

Oral Microbiology Specialty Training Curriculum

Approved by GDC Registrar: 15 December 2022

Foreword

This specialty curriculum sets out the specialist knowledge, skills and capabilities for the attainment of the award of the Certificate of Completion of Specialty Training (CCST) and admission onto the General Dental Council's (GDC) Specialist List for Oral Microbiology.

It also demonstrates how Oral Microbiology meets the GDC's Principles and Criteria for Specialist Listing. This standards-driven, transparent approach protects patients, the public, employers, and others through preparation of dentists to deliver high quality, safe, patient and public-centred care as specialists within the UK healthcare system.

The curriculum has been written by the Oral Microbiology Specialty Advisory Committee (SAC), a constituent committee of the Advisory Board for Specialty Training in Dentistry (ABSTD). The SAC is responsible for and owns the specialty-specific content and learning outcomes of the relevant specialty curriculum. They are also responsible for the choice of assessment of both the generic and the specialty content of the curriculum.

The delivery of the curriculum via training and assessment providers is quality assured by the GDC using the Standards for Specialty Education. Successful completion of the relevant specialty training and assessment will lead to the award of a CCST and successful candidates will be eligible to apply for inclusion on the relevant GDC specialist list and be eligible to use the title of "Specialist".

This curriculum will take effect for new trainees from September 2023.

Acknowledgements

The Oral Microbiology Curriculum was written by the Oral Microbiology Curriculum Working Group of the Specialist Advisory Committee for the Additional Dental Specialties with input from the executive members of the Association of Clinical Microbiologists (ACOM):

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Section A: Purpose statement for Oral Microbiology

1. Introduction to the Oral Microbiology Specialty

The purpose of the GDC specialty of Oral Microbiology is the prevention and optimal management of infection throughout all areas of dentistry specifically and healthcare in general.

The specialty provides support for a range of health care professionals in the following areas the diagnosis of and treatment of infection of (primarily but not limited to) the mouth, face and neck regions, the prevention of the transmission of infection during treatment including the appropriate cleaning and sterilisation of equipment and the careful use of antibiotics to reduce the development of drug resistance.

Oral microbiology specialists are involved in the management of laboratory services to ensure that high quality diagnostic reports are generated, and the specialists are available to liaise with clinicians in the interpretation of the reports.

Accurate investigation of pus and other infected samples is essential for the optimal diagnosis and management of infections and is fundamental in the current context of increasing antimicrobial resistance.

Data on the bacterium types and their sensitivity to drugs is collected and this helps in the management of the patient with the infection in addition to other patients since more information is available on the likely cause of similar infections and responses to treatment.

Members of the specialty advise on or directly manage infections relating to the teeth, tongue, jaw bones, salivary glands and sinuses and the entire head and neck area for patients who are having surgery or radiotherapy for cancer.

Infection prevention and control is a specialised area within dentistry and is a fundamental role of this specialty. Oral microbiologists provide advice in hospital and community settings on risk assessment, policies for infection control and management of exposure to infection.

They are involved at regional and national levels in the development of guidelines and audit tools for the provision of optimal equipment cleaning and sterilisation services. They provide appropriate leadership and support to all health care professional and infection control teams to ensure proportionate responses to risks and check the adherence to infection control procedures for patient safety.

Oral microbiologists advise on antimicrobial prescribing policies and guidelines at local and national levels and are involved in the auditing of adherence to policies and the monitoring of antimicrobial use data. Such stewardship activities are critical in limiting the impact of antimicrobial resistance.

The specialty has been closely linked with academic appointments and registrants are involved in the education and training of undergraduate and postgraduate dentists and members of the dental team in the understanding, prevention and optimal management of infection and are active researchers in these areas. The role is multiprofessional and specialists collaborate with experts from a range of other disciplines including infectious diseases, medical microbiology, infection control, biomedical scientists, occupational health, decontamination, ventilation engineers and public health.

2. Entry to the training programme

Entry to a specialty training programme is through competitive entry and the recruitment process will ensure that applicants are assessed against the essential and desirable criteria contained within the person specification.

