on the trainee's part such as ill health or domestic circumstances [e.g. maternity leave] during which time the training time with respect to progress is suspended. It should also consider aspects within the environment such as changing circumstances or the supervision available in determining its specific recommendations with respect to the additional time which may be required. Whilst these factors should be taken into account in planning future training for the individual trainee, they in and of themselves should not change the outcome arrived at based on the available evidence received by the panel.
- 7.80** The panel may identify the need for additional training time (Outcome 3 or Outcome 5) which extends the indicative date for completion of the training programme for a trainee, or remedial training may be required as a result of a recommendation from the GDC or other body, e.g. NCAS. Such remedial training must take place within recognised training posts. This has important implications overall for the use of training and educational resources, since it means that an individual trainee with delayed progress requires more of the training resource than other trainees at the same level of training. The opportunity costs for other trainees in the programme and, critically, for those who want to gain entry into the specialty are considerable.
- 7.81** However, because it is recognised that trainees may gain competences at different rates for a number of reasons, trainees will be able to have additional aggregated training time of normally of up to **one year** within the total duration of the training programme unless, exceptionally, this is extended at the discretion of the Postgraduate Dental Dean, but with an absolute maximum of two years additional training during the total duration of the training programme. This does not include additional time which might be required because of statutory leave such as ill health or maternity leave. Assuming that the trainee complies with the additional

programme that has been planned, this enables reasonable time for the trainee, but does not unduly disadvantage other trainees who may be attempting to gain admission into run-through training in the specialty. If the trainee fails to comply with the planned additional training, he/she may be asked to leave it and the training programme before the additional training has been completed. In the case of University employees, this would need to be done in liaison with the University.

- 7.82** When remedial training is required, the Postgraduate Dental Dean will establish a specific educational agreement with the receiving healthcare organisation, which will cover all aspects of the placements, including detailing the training required, clinical limitations on practice and any measures in place from the regulator. This will ensure that the trainee receives the training that has been identified, as well as assuming patient safety during the process.
- 7.83** To enable the effective delivery of such additional training, information will need to be made available to the receiving deanery. Where the trainee refuses to allow this information to be shared in the interests of patient safety the offer of remedial training will be withdrawn. Trainees will be provided with a copy of any such information and retain the right to challenge its accuracy.
- 7.84** In most cases remedial or additional training will resolve the issue and the trainee in question will return to the specialty training programme. In certain circumstances following additional training, it is possible that the trainee still does not meet the standards required, either of the specialty or of dentistry in general. Such an outcome must be based on substantial documented evidence.
- 7.85** The outcome of any additional or remedial training will be reviewed by the annual review panel for the specialty which may seek to take further and external advice from other senior clinicians in the specialty. The panel will decide if the outcome of the additional training allows the trainee to return to their specialty training programme, whether further additional training is required, or if they have not met or even cannot meet the standards required. The latter case will lead to the recommendation that the trainee leaves the programme. The trainee will be provided with documentary evidence of the competences that they have achieved. Following such a recommendation, the Postgraduate Dental Dean will advise the trainee that their NTN has been withdrawn. The Postgraduate Dental Dean will also notify the employer that the individual is no longer in specialty training and that, following statutory guidance, their contract of employment be withdrawn. The relevant SAC will also be informed that training has ceased.

## **The role of the Postgraduate Dental Dean in the ARCP**

- 7.86** The Postgraduate Dental Dean has responsibility for a range of managerial and operational issues with respect to postgraduate dental training. Amongst these is the management of the annual review process, including the provisions for further review and appeals. The process is carried out by a panel under the aegis of the deanery Specialty Training Committee (STC). Good practice is for the panel to take advice from the local College or Faculty Specialty Adviser where appropriate.

- 7.87** The Postgraduate Dental Dean should maintain a *training record folder* for each trainee in which completed review outcome forms are stored. For security purposes a photograph of the trainee should be attached to this folder. The folder, previous outcome forms and supporting documentation must be available to the panel whenever the trainee is reviewed. The Postgraduate Dental Dean's staff will provide administrative support for the panel. In time, this information may be stored electronically by the deanery.
- 7.88** On entry to the training programme the Postgraduate Dental Dean will:
- send a copy of Form R to the trainee along with the appropriate letter outlining the *Conditions for joining a specialty training or post-CCST development programme* (Appendix 2), reminding them of their professional obligations, including active participation in the assessment and review process. The return of the completed Form R and letter registers the trainee with the Postgraduate Dental Dean
  - forward a copy of the trainee's Form R to the relevant SAC
  - place a further copy in the trainee's deanery folder to enable the deanery database to be updated.
- 7.89** At the end of each annual review process the Postgraduate Dental Dean will:
- forward **three** copies of the outcome document to the trainee's Training Programme Director (TPD) (see paragraph 7.91)
  - forward a copy of the completed annual report outcome document to the relevant SAC
  - place a copy in the trainee's deanery folder
- 7.90** Where concerns about a trainee have been raised with the Postgraduate Dental Dean – either following an outcome from the annual review process or through some other mechanism - the Postgraduate Dental Dean (or named deputy) should liaise directly with the Medical Director and the educational lead (e.g. Clinical Tutor or Director of Medical Education) where the trainee is employed/working to investigate and consider whether further action is required. Local arrangements may be such that it is the Clinical/Dental Director who is informed. In the case of University employees, the Dental School/University must also be informed.

## **What is required of the Training Programme Director (TPD)?**

- 7.91** The TPD is responsible for ensuring that the trainee and his/her current educational supervisor receive a copy of the annual outcome document within ten working days after they are received by the TPD.
- 7.92** If the outcome is **satisfactory** and is as anticipated then the TPD and/or educational supervisor should meet with the trainee to plan and document the next stage of training, unless this has already been agreed. If the trainee is due to

rotate and change training units, this meeting could take place with the trainee's new educational supervisor.

- 7.93** If the outcome is **not satisfactory** then the TPD and educational supervisor should arrange to meet with the trainee. A meeting time should have already been agreed prior to the annual panel since the trainee, TPD and educational supervisor will have been aware of the possibility/likelihood of an adverse outcome from the panel.
- 7.94** The purpose of this meeting is to discuss the further action which is required as a result of the panel's recommendations. The TPD should arrange to have deanery support staff present to document the agreed arrangements. A copy of the outcome documentation and the plan to support further action should be given to the trainee and should also be retained in the trainee's file at the deanery. It is important to note that this meeting is not about the decision taken by the panel, but is about planning the required action which the panel has identified must be taken in order to address the areas of competence/experience that require attention.

### **What is required of the trainee?**

- 7.95** On appointment to a specialty, or to a post-CCST development programme, trainees must fully and accurately complete Form R and return it to the deanery with a coloured passport size photograph. The return of Form R confirms that the trainee is signing up to the professional obligations of the programme and to the importance of the administrative arrangements underpinning training. Form R will need to be updated (if necessary) and signed on an annual basis to ensure that the trainee re-affirms his/her commitment to training and thereby remains registered for their training programme.
- 7.96** Trainees will also need to complete and sign the appropriate educational agreement (Appendix 2) which reminds them of their professional responsibilities, including the need to participate actively in the assessment process. These obligations relate to professional and training requirements and do not form any part of the contract of employment. A copy of the signed form must be sent to the Postgraduate Dental Dean by the trainee.
- 7.97** Return of Form R signals that the trainee has registered with the deanery for specialty or post-CCST development. It initiates the annual assessment outcome process; and triggers the allocation of a training number for those trainees who have been appointed to a specialty training programme (including those appointed to post-CCST development). All trainees will be required either to confirm the content of Form R or update it prior to their attendance at the annual outcome panel. In the interim, it is the responsibility of the trainee to inform the Postgraduate Dental Dean of any changes to the information recorded on Form R. Trainees must ensure that the deanery has an up-to-date email address at all times and is one which the trainee regularly checks. Accurate information is needed not only for the deanery but also to support the requirements of the relevant SAC.

**Annual review of competence progression for trainees undertaking joint clinical and academic training programmes**

- 7.98** Some dentists will undertake joint clinical and academic training programmes. Appointment to such programmes will involve allocation of a National Training Number (NTN [A]). Trainees in such programmes will have to complete both the full training programme leading to a CCST and meet the requirements of the academic programme.
- 7.99** Individuals undertaking academic training must have an academic supervisor who will normally be different from the trainee's clinical educational supervisor.
- 7.100** The academic supervisor is responsible for drawing up an academic training programme with the trainee, and a realistic/achievable timetable with clear milestones for delivery. Training goals relating to generic academic competencies and specific academic goals appropriate to the trainee should be explicitly identified. These targets will be summarised within the overall personal development plan for the trainee, which should be agreed within a month of commencing work and annually thereafter.
- 7.101** On entry to the training grade, the academic supervisor should agree explicitly with the trainee the criteria for assessing their academic progress. This should be within the framework of a general statement about the standards expected of the trainee if they are to make satisfactory progress throughout the programme and should reflect the fixed time period of the combined programme. The educational supervisor and academic supervisor should be certain that clinical objectives are complementary to the academic objectives. Both supervisors and the trainee should be aware of the trainee's overall clinical and academic requirements.

**Recording academic and clinical progress – academic assessment**

- 7.102** At the start of the academic placement/start of specialty training, and annually thereafter, the academic trainee must meet with both their clinical and academic supervisors to agree objectives for the coming year. Regular meetings with the academic supervisor should take place through the year to review progress, and decisions taken should be agreed and documented for later presentation to the academic assessment panel.
- 7.103** An annual assessment of academic progress must be undertaken, and ideally should take place at least one month before the joint academic/clinical annual review panel convenes. Those present at this assessment should include the trainee and educational supervisor together with the director of the academic programme, and other members of the academic unit as appropriate.
- 7.104** The academic supervisor is required to complete the *Report on Academic Progress* form (Appendix 5), which needs to be agreed and signed by the trainee for submission to the annual panel. The form must include details of academic placements, academic training modules and other relevant academic experience, together with an assessment of the academic competences achieved.