A specialty trainee must be registered with the GDC. It is desirable that during previous early years training the individual has experienced work in as many sectors of dental provision as possible with experience in oral surgery and/or oral and maxillofacial surgery and oral medicine of particular relevance. Evidence of excellence in terms of attributes such as motivation and career commitment will be expected, as will an ability to demonstrate the competences and capabilities required for entry to specialist training, either by successfully completing a period of agreed dental foundation/vocational and core training or by demonstrating that those competences have been gained in another way.

3. Outline of the training programme

It is anticipated that four or five years would normally be required to satisfactorily complete the Oral Microbiology curriculum to the appropriate depth and breadth. This is because trainees cover the medical microbiology training curriculum in addition to specialist oral microbiology. There is scope to reduce the length of training if an individual has the required clinical background, for example, appropriate inpatient management experience. The Annual Review of Competency Progression (ARCP) process allows for adjustments to be made to this where appropriate.

The training programme can be arranged with flexibility to allow for local and trainee circumstances. The first one to two years cover both training in medical microbiology and oral microbiology with a minimum of one year in general medical microbiology, where trainees will participate fully in the activities and working practices of their medically qualified trainee colleagues including experience of the diagnostic laboratories and clinical hub. This overview experience of microbiology service provision will prepare trainees for FRCPATH Part 1.

Trainees will then spend the further three to four years in more advanced training in the full range of oral and medical microbiology specialties, to include but not limited to, virology, mycology, anaerobic, infection control and public health units, leading to FRCPath Part 2.

Training programmes will include suitable placements/rotational arrangements to cover all the necessary areas of the curriculum and may include an appropriate balance between dental teaching hospitals/schools, district general hospitals and specialist clinical environments, such that each trainee gains the breadth of training required for satisfactory completion of the curriculum.

The training programmes are usually based around a training centre, normally comprising a dental or acute medical teaching hospital/school together with other associated, recognised, and validated training environments.

Many trainees in oral microbiology undertake academic training, either within the NIHR academic clinical fellow posts or by other routes. The proportion of time in training used to undertake research will be reviewed at ARCP. Please refer to the [Dental Gold Guide](#).

4. Training specific to Oral Microbiology

The specialty of Oral Microbiology has been closely linked with academic appointments. Specialists are involved in the education and training of undergraduate and postgraduate dentists and members of the dental team in the understanding, prevention and optimal management of infection and are active researchers in these areas. Registrants are clinical specialists undertaking the same FRCPath training as medical microbiologists and these individuals contribute to the management and delivery of infection services within both medical and dental contexts in some centres. The specialty, along with the Association of Clinical Oral Microbiologists (the specialist society) acts as a focus for further research, in addition to the support and development of trainees.

Training in Oral Microbiology would normally take four or five years with training length being determined by trainee experience and progression. To fulfil the curriculum requirements, a significant proportion of training will be spent in medical microbiology and virology environments to gain experience in the diagnosis and management of infection in other systems. The role is multiprofessional and specialists collaborate with experts from a range of other disciplines including infectious diseases, medical microbiology, infection control, biomedical science, occupational health, decontamination, ventilation engineering and public health. The remainder of the training is devoted to Oral Microbiology with trainees gaining experience in applying diagnostic and management principles within the dental arena whilst maintaining collaborative links with other professionals.

The training programme includes opportunities for experience of research and development projects and critical assessment of published work to both add to the evidence and knowledge base of the specialty and/or contribute to the development of the service. As many of the training programmes are closely linked to academically active Head and Neck Services, trainees will collaborate with a range of other professionals,

medical and dental, with a range of research and development opportunities available for the trainee including case reports, translational science projects, clinical trials etc. Outputs may include contributions to national guidelines, peer reviewed publications, presentations, and book chapters.

Trainees will be encouraged to be involved in educational development and will be supported in the provision of teaching in a range of programmes depending on local circumstances.

5. Evidence and assessment

The purpose of assessment is to reassure the trainee, their employer and the public that they have achieved the required outcomes associated with their chosen specialty

The Higher Learning Outcomes (HLOs) should not be demonstrated through singular assessments. A programmatic assessment approach should be used in the workplace in which there are multiple assessment points over time, undertaken by multiple assessors with a range of methodologies and sufficient evidence to ensure reliability.

The overall approach to assessment and provision of evidence of attainment in the curriculum is one of flexibility, as far as that is possible. Trainees should focus on 'quality over quantity', utilising assessments which are valid and appropriate to evidence the HLOs.

The principle of Workplace Based Assessments (WPBA) is that trainees are assessed on work that they undertake on a day-to-day basis and that the assessment is integrated into their daily work. As similar training programs stipulates a minimum number of 24 WPBAs per year, with equal use of the assessment tools, this will also apply in Oral Microbiology training.

A full list of WPBAs can be found in the glossary of assessment terms. WPBA tools will include but are not limited to:

- case-based discussions
- direct observation of procedural skills
- procedure-based assessments
- multisource feedback
- patient/user feedback.

In addition to WPBAs, there is a minimum indicative of six Assessments of Performance (AOP) per year, but this is flexible. Ideally an AOP should be completed after each specialty placement but that depends on how the trainee's rota is set up in their local department (a two-week

specialty rota change would be over burdensome for undertaking AoPs at such frequency for example). The training programme director and local educational supervisor(s) should decide on frequency based on the rotations within the programme and therefore the frequency of AoPs.

One every six weeks or two months may be more realistic and reflective of the trainee's practice, with higher frequency during the general pathology rotations.

Training courses may be an effective way of gaining the underpinning knowledge and skills for some of the HLOs. However, attendance at a course will not normally be sufficient evidence of competence; assessors will be looking for evidence of competence and how the learning is applied in practice.

Continuous assessment throughout training will be undertaken by the educational supervisor, clinical supervisors and other educators involved in training, using a range of WPBAs. All assessments completed in the workplace have a formative function, with trainees given contemporaneous feedback on their performance, and these all contribute to the decision about a trainee's progress. The assessment process should be initiated by the trainee, who should identify opportunities for assessment throughout their training.

In sections C and D, a list of sources of evidence are provided against each of the HLOs. These are provided as a list of possible sources and there is no expectation that the full list of sources would be used as evidence of attainment of a particular HLO. Some of the assessments in section D will be mandatory (for example College examinations), but other forms of assessment should be tailored to the training programme/local circumstances/stage of training and these should be agreed with the training provider(s) as part of the RCP process and the education supervisor(s) as part of a learning agreement. All mandatory assessments are clearly indicated in section D.

An assessment blueprint is provided within sections C and D which illustrates the WPBAs that can be used to assess the HLOs.

Progress through training is assessed through the ARCP process and training is completed when all the curriculum requirements are satisfied and HLOs have been evidenced.

6. Research

Trainees may combine specialty training and academic development with an intention of becoming a clinical academic. The same curriculum outcomes for clinical training are required to be achieved as for any other trainee. Consideration of the required training time will need to be assessed depending on the proposed timetable.

Section B: Delivering the curriculum against the GDC Standards for Specialty Education

The GDC sets [Standards for Specialty Dental Education](#) and assures that training commissioners and examination providers (collectively referred to as “providers”) meet these standards.

The standards relate to:

- patient protection (training commissioners only)
- quality evaluation and review
- specialty trainee assessment.

As part of the quality assurance process, the GDC will ensure that training and assessment is designed, delivered and reviewed within a quality framework, that patient safety is at the heart of programme delivery and that assessments are reliable, valid and clearly mapped to the specialty curriculum learning outcomes. Reports from GDC quality assurance activity are available on the [dental specialty training webpage](#).

Section C – Generic professional content of the specialty curriculum

Domain 1: Professional knowledge and management

Outcome	Examples
1.1 Demonstrate they can communicate effectively and respectfully with patients and others and with colleagues	<p>Effectively and respectfully communicate with patients, relatives, carers, guardians by:</p> <ul style="list-style-type: none">• consulting with patients and carers in a sensitive and compassionate way• giving clear and accurate verbal/oral information with information the recipient wants and needs and avoiding unnecessary jargon• giving clear, accurate and legible written information in a form the recipient can understand, with information the recipient wants and needs and avoiding unnecessary jargon• making accurate and contemporaneous records of observations or findings in English• making information accessible and inclusive by adapting written and verbal communication and tone and adopting appropriate techniques and communication aids/resources to suit others as appropriate• assessing their communication support needs and implementing appropriate methods to reduce communication barriers. For example, by using email, video conferencing tools, or any other communication tools suitable for individuals with disabilities or impairments and specifically with patients, relatives, carers, guardians, and others• demonstrating ability to communicate effectively and sensitively when delivering bad news• recognising own limitations and works within limits of capabilities• demonstrating competency in obtaining informed consent. <p>Effectively and respectfully communicate with colleagues by:</p> <ul style="list-style-type: none">• promoting and effectively participating in multidisciplinary, interprofessional team working• communicating effectively with referrers regarding patient consultation and treatment