- 7.105** The report and any supporting documentation should be submitted to the annual panel as part of the evidence received by it. The annual review panel for academic trainees, in addition to the membership described above (paragraph 7.50) should also include two academic representatives who have not been involved in the trainee's academic programme.
- 7.106** The trainee should *not* attend the panel unless there are concerns about either or both clinical or academic progress. Plans for academic trainees to meet with the panel should only be made if the TPD or the academic supervisor indicates that Outcomes 2, 3 or 4, for either clinical or academic components (or both), are a potential outcome from the panel.
- 7.107** Since the assessment process jointly assesses academic and clinical progress, the trainee must also submit evidence of clinical achievement as per the process defined in paragraphs 7.98 – 7.101. The clinical educational supervisor's report must indicate that the "pro rata" rate of acquisition of clinical competences has been satisfactory, given the time commitment available for clinical training.
- 7.108** The outcome of this joint process should be recorded using the outcome documentation as described above, which allows for both clinical and academic outcomes to be recorded. The academic report should be attached to the outcome document.

**Annual review of competence progression for trainees undertaking out of programme research (OOPR)**

- 7.109** Trainees who are undertaking full-time research as out of programme research must have their research programme agreed with their academic supervisor. This should form part of the documentation sent to the Postgraduate Dental Dean requesting an OOPR.
- 7.110** The trainee must submit an OOPR return to the panel, along with a report from their research supervisor. Ideally, academic trainees who are on OOPR should have a formal assessment of academic progress as described above for joint clinical and academic programmes, with similar documentation presented as part of the process. The report must indicate whether appropriate progress in the research has taken place during the previous year and must also indicate that the planned date of completion of the research has not changed.
- 7.111** Both the trainee and the supervisor must remain aware that normally up to three years are agreed as time out of programme for research. If a request to exceed this is to be made, such a request must be made at least one year prior to the extension commencing so that it can be considered by the joint clinical and academic review panel; the request must come from the research supervisor who must offer clear reasons for the extension request.
- 7.112** The panel should seek appropriate advice from academic colleagues if they are in doubt about whether a recommendation to extend the normal three years out of programme should be made.

- 7.113** The panel should issue an out of programme outcome, recommending continuation of the OOPR or its termination and the date for this.
- 7.114** The time in out of programme research is attributable to a CCST programme only if it has been prospectively approved as part of a deanery approved programme of training. The purpose of documenting progress in research during OOPR is therefore both to assess progress towards meeting the approved training requirements and/or to ensure regular progress so that return to the clinical training programme is within the agreed timescale.

## **Annual review of competence progression for trainees in flexible training**

- 7.115** The annual review process for trainees in flexible training will take place at the same frequency as full-time trainees i.e. once per calendar year. The panel should take particular care to consider that progress has been appropriate and that the estimated time for completing the training programme is reviewed. It is helpful to express the part-time training undertaken by a trainee as a percentage of full-time training so that the calculation of the date for the end of training can be calculated based on the specific specialty curriculum requirements.

## **Annual planning**

- 7.116** Once the outcome for a trainee is known, trainees must meet with their educational supervisor and/or TPD to plan the next phase of their training.
- 7.117** A face-to-face meeting is required for this planning. For practical and administrative reasons, some deaneries or specialties may wish to undertake planning on the same occasion as the annual panel meets. However, the assessment of evidence and the judgement arising from it must be kept separate from the planning process.
- 7.118** The plan for the trainee's next phase of training should be set within the context of the objectives that must be met during the next phase of training and must reflect the requirements of the relevant specialty curriculum.
- 7.119** The appraisal and planning meetings should be coordinated to ensure that the trainee's objectives and review outcomes drive the planning process, rather than the reverse.
- 7.120** Once the plan for the trainee's next phase of training has been agreed, this should be documented within the trainee's learning portfolio

## **Appeals of annual review of competence progression outcomes**

- 7.121** It should never come as a surprise to trainees that action through the annual review process is under consideration since any shortcomings should be identified and discussed with them as soon as it is apparent that they may have an effect on progress.

- 7.122** The review panel will meet with all trainees who are judged on the evidence submitted to:
- require further development of identified, specific competences (Outcome 2);
  - require additional training because of inadequate progress (Outcome 3); and
  - be required to leave the training programme before its completion (Outcome 4), with identified competences or an identified and specified level of training.
- 7.123** The purpose of this meeting is to plan the further action which is required to address issues of progress in relation to Outcomes 2 and 3 and to make clear to the trainee the competences with which a trainee who has an Outcome 4 will leave the programme.
- 7.124** However, a trainee has the right to request a review and in some circumstances, an appeal if one of these outcomes is recommended by the annual review panel.

### ***Reviews and appeals***

- 7.125** A **review** is a process where an individual or a group who originally made a decision return to it to reconsider whether it was appropriate. They must take into account the representations of the person asking for the review and any other relevant information, including additional relevant evidence, whether it formed part of the original considerations or has been freshly submitted.
- 7.126** An **appeal** is a procedure whereby the decision of one individual or a group is considered by another (different) individual or body. Again, an appeal can take into account both information available at the time the original decision was made, newly submitted information and the representations of the appellant. Those involved in an appeal must not have played a part in the original decision or the review.

### **Review of Outcome 2**

- 7.127** Outcome 2 usually involves closer than normal monitoring, supervision and feedback on progress to ensure that the specific competences which have been identified for further development are obtained, but does not require that the indicative date for completion of the training programme will change. The annual review panel will have explained to the trainee the evidential basis on which the decision was made and it will have been documented on the outcome form.
- 7.128** The trainee will have the opportunity to discuss this with the panel and to see all the documents on which the decision about the outcome was based. If the trainee disagrees with the decision they have a right to ask for it to be reconsidered. Requests for such reconsideration (review) must be made in writing to the chair of the annual review panel within ten working days of being notified of the panel's decision. The chair will then arrange a further interview for the trainee (as far as practicable with all the parties of the annual review panel) which should take place within fifteen working days of receipt of such a request from a trainee. Trainees may provide additional evidence at this stage.

**7.129** The panel which is reviewing the Outcome 2 recommendation should have administrative support from the deanery so that its proceedings can be documented. An account of the proceedings should be given to the trainee and also retained by the deanery. A decision of the panel following such a review is final and there is normally no further appeal process.

## **Appealing the annual review of competence progression outcome: Outcome 3 and 4**

**7.130** Trainees will have the right of appeal if they receive an outcome which results in a recommendation for:

- an extension of the indicative time to complete the training programme (Outcome 3) or
- the trainee to leave the training programme with identified competences that have been achieved, but without completion of the programme (Outcome 4)

**7.131** Such outcomes will usually be derived from the annual review panel, but may also be the result of the TPD having requested that the panel convene specifically to consider the progress of a trainee causing concern, despite informal attempts to address these through the appraisal process. This decision would normally be undertaken in consultation with the Postgraduate Dental Dean.

**7.132** Trainees will be asked to indicate at the annual review panel that they understand the panel's recommendation. Appeals should be made in writing to the Postgraduate Dental Dean within ten working days of the trainee being notified of the panel's decision.

### ***The appeal procedure has two steps:***

#### ***Step 1: Discussion***

**7.133** Step 1 provides the opportunity for discussion between trainees, regional advisers within the relevant College or Faculty and Programme Director to resolve matters. The purpose of this stage is to reach a common understanding of a trainee's problems and to decide on the best course of action.

**7.134** Where, following the Step 1 process, trainees accept that competences have not been achieved, thereby resulting in an extension to the planned training programme, an action plan should be developed, including identification of the criteria against which achievement of competences will be assessed. In addition, a revised indicative date for completion of training should be set by the Postgraduate Dental Dean. This should not normally be greater than an aggregated period of one year from the original indicative date of the end of training, except in *exceptional* circumstances agreed by the Postgraduate Dental Dean when the maximum period of further training can be extended to two years. Extensions do not relate to individual outcomes year by year since a total of one year across the whole of the training programme is normally the extent to which a trainee's completion date can be extended.

**Step 2: Formal appeal hearing**

- 7.135** If a trainee does not accept the outcome of Step 1, they should inform the Postgraduate Dental Dean within ten working days. The Postgraduate Dental Dean will then arrange a formal, appeal hearing (Step 2) which should normally take place within fifteen working days of receipt of a request for an appeal where practicable. Members of the original annual review panel must not take part in the appeal process. Trainees may support their appeals with further written evidence. All documentation which will be considered by the appeal panel must be made available to the trainee.
- 7.136** If the annual review panel has recommended that the trainee should be withdrawn from the training programme, the Postgraduate Dental Dean should always assume that a Step 2 hearing will follow and take the necessary steps to arrange it. An appeal hearing in these circumstances should proceed unless the trainee formally withdraws, in writing, from the programme at this stage. The Postgraduate Dental Dean should always confirm the position in writing with the trainee where the trainee declines an appeal hearing.
- 7.137** The Postgraduate Dental Dean will convene an appeal panel to consider the evidence and to form a judgement. The hearing should be arranged as near to local level as possible. It should consider representations and evidence from both the trainee and from those who are closely involved with their training, such as the educational supervisor or TPD. The appeal panel should include the Postgraduate Dental Dean or a nominated representative as chair, a College/Faculty representative from an adjacent region, two consultants from the same deanery area as the trainee - at least one of whom should be from a different specialty - and a senior trainee from a different specialty. The membership of the panel should not include any of those involved in the discussions under Step 1 nor should it include any members of the original annual review panel. A representative from the personnel directorate of the employer or the deanery must be present to advise the chair, for example, on equal opportunities matters and to record the proceedings of the appeal.
- 7.138** Trainees also have a right to be represented at the appeal, to address it and to submit written evidence beforehand. They may choose to be represented, for example, by a friend, colleague or a representative of their professional body but this should not normally be a legal representative or family member. However, if a trainee wishes to be represented by a lawyer, the appeal panel chairmen should normally agree to their request. Legal representatives should be reminded that appeal hearings are not courts of law and the panel governs its own procedure, including the questioning to be allowed of others by the legal representatives.
- 7.139** Where following the appeal process trainees accept that competences have not been achieved, thereby resulting in an extension to the planned training programme, an action plan should be developed, including identification of the criteria against which achievement of competences will be assessed. In addition, a revised indicative date for completion of training should be set. This should not normally be greater than an aggregated period of one year from the original indicative date of the end of training, except in *exceptional* circumstances agreed

by the Postgraduate Dental Dean when the maximum period of further training can be extended to two years. Extensions do not relate to individual outcomes year by year since a *total of one year across the whole of the training programme* is normally the extent to which a trainee's completion date can be extended.