Outcome	Examples
	<ul style="list-style-type: none"> ensuring continuity and coordination of patient care and/or management of any ongoing care through the appropriate transfer of information demonstrating safe and effective handover, both verbally and in writing.
1.2 Demonstrate that they can make decisions, while maintaining professional behaviour and judgement	<p>They should do this by:</p> <ul style="list-style-type: none"> maintaining appropriate situational awareness and sensitivity to the impact of their comments and behaviours on others (emotional intelligence) influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations and exploring and resolving diagnostic and management challenges.
1.3 Demonstrate they can deal with complexity and uncertainty	<p>They should do this by:</p> <ul style="list-style-type: none"> showing appropriate professional behaviour and judgement in clinical and non-clinical contexts demonstrating resilience managing the uncertainty of success or failure adapting management proposals and strategies to take account of patients' informed preferences, co-morbidities and long-term conditions supporting and empowering patient self-care and respecting patient autonomy recognises and manages dental emergencies.
1.4 Recognise their legal responsibilities and be able to apply in practice any legislative requirements relevant to their jurisdiction of practice	<p>They should do this by:</p> <ul style="list-style-type: none"> understanding, and adhering to, the principles of continuing professional development understanding relevant guidance and law including that relating to equality and diversity, employment, health and safety, data protection etc., with an appreciation that legislation may differ between England, Scotland, Wales and Northern Ireland

Outcome	Examples
	<ul style="list-style-type: none"> • understanding information governance, data protection and storage and the legal parameters relating to digital and written records in the context of their workplace • recognising the need to ensure that publicly funded health services are delivered equitably.
1.5 Recognise and work within the context of a health service and healthcare systems	<p>They should do this by:</p> <ul style="list-style-type: none"> • understanding the structure and organisation of the wider health and social care systems, including how services are commissioned, funded and audited • understanding that systems may differ between England, Scotland, Wales and Northern Ireland • demonstrating an appreciation of how services are deemed to be clinically effective, cost effective or restricted such as on a 'named patient' basis • understanding how resources are managed, being aware of competing demands and the importance of avoiding waste • having an awareness of how services are held publicly accountable through political and governance systems, public scrutiny and judicial review • recognising and working towards achieving carbon neutrality within the context of understanding the importance of sustainability in design and delivery of services and demonstrating application of these principles in practice.
1.6 Recognise and demonstrate their role in health promotion, disease prevention and dental population health	<p>They should do this by:</p> <ul style="list-style-type: none"> • understanding the factors affecting health inequalities as they relate to the practise of dentistry • being willing and able to work to reduce health inequalities relevant to the practise of dentistry • understanding national and local population oral health needs • understanding the relationship of the physical, economic and cultural environment to

Outcome	Examples
	<p>health and its impact on patients and patient outcomes</p> <ul style="list-style-type: none"> • understanding the role of national and local public health organisations and systems and how the role of a dental specialist supports these organisations in improving the public's dental health.
<p>1.7 Recognise the importance of, and demonstrate the ability to practise, person-centred care (PCC), including shared decision making (SDM)</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • understanding that patients are partners with their health care providers: <ul style="list-style-type: none"> ○ providing balanced information about treatment options ○ eliciting the patient's concerns, values and preferences ○ offering support to the patient to help them to reach a decision and making that final decision together • being able to articulate personal values and principles yet show understanding of how these may be different to those of others – patients and colleagues • valuing, respecting and promoting equality and diversity.