- 7.140** Trainees should be notified in writing of the outcome of the appeal hearing. The appeal process described above is the final internal avenue of appeal.
- 7.141** Outcome documentation from the original annual review panel should not be signed off by Postgraduate Dental Deans and forwarded to the parties indicated in paragraph 7.85 until all review or appeal procedures have been completed.
- 7.142** The review or appeal panels may decide at any stage that Outcomes 2, 3 or 4 are not justified. If so, the facts of the case will be recorded and retained by Postgraduate Dental Deans but the outcome should be amended to indicate only the agreed position following review or appeal. This revised documentation should be forwarded to those indicated in paragraph 7.85.
- It may be that the outcome of appeals under Step 1 and 2 is to alter an earlier recommendation while still maintaining the view that progress has been unsatisfactory. For example, a decision to withdraw a trainee from a programme may be replaced by a requirement for an extension of training time in order to gain the required competences. In such cases, the outcome documentation should show only the position following the decision of the appeal panel
  - Where lack of progress may result in the extension or termination of a contract of employment, the employer should be kept informed of each step in the appeal process.

## **Appeal against a decision not to award a CCST**

- 7.143** Following recommendation by the Postgraduate Dental Dean that a CCST be awarded, the award of the CCST is the prerogative of the GDC and therefore all appeals against decisions not to award such a certificate should be directed to the GDC.

## **Appeal against removal of a National Training Number**

- 7.144** Following the appeal procedure, a decision which results in withdrawal from a training programme automatically involves the loss of the NTN. There is no further appeal against this.
- 7.145** Where the Postgraduate Dental Dean indicates his/her intention to remove trainees currently employed in specialty training (including those with honorary contracts) from the specialty training programme because of non-compliance with the arrangements under which they hold the NTN, the trainees have a right of appeal to a panel constituted as set out in the process above.

- 7.146** In some circumstances trainees will not be currently employed in the NHS or hold honorary contracts, e.g. working overseas or taking a break from employment. Where Postgraduate Dental Deans, with advice from the SAC, Royal College or Faculty where appropriate, believe that the conditions under which such trainees hold the NTN have been breached, and that the NTN should be withdrawn, they will write to NTN holders using a recorded delivery or similar service to tell them of their provisional decision.
- 7.147** The NTN holder will then have 28 days in which to state in writing to the Postgraduate Dental Dean their reasons why the NTN should not be withdrawn. Loss of the NTN in this way will mean that the place reserved in a training programme is no longer available to the trainee.

## Section 8:

### Being a Specialty Registrar and an employee

#### Accountability issues for employers, Postgraduate Dental Deans and trainees

- 8.1** Trainees in specialty and post-CCST development are both pursuing training programmes under the auspices of the Postgraduate Dental Dean and are employees in healthcare organisations or universities. In fulfilling both of these roles they incur certain rights and responsibilities.
- 8.2** A number of initiatives are in place to ensure that the accountability of doctors and other healthcare professionals is a key feature of their performance, professional conduct issues and professional behaviour. In addition the White Paper, *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21<sup>st</sup> Century* sets out new arrangements for the future.
- 8.3** While the Postgraduate Dental Dean is responsible for managing the delivery of clinical training to postgraduate trainees this is always within the context of employing bodies. Trainees therefore clearly have an employment relationship with their individual employer and are subject to individual employing authorities' policies and procedures. It is the view of COPDEND that Postgraduate Dental Deans should be involved from the outset where performance issues relating to trainees arise.
- 8.4** It is important therefore that employers are fully aware of the performance and progress of all dentists, including trainees in their employ. In addition, there must be a systematic approach to dealing with poorly performing trainees. In this context, the relationship between the employer and the Postgraduate Dental Dean must be clearly defined.

#### Roles and responsibilities

- 8.5** The Postgraduate Dental Dean is responsible for the trainee's clinical training and education while in recognised NHS and clinical academic training posts and programmes. The Postgraduate Dental Dean does not employ postgraduate trainees, but commissions training from the employer normally through an educational contract with the unit providing postgraduate education. Through this contract the Postgraduate Dental Dean has a legitimate interest in matters arising which relate to the education and training of postgraduate trainees within the employing environment. In respect of clinical academic trainees employed by universities, the responsibility of the Postgraduate Dental Dean is to quality manage the clinical education and training. Where problems arise with this or the academic training, there will need to be dialogue between the Postgraduate Dental Dean and the University as to how training may or may not continue. This would normally occur within the ARCP process.

**8.6** Deaneries are responsible for:

- organising training programmes/posts for postgraduate trainees
- recruiting trainees through nationally defined processes (in Scotland this responsibility rests with NHS Education for Scotland [NES])
- the Annual Review of Competence Process (ARCP).

**8.7** Equally, employers have a legitimate interest in being clear about the performance of trainees as their employees. Specialty trainees are subject to employment law and to national and local policies and procedures which govern all aspects of their employment. Excellent two-way communication between Postgraduate Dental Deans and employers about the performance of trainees is therefore essential.

**8.8** So whilst Deaneries are responsible for commissioning and managing good quality training and education, employers must ensure that mechanisms are in place to support the training of trainees and to enable problems which may be identified to be addressed at an early stage in an open and supportive way. At a minimum this should include:

- ensuring that all educational and clinical supervisors are appropriately and contemporaneously trained for their role
- ensuring that clinical responsibility is tailored to a realistic assessment of the trainees' competence so that patient safety remains paramount and the trainee is not put at risk by undertaking clinical work beyond his/her capability
- thorough induction to both the employer and to the specific specialty training unit. This should include, for example, introduction to key team members and their roles, clarity about any of the geographic areas where a trainee might need to work, a working understanding of the equipment which might be required (especially in an emergency situation), access to and requirements for the use of protocols and guidance documents, supervision arrangements, out-of-hours arrangements, etc
- clearly defined supervisory arrangements, including an identified educational supervisor and sufficient and appropriate clinical supervision for every trainee
- clearly defined and timely training arrangements for trainees, with objectives agreed early in their training placement with their educational supervisor
- regular opportunities to continue to plan, review and update these objectives
- regular assessment of competence based on GDC approved assessment strategy for the specialty, undertaken by trained assessors and handled in a transparent manner with substantiated and documented evidence of poor performance and conduct where and when this is necessary
- where necessary, the support to deliver defined and agreed additional remedial training
- access to pastoral support.

## Transfer of information

- 8.9** The basic structure of many specialty and post-CCST development programmes is a rotational experience which allows the trainee to develop and demonstrate competences in a range of clinical settings and environments. Trainees rely on the integrity of the training programme to support their growth and development within it. The ability to demonstrate competences and conduct appropriate to the level of training forms part of this continuum.
- 8.10** Trainees must maintain a learning portfolio which is specialty specific and which covers all aspects of their training. They must share this with their educational supervisors as they move through their rotational programme, as part of the ongoing training process. The transfer of educational information from placement to placement within the training programme is fundamental to the training process and is applicable to every trainee.
- 8.11** Trainees also have an important employee/employer relationship with their employing authority. In situations where an employer has had to take disciplinary action against a trainee because of conduct or performance issues, it may be that the employment contract ends before these proceedings are completed. It is in the trainee's interest to have the matter resolved, even if they move on to the next placement in the rotation. The Postgraduate Dental Dean will usually help to facilitate this.
- 8.12** It will be essential in such circumstances for the educational supervisor and director or lead for medical education (e.g. Clinical Tutor, Director of Medical and Dental Education) at the trainee's next placement to be made aware of the on-going training and/or pastoral needs to ensure that these are addressed.
- 8.13** It is also essential, for the sake of patient safety and to support the trainee where required, that information regarding any completed disciplinary or competence issue and a written, factual statement about these, is transferred to the next employer. This should make reference to any formal action taken against the trainee, detailing the nature of the incident triggering such action, any allegations that were upheld, but not those that were dismissed, and the outcome of the disciplinary action along with any on-going or planned remedial training. Information about any completed disciplinary procedure which exonerated the trainee will not be passed on.
- 8.14** Under these circumstances the information should be transferred with the knowledge of the trainee and Postgraduate Dental Dean to the educational lead in the next employing authority. This also applies to existing, unexpired disciplinary warnings.
- 8.15** Where a trainee has identified educational or supervisory needs which must be addressed as a result of the disciplinary process, information concerning these will be transferred by the Postgraduate Dental Dean to the educational lead in the receiving employing authority or the TPD where the transfer is to another deanery whether for secondment or targeted training and assessment.

- 8.16 In all of these circumstances, the trainee has the right to know what information is being transferred and has the right to challenge its accuracy, but not to prevent the information being transferred.

### Managing concerns over performance during training

- 8.17 Managing concerns about the performance of trainees is a complex and evolving area. Specific guidance is available in documents such as *Maintaining High Professional Standards in the NHS* and further proposals have been developed in *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21<sup>st</sup> Century*.
- 8.18 In all professions it is recognised that sometimes employees may encounter difficulties during their career. These may show themselves in various ways, e.g. in terms of conduct, competence, poor performance, ill health or dropping out of the system.
- 8.19 Although it is recognised that the cost of training dentists is high and that their retention is therefore often cost effective, it cannot be at the expense of patient safety which is of paramount importance.
- 8.20 Where personal misconduct is unconnected with training progress, employers may need to take action in accordance with guidance such as *Maintaining High Professional Standards in the NHS*. In all cases, the Postgraduate Dental Dean should be involved from the outset. Where such action results in dismissal of the trainee, the Postgraduate Dental Dean will inform the relevant SAC.
- 8.21 It is possible that disciplinary action initiated by one employing authority will not be completed before the trainee's employment contract expires and the trainee moves on to the next employing authority in a rotational training programme.
- 8.22 The end of an employment contract does not have to mean the disciplinary process may not continue. Any warning or suspension notice would cease to have effect once employment with the issuing employing authority ends. However an enquiry may, if the employing authority is willing, still proceed all the way to a finding. The range of responses to a disciplinary finding will, however, be limited by the expiry of the employment contract. For example, the employing authority will not be able to dismiss an ex-employee or ask that a subsequent employer dismisses him or her. Any proven offence must be recorded by the investigating employing authority and should be brought to the attention of the relevant Postgraduate Dental Dean to assess any impact on the training programme for the trainee.
- 8.23 The Postgraduate Dental Dean should be aware of any disciplinary action against a trainee, at the earliest possible stage, and act on the information accordingly. If a trainee is excluded when an employment contract ends, the Postgraduate Dental Dean may decide not to arrange for further placements to be offered until the enquiry has concluded. The best course in these circumstances may be to arrange with the existing employer an extension of employment until the matter is resolved.

An employment contract cannot, however, be extended purely to allow disciplinary action, such as suspension, without the employee's express consent.

- 8.24** If a trainee's practice is restricted for whatever reason when an employment contract ends, it would be reasonable for the Postgraduate Dental Dean to arrange further placements with appropriate restrictions until the enquiry had reached a finding.
- 8.25** Once a finding has been reached, the Postgraduate Dental Dean will need to consider whether it is appropriate to arrange further training placements and the terms of those placements. If it is not appropriate to arrange further placements because the findings preclude further training, removal from the training programme is the natural consequence. The appeal process related to such an event is outlined in paragraphs 7.144 – 7.147.
- 8.26** Misconduct should be taken forward in accordance with the employer's agreed disciplinary procedures in line with local policies. Processes must be in accordance with those set out in the relevant national guidance on maintaining high professional standards. The Postgraduate Dental Dean must be involved from the outset.
- 8.27** The Postgraduate Dental Dean will seek assurance from the employer through the educational contract that trainees will be managed in accordance with best employment practice.
- 8.28** The Postgraduate Dental Dean (or other deanery staff) must not be involved as a member of a disciplinary or appeal panel in any disciplinary procedures taken by an employer against a trainee, but may provide evidence to the panel and advise on training and education matters if required.
- 8.29** Termination of a trainee's employment contract after due process will normally mean that specialty training is discontinued and the NTN is relinquished.

## **Poor performance and competence**

- 8.30** In the first instance where there are issues around poor performance and professional competence, employers should advise the Postgraduate Dental Dean of any trainee who is experiencing difficulties and the action being taken to support and remedy any deficiencies. The Postgraduate Dental Dean and employer must work closely together to identify the most effective means of helping/supporting the trainee, whilst ensuring that patient safety is maintained at all times. Educational and informal but clearly identified and documented action should be taken wherever possible, prior to invoking formal measures. There may also be a need for early involvement of services such as the National Clinical Assessment Service (**NCAS**) to provide advice about how best to support the process.

### **Isolated clinical incidents**

- 8.31** On occasion a trainee might make or be involved in a serious, isolated clinical error. Such situations may lead to a formal inquiry and are stressful for all staff involved. The Postgraduate Dental Dean should be kept informed in writing at each stage of any such inquiry and should ensure that pastoral support is offered to the trainee throughout the process.
- 8.32** Where a trainee is expected to move to another training placement before the inquiry has been completed, the Postgraduate Dental Dean will ensure the continuing involvement of the trainee in the inquiry process.

### **Poor performance and the GDC**

- 8.33** Trainees remain subject to regulatory action where necessary. On occasion, the performance of a dentist may be poor enough to warrant referral to the GDC. Significant fitness to practise concerns might include serious misconduct, health concerns or sustained poor performance, all of which may threaten patient safety. Guidance on managing such situations is available for the GDC (see Current Registrant/Reporting/unfitness to practise on [www.gdc-uk.org](http://www.gdc-uk.org))

### **Ill health**

- 8.34** When identified, matters relating to ill-health or to substance misuse should be dealt with through occupational health processes and outside disciplinary procedures where possible. When the dentist's fitness to practise is impaired by a health condition, the GDC must be told and the Postgraduate Dental Dean should be informed in writing. The GDC should also be involved if the trainee fails to comply with any measures that have been put in place locally to address health issues.

**Section 9:**

**Appendices**

<b>Appendix 1</b>	Registering for Postgraduate Specialty Training (Form R)
<b>Appendix 2</b>	Conditions of taking up a post
<b>Appendix 3</b>	Educational supervisor's structured report
<b>Appendix 4</b>	Annual review of competency progression (ARCP) outcomes
<b>Appendix 5a</b>	Report on academic progress
<b>Appendix 5b</b>	New starter form for SACs
<b>Appendix 5c</b>	ARCP outcomes form for SACs
<b>Appendix 6</b>	Out of programme request and annual review document
<b>Appendix 7</b>	Inter-deanery transfer on well-founded personal grounds
<b>Appendix 8</b>	Glossary
<b>Appendix 9</b>	MOU – Accord
<b>Appendix 10</b>	NTN specialty codes used in the UK
<b>Appendix 11</b>	Protocol for making revisions to the guide
<b>Appendix 12</b>	Reference group

## FORM R

**Registering for Postgraduate Specialty Training**

*To be confirmed on appointment to/on entering specialty training and **before** a National Training Number (NTN) is issued, where this is appropriate. Must be updated and submitted annually to the Postgraduate Dental Dean in order to renew registration for specialty training*

Full name		Please attach a passport size photo in colour, signed and dated on the back	
Deanery			
Primary contact address in UK			
Home/other address		Home Tel	
		Mobile Tel	
		Email address (essential)	
Dental School awarding primary qualification <i>(name, country and date)</i>		Immigration status	
GDC registration number		GMC registration number (if applicable)	
National Training Number (NTN) <i>(to be completed by deanery on first registration)</i>		I confirm (✓) that I have been appointed to a programme leading to award of a CCST, subject to satisfactory progress	
Specialty award for CCST		Specialty 2 for award of CCST (if appointed to other certification programme i.e. monospecialty)	
Royal College / Faculty assessing training for the award of CCST where trainee is undertaking a full prospectively approved programme		Date of entry to grade / programme (dd/mm/yy)	
Initial appointment to programme <i>(full or part time – express part-time as a % of full time training)</i>		Provisional date from deanery for award of CCST (dd/mm/yy)	
I confirm (✓) that I have not been awarded an NTN but that I am undertaking post-CCST development			

I confirm that the information recorded in Form R is correct.

**Specialty Trainee**

**Date**

**Postgraduate Dental Dean**

**Date**

## Conditions of joining a specialty training or post-CCST development programme

*(This is NOT an offer of employment)*

On accepting an offer to join a specialty training programme/post-CCST development programme (*delete as necessary*) in the \_\_\_\_\_ Deanery, I agree to meet the following conditions throughout the duration of the programme:

- to always have at the forefront of my clinical and professional practice the principles in the GDC's Standards for Dental Professionals for the benefit of safe patient care. (*Trainees should be aware that the standards require dentists to keep their knowledge and skill up to date throughout their working life, and to regularly take part in educational activities that maintain and further develop their competence and performance*)
- to ensure that the care I give to patients is responsive to their needs, that it is equitable, respects human rights, challenges discrimination, promotes equality, and maintains the dignity of patients and carers
- to acknowledge that as an employee within a healthcare organisation I accept the responsibility to abide by and work effectively as an employee for that organisation; this includes participating in workplace based appraisal as well as educational appraisal and acknowledging and agreeing to the need to share information about my performance as a dentist in training with other employers involved in my training and with the Postgraduate Dental Dean on a regular basis
- to maintain regular contact with my Training Programme Director (TPD) and the deanery by responding promptly to communications from them, usually through email correspondence
- to participate proactively in the appraisal, assessment and programme planning process, including providing documentation which will be required to the prescribed timescales
- to ensure that I develop and keep up to date my learning portfolio which underpins the training process and documents my progress through the programme
- to use training resources available optimally to develop my competences to the standards set by the specialty curriculum
- to support the development and evaluation of this training programme by participating actively in any national annual trainee survey and any other activities that contribute to the quality improvement of training

I acknowledge the importance of these responsibilities. If I fail to meet them I understand that the Postgraduate Dental Dean may require me to meet with him/her to discuss why I have failed to comply with these conditions. I understand that this document does *not* constitute an offer of employment.

---

Trainee's signature

---

Trainee's name (printed)

---

Date

### Educational Supervisor's Structured Report

*Submission to the Annual Review of Competence Progression panel by the trainee's current educational supervisor, summarising the trainee's learning portfolio since the previous assessment*

<b>Name of person submitting report</b>			
<b>Position</b>			
<b>Training Unit</b>			
<b>Trainee's name</b>			
<b>GDC No</b>		<b>National Training Number</b>	

Previous annual assessments	
Date	Outcome
1.	
2.	
3.	
4.	
5.	

Previous placements in programme		
Training Unit	Clinical Supervisor	Dates (to/from)
1.		
2.		
3.		
4.		
5.		

Current placement	
<b>Training unit</b>	
<b>Clinical supervisor</b>	
<b>Dates of placement</b>	

<b>Workplace based assessments (WBAs) in current placement(s)</b> (only successful WBAs should be included)				
Assessment	Dates	Number	Outcome	Summary of comments
Mini CEx				
DOPs				
CbD				
MSF (360 degree)				
Patient survey				
Other (please describe)				

<b>Experiential outcomes</b>			
Activity	Date(s)	Outcomes	Comment
1. Log book		Expected activity achieved / not achieved	
2. Audits		Completed / not completed / impact / no impact	
3. Research projects		Work in progress / completed	
4. Publications			
5. Teaching			
6. Management development			
7. Presentations			
8. Courses attended		Relevant / not relevant / impact / no impact	

<b>Other outcomes</b>			
	Date(s)	Outcomes	Comment
1. Reported adverse incidents		Resolved/pending No case to find/accountable	
2. Complaints		Resolved/pending No case to find/accountable	
3. Other		Any further comments / observations	

I confirm that this is an accurate description/summary of this trainee's learning portfolio, covering the time period from \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_

_____	_____	_____
<b>Educational supervisor signature</b>	<b>Educational supervisor name (printed)</b>	<b>Date</b>
_____	_____	_____
<b>Trainee signature</b>	<b>Trainee name (printed)</b>	<b>Date</b>

## Annual Review of Competence Progression (ARCP) Outcomes

Trainee's First Name				Trainee Surname				
UK Contact Address				Email Address				
Specialty				National Training Number (NTN)				
Gender: <i>(please tick✓)</i>		Male	Female	Date of entry to grade ____ / ____ / ____		Immigration status <i>(resident/settled/work permit required):</i>		
GMC and/or GDC no.		GDC	GMC	Year of Training		CCT or CCST Date:		
OMFS Only:- PMETB Training Programme Approval Number					Educational Supervisor completing the report:			
Date of assessment:				Period covered		From:	To:	
Members of the panel:		1.		2.		3.		
		4.		5.		6.		
<b>Approved clinical training gained through the period:</b>								
Placement / Post / Experience		Date from:	Date to:	In / Out of Programme?		FT / PT at 50% or 60%?		
1.								
2.								
3.								
<b>Documentation taken into account and shown to trainee (Insert ✓ as appropriate)</b>								
1. Structured report		2. Clinical Logbook		3. PDP with CPD Log				
4. WBA Forms		5. Feedback Survey Form		6.				
<b>RECOMMENDED OUTCOMES FROM THE PANEL</b>								
Satisfactory Progress:						Insert ✓		
1.	Achieving progress and competencies at the expected rate (RITA C)							
Unsatisfactory Progress or Insufficient Evidence (trainee must meet with panel):								
2.	Development of specific competences required – additional training time not required (RITA D)							
3.	Inadequate progress by the trainee – additional training time required (RITA E)							
4.	Released from training / academic programme with or without specified competences (RITA F)							
5.	Incomplete evidence presented – additional training time may be required (RITA E)							
Recommendation for completion of training:								
6.	a. Gained all required competences and outcomes (clinical)							
	b. Gained all required competences and outcomes (academic)							
	c. Gained all required competences and outcomes (non-clinical)							

Outcomes for trainees Out of Programme or not in Run-through Training		<i>Insert ✓</i>
7.	Out of Programme Experience for approved clinical experience, research or career break	
8.	Fixed-term specialty outcome – competences achieved identified above	
9.	Additional / Top-up training (outcome should be indicated in one of the areas above)	

Signed by Chair of panel:			
Signed by Trainee:			
Date:		Date of next review:	

SUPPLEMENTARY EVIDENCE FOR TRAINEES WITH UNSATISFACTORY OUTCOME (trainee must be in attendance)				
Recommended Outcome:	Date from:	Date to:	In / Out of Programme?	FT / PT at 50% or 60%?
<b>Detailed reasons for recommended outcome:</b>				
1.				
2.				
3.				
<b>Discussion with trainee</b>				
<i>Mitigating circumstances</i>				
<i>Competences which need to be developed</i>				
<i>Recommended actions</i>				
<i>Recommended additional training time (if required) *</i>				
Signed by Chair of panel:				
Signed by Trainee:				
Date:		Date of next review:		

*These documents should be forwarded in triplicate to the trainee's Training Programme Director (who must ensure that the trainee receives a copy through the further appraisal and planning process). Copies must also be sent to the Medical Director where the trainee works, as well as to the College or Faculty if the trainee is on a CCST programme.*

*\*Please ensure Deanery is aware of additional training time recommended to be recorded on the Funding Priority List & Monthly Memo.*



## Specialty Registrar New Starter information form

<b>First Name:</b>		<b>Surname</b>	
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<b>Title:</b> Dr/Mr/Mrs/Miss/Ms		<b>DoB:</b> dd/mm/yy	
<b>Marital Status:</b>	Married / Single / Divorced/ Widowed / Separated		

<b>Country of birth:</b>		<b>Nationality:</b>		<b>EEA Resident:</b>	<b>YES</b>	<b>NO</b>
--------------------------	--	---------------------	--	----------------------	------------	-----------

<b>Gender:</b> <i>(please tick ✓)</i>	<b>Male</b>	<b>Female</b>	<b>Date of entry to grade</b> (dd/mm/yy)	<b>Immigration status</b> (resident/settled/ work permit required)	
---------------------------------------	-------------	---------------	---	--	--

<b>Visa issued:</b>	YES	NO	<b>Visa expiry date:</b>	
---------------------	-----	----	--------------------------	--

<b>UK Contact Address:</b>		<b>Email Address:</b>	
----------------------------	--	-----------------------	--

<b>Home telephone no.</b>	<b>Mobile telephone no.</b>
---------------------------	-----------------------------

<b>Specialty:</b>	<b>National Training No.</b> (NTN / VTN/ FTN/ LAT)
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<b>GMC and/or GDC No.</b>	<b>GDC No:</b>	<b>GMC No:</b>	<b>Start Date:</b>	
<b>Full / Temp / Limited</b>			<b>CCT or CCST date:</b>	

<b>For OMFS trainees only</b>			
<b>PMETB Training Programme Approval No:</b>		<b>Educational Supervisor:</b>	

<b>Ethnic Origin:</b> <i>Please tick ✓ as appropriate</i>			
A. British (white)		I Pakistani (Asian or Asian British)	
B. Irish (white)		J Bangladeshi (Asian or Asian British)	
C Any other white background (white)		K Any other Asian background (Asian or Asian British)	
D White & Black Caribbean (mixed)		L Caribbean (Black or Black British)	
E White & Black African (mixed)		M African (Black or Black British)	
F White & Asian (mixed)		N Any other Black Background (Black or Black British)	
G Any other mixed background (mixed)		O Chinese (Other Ethnic Groups)	
H Indian (Asian or Asian British)		P Any other Ethnic Group (Other Ethnic Groups)	

## Specialty Registrar Annual Review of Competence Progression (RITA/ARCP) Outcomes

First Name:				Surname:			
UK Contact Address:				Email Address:			
Specialty:				National Training Number (NTN):			
Gender: <i>(please tick ✓)</i>	Male	Female	Date of entry to grade (dd/mm/yy)	Immigration status (resident/settled/work permit required):			
GMC and/or GDC no.	GDC	GMC	Year of Training:		CCT or CCST Date:		
OMFS Only:- PMETB Training Programme Approval Number				Educational Supervisor completing the report:			
Date of assessment:				Period covered	From:	To:	
Members of the panel:	1.		2.		3.		
	4.		5.		6.		
<b>Approved clinical training gained through the period:</b>							
Placement / Post / Experience	Date from:	Date to:	In / Out of Programme?	FT / PT at 50% or 60%?			
1.							
2.							
3.							
<b>Documentation taken into account and shown to trainee (Insert ✓ as appropriate)</b>							
1. Structured report		2. Clinical Logbook		3. PDP with CPD Log			
4. WBA Forms		5. Feedback Survey Form		6.			
<b>RECOMMENDED OUTCOMES FROM THE PANEL:</b>							
<b>Satisfactory Progress:</b>							<i>Insert ✓</i>
1.	Achieving progress and competencies at the expected rate (RITA C)						
<b>Unsatisfactory Progress or Insufficient Evidence (trainee must meet with panel):</b>							
2.	Development of specific competences required – additional training time not required (RITA D)						
3.	Inadequate progress by the trainee – additional training time required (RITA E)						
4.	Released from training / academic programme with or without specified competences (RITA F)						
5.	Incomplete evidence presented – additional training time may be require (RITA E)						
<b>Recommendation for completion of training:</b>							
6.	a. Gained all required competences and outcomes (clinical)						
	b. Gained all required competences and outcomes (academic)						
	c. Gained all required competences and outcomes (non-clinical)						

Outcomes for trainees Out of Programme or not in Run-through Training				Insert ✓
7.	Out of Programme Experience for approved clinical experience, research or career break			
8.	Fixed-term specialty outcome – competences achieved identified above			
9.	Additional / Top-up training (outcome should be indicated in one of the areas above)			
Signed by Chair of panel:				
Signed by Trainee:				
Date:			Date of next review:	

SUPPLEMENTARY EVIDENCE FOR TRAINEES WITH UNSATISFACTORY OUTCOME (trainee must be in attendance)				
Recommended Outcome:	Date from:	Date to:	In / Out of Programme?	FT / PT at 50% or 60%?
<b>Detailed reasons for recommended outcome:</b>				
1.				
2.				
3.				
Discussion with trainee				
Mitigating circumstances				
Competences which need to be developed				
Recommended actions				
Recommended additional training time (if required) *				
Signed by Chair of panel:				
Signed by Trainee:				
Date:			Date of next review:	

**These documents should be forwarded in triplicate to the trainee's Training Programme Director (who must ensure that the trainee receives a copy through the further appraisal and planning process). Copies must also be sent to the Medical Director where the trainee works, as well as to the College or Faculty if the trainee is on a CCST programme.**

**\*Please ensure Deanery is aware of additional training time recommended to be recorded on the Funding Priority List & Monthly Memo.**

## Out of Programme Request and Annual Review Document OOPT / OOPE / OOPR / OOPC

**For new requests**, this document should be sent to the Postgraduate Dental Dean only after it has been signed by the trainee's educational supervisor and Training Programme Director. The Postgraduate Dental Dean will use this if advice is needed from the individual SAC.

**For annual review and renewal**, this document should be signed by the trainee and Training Programme Director and will need to be submitted to the ARCP panel.

<b>Name</b>		<b>NTN</b>	
<b>Contact Address</b> <i>for duration of OOP if granted</i>			
<b>E-mail address</b>			
<b>Specialty</b>		<b>Training Programme Director</b>	
<b>Current year of training</b>		<b>Provisional CCST</b>	
<b>Please indicate if you are requesting time out of programme for:-</b>			
			<b>New request</b> (✓)
			<b>Ongoing OOP</b> (✓)
Prospectively deanery approved clinical training (OOPT)			
Clinical experience <b>not</b> prospectively approved for training (OOPE)			
Research for a registered degree (OOPR)			
Career break (OOPC)			
Have you discussed your plans to take time out of programme / continue your time out with your education supervisor and / or Training Programme Director?			Yes
How long would you intend to take time out /still remain on your OOP?			No
What will be your provisional date for completing training if you take/continue with this time out of programme?			
<b>If your request for time out of programme is agreed, you will be required to give your TPD and current/next employer 3 months' notice of leaving the programme.</b> Please state the date you wish to start your out of programme experience (which must take account of the 3 month notice period)			
Date you plan to return to the clinical programme			

**Attach a brief description** of what will be done during time out of programme and where it will take place (not required for on-going OOP). You should also provide the additional following information:-

- **OOPT** – attach details of your proposed training for which prospective deanery approval will be required if the training does not already have deanery approval (e.g. if it is part of a recognised training programme in a different deanery it will already be recognised training). For ongoing OOP this document should accompany the assessment documentation for ARCP
- **OOPE** – describe the clinical experience you are planning to undertake (e.g. overseas posting with a voluntary organisation). For ongoing OOP, a short report from your supervisor confirming that you are still undertaking clinical experience should accompany this for ARCP
- **OOPR** – attach your outline research proposal to this document and include the name/location of your research supervisor. For ongoing OOP, a report from the research supervisor needs to be attached to this document for ARCP
- **OOPC** – please give a brief outline of your reasons for requesting a career break whilst retaining your training number

I am requesting approval from the Postgraduate Dental Dean to undertake the time out of programme described above/continue on my current OOP whilst retaining my training number. I understand that:

- a) Three years out of my clinical training programme will normally be the maximum time allowed out of programme. Extensions to this will only be allowed in exceptional circumstances that will need further written approval from the Postgraduate Dental Dean.
- b) I will need to liaise closely with my TPD so that my re-entry into the clinical programme can be facilitated. I am aware that at least six months' notice must be given of the date that I intend to return to the clinical programme and that the placement will depend on availability at that time. I understand that I may have to wait for a placement.
- c) I will need to return an annual out of programme report for each **year** that I am out of programme for consideration by the annual review panel. This will need to be accompanied by an assessment report of my progress in my research or clinical placement. **Failure to do this could result in the loss of my training number.**
- d) I will need to give at least 3 months' notice to the Postgraduate Dental Dean and to my employer before my time out of programme can commence.

<b>Trainee signature</b>	<b>Trainee name (printed)</b>	<b>Date</b>
<b>Educational supervisor signature</b>	<b>Educational supervisor name (printed)</b>	<b>Date</b>
<b>TPD signature</b>	<b>TPD name (printed)</b>	<b>Date</b>

<b>Approval by Postgraduate Dental Dean</b>	
<i><b>For new requests</b>, this document should be sent to the Postgraduate Dental Dean only after it has been signed by the trainee's educational supervisor and Training Programme Director. The Postgraduate Dental Dean will use this if advice is needed from the individual SAC.</i>	
<i><b>For annual review and renewal</b>, this document should be signed by the trainee and Training Programme Director and will need to be submitted to the ARCP panel</i>	
Signed _____	Date _____

### Application for an Inter-Deanery Transfer

*Trainee to complete and return to current Postgraduate Dental Dean*

<b>Name</b>		<b>NTN</b>	
<b>Contact Address</b>			
<b>E-mail address</b>		<b>Contact Tel</b>	
<b>Specialty</b>		<b>Date of appointment</b>	
<b>Year of training (circle)</b>	<b>1</b>	<b>2</b>	<b>3</b>
	<b>4</b>	<b>5</b>	<b>Other</b>
<b>Provisional CCST</b>			
<b>Date of most recent annual assessment</b>	<i>(all outcome forms to date <b>must be attached</b>)</i>		

<b>Reasons of application</b>
<p>Give a <b>brief</b> outline of the reasons for your application.  <i>(A more detailed explanation (one side A4) <b>must also be attached</b> to this application)</i></p>

I formally apply to transfer to ..... Deanery and confirm that all the information given above is correct. I understand that:-

- I should not approach the Postgraduate Dental Dean in the deanery to which I am seeking transfer directly, but that my current Postgraduate Dental Dean will do this on my behalf if s/he confirms that I have sufficient well-founded reasons for the transfer
- I may be required to be interviewed by the deanery to which I wish to transfer

In support of my application I attach:-

- copies of all annual review outcomes to date
- a detailed explanation of the reason for my request

**Signature of trainee** \_\_\_\_\_

**Date** \_\_\_\_\_

I approve the trainee's application to transfer from my deanery and confirm that the NTN and training details given above are correct.

**Signature of Postgraduate Dental Dean** \_\_\_\_\_

**Date** \_\_\_\_\_

## Glossary

**ARCP Annual Review of Competence Progression** The process whereby trainees in specialty training have the evidence of their progress reviewed by an appropriately convened panel so that a judgement about their progress can be made and transmitted to the Training Programme Director, the trainee and the trainee's employer.

**CCST Certificate of Completion of Specialty Training.** Awarded after successful completion of a specialty training programme, all of which has been prospectively Deanery approved.

**Clinical Supervisor** The professional responsible for teaching and supervising the foundation trainee (after *The New Doctor, transitional edition, 2005*).

**Competence** The possession of requisite or adequate ability; having acquired the knowledge and skills necessary to perform those tasks which reflect the scope of professional practices. It may be different from **performance**, which denotes what someone is actually doing in a real life situation (*from the Workplace Based Assessment Subcommittee of PMETB*)

**Competences** The skills that doctors and dentists need (after *The New Doctor, transitional edition, 2005*).

**COPDEND** UK Committee of Postgraduate Dental Deans and Directors

**CRISP Report** Sir Nigel Crisp authored this report in 2007. *Global health partnerships: the UK contribution to health in developing countries* recommends that: "An NHS framework for international development should explicitly recognise the value of overseas experience and training for UK health workers and encourage educators, employers and regulators to make it easier to gain this experience and training... PMETB should work with the Department of Health, Royal Colleges, medical schools and others to facilitate overseas training and work experience"

**Curriculum** A statement of the aims and intended learning outcomes of an educational programme. It states the rationale, content, organisation, processes and methods of teaching, learning, assessment, supervision, and feedback. If appropriate, it will also stipulate the entry criteria and duration of the programme (*from the Workplace Based Assessment Subcommittee of PMETB*).

**Dental Foundation Training** The first two years of postgraduate training following graduation from dental school in the UK

**Domain** The scope of knowledge, skills, competences and professional characteristics which can be combined for practical reasons into one cluster. (*from the Workplace Based Assessment Subcommittee of PMETB, 2005*).

**Diversity** Range of difference, variety <http://www.pegasus.nhs.uk/glossary.htm#d>

**Diversity training** The process of educating professionals to work with people of widely differing cultural, social and religious backgrounds <http://www.pegasus.nhs.uk/glossary.htm#d>

**Educational agreement** A mutually acceptable educational development plan drawn up jointly by the trainee and their educational supervisor (*from the Workplace Based Assessment Subcommittee of PMETB, 2005*).

**Educational appraisal** A positive process to provide feedback on the trainee's performance, chart their continuing progress and identify their developmental needs (after *The New Doctor transitional edition, 2005*).

**Educational contract** The Postgraduate Dental Dean does not employ postgraduate trainees, but commissions training from the employer normally through an educational contract with the unit providing postgraduate education. Through this contract the Postgraduate Dental Dean has a legitimate interest in matters arising which relate to the education and training of postgraduate trainees within the employing environment.

**Educational supervisor** The doctor responsible for making sure that the trainee receives appropriate training and experience through developing clear objectives based on the relevant specialty curriculum. The educational supervisor is responsible through the Postgraduate Dean's educational contract both for educational and workplace based appraisal of the trainee.

**Equality or Equal Opportunities** is the term used to describe "policies and practices that tackle inequalities, aiming to ensure that all staff are treated fairly, and that service users do not experience discrimination". (*Equality and Diversity: Learning from Audit, Inspection and Research*, Audit Commission, 2002, para. 16)

**FTTA Fixed Term Training Appointment** In Dentistry, currently these are two year fixed term, post CCST, appointments in either Orthodontics or Paediatric Dentistry.

**GDC General Dental Council** The regulatory body with regard to registration of the dental team

**Human Rights** The Human Rights Act came into effect in the UK in October 2000. They "are rights and freedoms that belong to all individuals regardless of their nationality and citizenship. They are fundamentally important in maintaining a fair and civilised society. There are 16 basic rights in the Human Rights Act - all taken from the European Convention on Human Rights.... They concern matters of life and death... but they also cover rights in everyday life, such as what a person can say or do, their beliefs, their right to a fair trial and many other basic entitlements". (*Making sense of human rights: a short introduction*, Department of Constitutional Affairs, October 2006 (pp.2-3)).

**JCSTD Joint Committee for Specialist Training in Dentistry** The body responsible for overseeing specialist training in dentistry

**LAS Locum Appointment for Service** A short-term appointment used to fill a service gap in a training programme.

**LAT Locum Appointment for Training** An appointment to fill a gap in a training programme.

**NTN National Training Number.** Only trainees who have competed successfully for entry into a run-through specialty training programme are awarded an NTN

**OOP Out of programme** Where trainees take time out of their training programme to undertake a range of activities, with the agreement of their Postgraduate Deanery by the trainee and the agreement by the postgraduate trainee for the trainee to take time out their deanery specialty training programme.

**OOPC Out of programme for a career break**

**OOPE Out of programme for experience** which has not been prospectively Deanery approved and which cannot be counted towards a CCST.

**OOPR Out of programme for research** which can be counted towards training if it is prospectively deanery approved.

**OOPT Out of programme for clinical training** which has been prospectively deanery approved and can be counted towards a CCST.

**PMETB Postgraduate Medical and Education Training Board.** The competent authority for both medical hospital specialties and general practice from September 2005. It is an independent body with responsibility in law for setting standards and quality assuring postgraduate medical education in the UK.

**Post CCST Development Programme** A period of development provided after completion of CCST training to enhance clinical experience. As it is post CCST, this development is not quality assured by the GDC but quality managed by the Postgraduate Dental Dean

**Professionalism** Adherence to a set of values comprising statutory professional obligations, formally agreed codes of conduct, and the informal expectations of patients and colleagues. Key values include acting in the patients' best interest and maintaining the standards of competence and knowledge expected of members of highly trained professions. These standards will include ethical elements such as integrity, probity, accountability, duty and honour. In addition to medical knowledge and skills, medical professionals should present psychosocial and humanistic qualities such as caring, empathy, humility and compassion, social responsibility and sensitivity to people's culture and beliefs. *(from the Workplace Based Assessment Subcommittee of PMETB, 2005).*

**Programme** A managed educational experience. As defined by PMETB, "a programme consists of a series of placements in a range of training environments, offered by a range of training providers and to be used by a number of trainees. PMETB approves programmes of training in all specialties, including general practice, which are based on a particular geographical area – which could be in one or more deaneries if a programme crosses boundaries. They are managed by a training programme director (TPD) or their equivalent. A programme is not a personal programme undertaken by a particular trainee." Guidance on specialty training approval

**RITA Record of In-Training Assessment** The process of annual review used in the Orange Guide

**Run-through training** The term used to describe the new structure of medical specialty training in which trainees are competitively selected into specialty training curricula which cover both the early and more advanced years of specialty training. Once selected into a run-through specialty training programme, a trainee will be able to complete specialty training in the broad specialty group or specialty, subject to progress.

*NB: As yet this does not formally apply in dentistry, although trainees in some three-year CCST programmes, in some deaneries, are able to 'run-through' into post-CCST fellowship programmes providing they have satisfactorily completed the training programme and have been awarded a CCST. Other similar developments may occur in the future.*

**SAC Specialty Advisory Committee** is the usual (but not the only) name used for the committee which advises the College or Faculty on training issues and sets the specialty specific standards within the context of the generic standards of training set by the GDC's Specialist Dental Education Board

**SDEB Specialist Dental Education Board** is an advisory body of the GDC reporting to the GDC Education Committee on issues relating to the dental specialties. The SDEB has no delegated decision-making authority (see Appendix 9 Memorandum of Understanding)

**STC Specialty Training Committee** is the usual (but not the only) name used for the committee which advises and manages training in a specialty within a Postgraduate Deanery.

**Specialist training** The description of postgraduate training marked by the reforms to postgraduate medical training which began in 1996 under the Chief Medical Officer. Trainees appointed to these programmes are known as specialist registrars.

**SpR Specialist Registrar** is the title given to trainees who are appointed into specialist training using the Orange Guide process.

**StR Specialty Registrar** is the title given to trainees who are appointed into specialty training using the Dental Gold Guide

**Workplace based (NHS) appraisal** The process whereby trainees are appraised by their educational supervisors on behalf of their employers, using the assessments and other information which has been gathered in the workplace.

**WPBA Workplace based assessments** The assessment of working practices that trainees may actually do in the workplace and that are predominantly carried in the workplace itself (from the *Workplace Based Assessment Subcommittee of PMETB, 2005*).

## **Interim Memorandum of understanding between the General Dental Council (GDC) and the members of the Joint Committee for Specialist Training in Dentistry (JCSTD)**

### **The purpose of the Memorandum**

1. This Memorandum sets out the roles and responsibilities of each of the parties, replacing the Accord. It will be reviewed in light of the GDC's Strategic Review of Education and subject to further regular review, to take account of developments which may influence specialist training and listing in dentistry.
2. The parties to the Memorandum are represented in the JCSTD, which will continue to have a role in overseeing and co-ordinating the provision of specialist training in dentistry. The work of the JCSTD will ensure appropriate standards of patient care through promoting and encouraging complementary working of its members in supporting the GDC to regulate and quality assure specialist training in dentistry.

### **The dental specialties**

3. The General Dental Council is the regulatory body of the dental profession in the United Kingdom and is responsible for protecting patients and the public interest. It has powers to set up lists of registered dentists who meet certain conditions and have the right to use a specialist title. The specialist lists indicate dentists who have met requirements for entry to the lists and have the right to call themselves a specialist in a particular specialty by virtue of their listing in that specialty.
4. At present, the GDC recognises the following specialties:
  - Oral surgery
  - Orthodontics
  - Paediatric dentistry
  - Endodontics
  - Periodontics
  - Prosthodontics
  - Restorative dentistry
  - Dental public health
  - Oral medicine
  - Oral microbiology
  - Oral and maxillofacial pathology
  - Dental and maxillofacial radiology
  - Special care dentistry
5. The lists indicate the registered dentists who are entitled to use a specialist title, but do not restrict the right of any dentist to practise in any particular field of dentistry or the right of any specialist to practise in other fields of dentistry.

## Introduction

6. The GDC has reviewed the arrangements for training and listing of dental specialties and recommended that the existing arrangements between the GDC and the partners to the Accord be simplified with improved communication structures. The relationship the GDC wishes to have with the parties to this Memorandum is reproduced as Annex 1.
7. The JCSTD, with its constituent Specialist Advisory Committees (SACs), will continue to be advisory to the Surgical Royal Colleges through the Joint Meeting of Dental Faculties (JMDF) and to have roles and responsibilities in supporting specialist training in dentistry.
8. The SACs of the JCSTD will, through involvement in local quality management procedures, help to ensure consistency of arrangements for specialist training across the UK. Membership of the SACs makes provision for the involvement of Specialist Societies in the arrangements for specialist training in dentistry.
9. Postgraduate Dental Deans and Directors are responsible for the quality management of specialist training programmes and posts, the appointment of trainees and the annual review of progress of trainees in training – currently the RITA (Record of In-training Assessment) process. In addition, Postgraduate Deaneries (the Deaneries) are responsible for ensuring that training programmes and posts are quality managed to agreed standards. As set out in Annex 1, the Postgraduate Dental Deans and Directors make recommendations to the GDC for the award of a CCST (Certificate of Completion of Specialist Training).
10. Postgraduate Dental Deans and Directors<sup>4</sup> have responsibilities for both dental workforce strategy and ensuring the delivery and quality management of dental training programmes within and between varied service environments in the context of complex commissioning and contractual arrangements.
11. The Dental Faculties, through their involvement with the JCSTD, will advise on the curricula and assessment for specialist training, will contribute to the quality assurance of specialist training, quality managed in deaneries and will advise the GDC on the assessment of applications for specialist listing.

## Roles and responsibilities of the GDC

12. The GDC is responsible for:
  - a. Deciding suitability for specialist listing (including the award of CCST);
  - b. The quality assurance of specialist training and specialist listing; and in due course
  - c. Determining criteria for retention on the specialist lists, via revalidation.
13. In the framework for specialist training, the GDC will set principles for entry to specialist training as follows:

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<sup>4</sup> Postgraduate Dental Deans and Directors are integrated within the structures and functions of Strategic Health Authorities in England and in NHS Education for Scotland (NES). In Wales the Deanery is accountable to the Welsh Assembly Government and in Northern Ireland the Dean is part of the Northern Ireland Medical and Dental Training Agency answerable to the Northern Ireland Department of Health, Social Services and Public Safety (DHSSPS).

- Candidates will be eligible for consideration for entry into a specialist training programme if they:
  - are registered with the GDC; and
  - can demonstrate that they have the required, broad-based training, experience and knowledge to enter the training programme.
- 14. The GDC will develop flexibility in the recognition of previous training, experience and qualifications towards specialist training, in consultation with the parties to the Memorandum and others.
- 15. The GDC will continue to seek the assistance of the parties to the Memorandum, whose respective roles will inform the development of curricula, and the coordination and quality management of training programmes so that the Council may continue to discharge its responsibilities outlined at paragraph 12.

### *Roles and responsibilities of the SDEB*

16. The GDC has established the Specialist Dental Education Board (SDEB), reporting to the GDC Education Committee, to consider issues relating to the dental specialties and provide Education Committee with expert advice. The SDEB has no delegated decision-making authority, but will advise the Education Committee on the issues outlined below.
17. To fulfil its intended function, to include enhancing communications between the GDC and the parties to the Memorandum, while maintaining a clear distinction between the regulator and the providers, the SDEB will be responsible for:
  - a. developing a generic curriculum framework, to be used by the educational bodies in developing curricula for the individual specialties
  - b. approving the curriculum developed by the educational bodies, for each specialty
  - c. setting guidelines for the approval of training programmes and posts
  - d. establishing guidelines for the recognition of previous training, experience and qualifications towards the specialist training programme.
  - e. developing a framework for the assessment of applications for equivalence of non-UK specialist training; to be used by the educational bodies in undertaking the assessments
  - f. approving equivalence assessment of non-standard applications for specialist listing (assessment undertaken by the educational bodies)
  - g. considering all other matters relating to specialist training and listing within the GDC.
18. The GDC will seek advice from the SDEB to assure itself through external input, of the quality management and delivery of specialty training programmes by the postgraduate deaneries.

### **Roles and responsibilities of the members of the JCSTD**

#### *The Dental Faculties*

19. The Dental Faculties, through their involvement in the JCSTD and the SACs, will continue to exercise a practical role in postgraduate education and training. This role will include:

- a. developing curricula, based on GDC requirements for training in the various dental specialties, and submitting curricula to the GDC for approval
  - b. liaison amongst the Dental Faculties, the Specialist Societies, the Dental Schools Council and the Postgraduate Dental Deans for the purpose of developing curricula for specialist training and related matters
  - c. devising appropriate assessments and examination regulations in the dental specialties
  - d. advising the GDC on applications for specialist listing based on claimed equivalence in accordance with the GDC guidelines
  - e. making recommendations to the GDC for the determination of entry qualifications
  - f. making recommendations to the GDC on the length and quality of training
  - g. making recommendation to the GDC on the recognition of previous training towards the specialist training programme.
20. All these activities would be carried out by the Dental Faculties under the authority of the parent College Councils and their Charters and with their partners through the JCSTD. The input of the Royal College of Radiologists and the Royal College of Pathologists with regard to the Additional Dental Specialties will continue to be recognised.

### *The universities*

21. The universities – the dental authorities represented on the JCSTD through the Dental Schools Council (DSC) will
- a. develop curricula and examination regulations for the award of postgraduate degrees and university diplomas in the dental specialties, where appropriate contributing to the award of CCSTs
  - b. quality manage postgraduate degrees and diplomas through processes for academic quality assurance
  - c. provide advice, through the JCSTD on the specialist training of clinical academics in dentistry and the award of CCSTs to such individuals, together with advice on academic elements of training programmes in the specialties

### *The Specialist Advisory Committees*

22. The SACs of the JCSTD, which should continue to include members from the Specialist Societies, will:
- a. be the focus and location for the aspects of the work of the Dental Faculties described in paragraph 19
  - b. keep a national register of trainees, including self-financed trainees and sponsored trainees. The register will include information on the trainees start and anticipated completion dates and progress through training
  - c. in conjunction with COPDEND, collate and analyse information from an annual survey of trainees. The results will be reported through the JCSTD;
  - d. be available to the GDC and the other parties to this memorandum to advise on practical aspects of specialist training
  - e. alert the GDC and the other parties to this memorandum to trends and important changes in the practice of the respective dental specialist

- f. be available to the GDC to advise, in partnership with the Dental Faculties on matters pertaining to prior training and learning and equivalence for the purpose of mediated entry or accredited prior learning for the specialist lists
  - g. be available to the Deaneries to advise on matters pertaining to prior training and learning in relation to the duration of specialist training
23. The constitutions of the SACs will be the subject of regular review to ensure that the membership of each committee is fit for purpose.
24. The Specialist Societies will continue to contribute to the provision of advice on the distinct specialties, and the further development of specialist training through the Societies' representation on the SACs of the JCSTD.

### **Roles and responsibilities of the Postgraduate Dental Deans and Directors**

25. The GDC has a separate Memorandum of Understanding with the Committee of Postgraduate Deans and Directors (UK) (COPDEND).
26. Through COPDEND, the Postgraduate Dental Deans and Directors will be represented on the JCSTD. Individual Deans will have responsibility for the:
- a. approval and quality management of postgraduate training programmes in the dental specialties
  - b. quality management of specialist training programmes, according to GDC requirements, and with external input
  - c. appointment of trainers, trainees and training programme directors;
  - d. conducting of assessments
  - e. recommendation of the award of CCSTs to the GDC
27. Concerning self-financing and other non-NHS funded specialty training programmes aimed at the award of a CCST, the Postgraduate Deaneries will support the educational providers, with whom the trainees are contracted, in respect of appointments, programme provision, quality management and assessments to ensure commonality of standards required for the award of CCSTs.

### Annex 1: Arrangements between the GDC and the partners to the Memorandum\*

#### GDC Specialist Dental Education Board

- Reports to the GDC Education Committee
- Will develop a generic curricula framework for specialist training
- Will approve individual curricula for each specialty (proposed by the Faculties)
- Will establish Dental guidelines for the recognition of previous training, experience and qualifications
- Will set the framework for assessment of equivalence of non-UK specialist training and approve outcomes of such assessments by the Dental Faculties
- Will set guidelines for approval of specialist training posts

#### The Educational Bodies

- Will be responsible for developing specialty specific curricula advising on assessment requirements and for making recommendations on the recognition of previous training, experience and qualification (by collaboration between the Dental Faculties, the specialist societies, the DSC and the postgraduate dental deans)
- Will undertake assessment of equivalence applications for non-UK specialist training
- Will monitor educational standards and delivery of programmes in collaboration with deaneries
- Will provide expert advice and support on specialties

#### Postgraduate Dental Deans

- Will approve programmes with external advice
- Will be responsible for the management of specialist training programmes
- Will be responsible for quality managing programmes according to GDC guidelines
- Will appoint trainees
- Will conduct assessments of specialist trainees
- Will recommend CCST to the GDC
- Will work with providers of non-NHS funded speciality training programmes to ensure commonality of standards

\* Based on Annex D of the GDC's Specialist Lists Review Group Report

### NTN Codes for Dental Specialties (England, Wales & Northern Ireland)

The specific codes for the dental specialties have been released subject to the approval of WRT; this should be a formality.

Code	Specialty	Duration of training to CCST	Exit Examination
062	Orthodontics	3 years	Specialty Membership (MOrthRCS)
063	Restorative Dentistry	5 years	ISFE (FDSRCS Rest Dent)
064	Paediatric Dentistry	3 years	Specialty Membership (MPaedDentRCS)
065	Additional Dental Specialties: Oral Medicine	5 years (or shortened training for dually qualified graduates)	ISFE (FFDRCSI Oral Medicine)
065	Oral and Maxillofacial Pathology	5 years	FRCPATH Parts 1 & 2
065	Oral Microbiology	5 years	FRCPATH Parts 1 & 2
065	Dental and Maxillofacial Radiology	4 years	DDRRCR
066	Oral Surgery	3 years	<i>Post CCST development work in progress</i>
067	Endodontics	3 years	Specialty Membership (MRDRCS Endodontics)
068	Periodontics	3 years	Specialty Membership (MRDRCS Periodontology)
069	Prosthodontics	3 years	Specialty Membership (MRDRCS Prosthodontics)
070	Special Care Dentistry	3 years	<i>Post CCST development work in progress</i>
980	Dental Public Health	4 years	ISFE (FDSRCS Dental Public Health)
061*	Oral & Maxillofacial Surgery	5 years post ST/CT training to CCT	

\* Medical specialty

### NTN Codes for Dental Specialties (Scotland)

Existing Specialty name	Existing Ref
Prosthodontics	DD
Oral Microbiology	DA
Community Dentistry (Community Dental Practice - ISD)	D1
Oral Surgery	D3
Oral Medicine	D4
Orthodontics	D5
Dental and Maxillofacial Radiology	DB
Restorative Dentistry	D6
Dental Public Health (Community Dental Health - MM)	D7
Oral and Maxillofacial Pathology	D9
Paediatric Dentistry	D8

NB. It is anticipated that CCST holders completing 3 year programmes will need to gain post CCST experience and extended competences before applying for a consultant post

### **Protocol for making revisions to the Guide**

1. After 2010 the Dental Gold Guide will be reviewed on an annual basis to ensure correction and clarification of paragraphs if necessary and to reflect policy decisions taken since the previous publication.
2. The annual reviews will be undertaken by COPDEND
3. Individual stakeholders are invited to submit requests for changes/amendments to the COPDEND secretariat\* giving reasons why the changes are necessary
4. Comments regarding changes and/or amendments must be received by the secretariat in June/July each year.
5. The COPDEND review group will meet, consider requests and write the relevant changes, subject to testing of impact of any additions.
6. Revised Guides will be published with a list of the latest amendments
7. The COPDEND review group could be requested to consider urgent amendments on an ad hoc basis.

\*COPDEND secretariat can be contacted at [emma.jackson@yorksandhumber.nhs.uk](mailto:emma.jackson@yorksandhumber.nhs.uk) Tel: 0114 226 4437

## Reference Group

The four UK Health Departments and the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) would like to record their thanks to the stakeholder organisations and their members who provided valuable input in the drafting of the *Dental Gold Guide*.

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