Domain 2: Leadership and teamworking

Outcome	Examples
2.1 Demonstrate understanding of the importance of personal qualities within leadership (focus on self)	<p>They should do this by:</p> <ul style="list-style-type: none"> • understanding a range of leadership principles and styles and being able to apply and adapt them in practice in a way that is relevant to the work context • understanding team dynamics, behaviours and personalities with insight and awareness of own behaviours and their effect on others. Please also see the NHS Leadership Academy's Healthcare Leadership Model.
2.2 Demonstrate understanding of the importance of working with others both within their specialty and the wider healthcare system (working with others)	<p>They should do this by:</p> <ul style="list-style-type: none"> • being able to seek out the views of others in maintaining and improving specialist services • being able to effectively lead/chair multidisciplinary and interprofessional meetings • undertaking safe and effective patient handover, both verbally and in writing • demonstrating an understanding of leadership responsibilities as a clinician and why effective clinical leadership is central to safe and effective care • showing awareness of clinical leadership responsibilities and why effective clinical leadership is central to safe and effective care • being confident about challenging and influencing colleagues and the orthodoxy where appropriate • being able to lead the process of exploring and resolving complex diagnostic and management challenges • leading the formal appraisal process for their teams.
2.3 Demonstrate the importance of planning and an understanding of managing dental	<p>They should do this by:</p> <ul style="list-style-type: none"> • understanding and being able to work effectively within the relevant NHS funding, structures and pathways in their local healthcare system in relation to specialist

Outcome	Examples
specialist services	<p>dental services and the healthcare services with which they interface</p> <ul style="list-style-type: none"> • understanding how to identify, mitigate and manage risk, including understanding local and national risk reporting structures.

Domain 3: Patient safety, quality improvement and governance

Outcome	Examples
3.1 Recognise a professional and statutory duty of candour and act accordingly within established governance, legal and regulatory systems, including equality and diversity	<p>They should do this by:</p> <ul style="list-style-type: none"> • understanding how to raise safety concerns appropriately through local and national clinical governance systems • understanding how to raise concerns where there is an issue with patient safety, dignity or quality of care • demonstrating a commitment to learn from patient safety investigations and complaints • understanding the process of root cause analysis for investigating and learning from patient safety incidents • demonstrating honesty and candour regarding errors in patient care • demonstrating familiarity with relevant patient safety directives • understanding the importance of sharing and implementing good practice.
3.2 Recognise the impact of human factors on the individual, teams, organisations and systems	<p>They should do this by:</p> <ul style="list-style-type: none"> • understanding the effects of teamwork, tasks, equipment, workspace, culture and organisation on human behaviour and abilities and the application of that knowledge in clinical settings • protecting patients and colleagues from risks posed by problems with personal

Outcome	Examples
	<p>health, conduct or performance</p> <ul style="list-style-type: none"> demonstrating an understanding of the learning by reporting and sharing these experiences locally and widely.
<p>3.3 Design and employ quality improvement measures that improve clinical effectiveness, patient safety, care or experience</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> using a range of quality improvement methodologies to improve dental services and improve patient care demonstrating an understanding of the importance of patient and public involvement in decision-making when changes to services are proposed engaging with all relevant stakeholders in the planning and implementation of change working with others to effectively measure and evaluate the impact of quality improvement interventions and their impacts on the wider systems demonstrating knowledge of additional challenges related to oral health inequalities in minority ethnic populations and other groups with protected characteristics in the UK assessing and recognising impact of cultural and language and other barriers and strategies for oral health promotion.
<p>3.4 Act to safeguard patients, particularly children, other young people and vulnerable adults in accordance with the requirements of appropriate equality and diversity legislation</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> recognising the individual oral health needs of patients with physical, sensory, intellectual, mental, medical, emotional or social impairments or disabilities, or with a combination of these factors understanding the responsibilities and needs of carers as they play an increasing role in healthcare provision recognising and taking responsibility for safeguarding vulnerable patients understanding when it is appropriate and safe to share information on a patient.

Outcome	Examples
3.5 Immediate life support	<p>they should do this by:</p> <ul style="list-style-type: none"> demonstrating competency and undertake annual training in immediate life support.

Domain 4: Personal education, training, research and scholarship

Outcome	Examples
4.1 Demonstrate that they can plan and deliver effective education and training activities	<p>They should do this by:</p> <ul style="list-style-type: none"> providing safe clinical supervision of learners providing effective educational supervision of learners, including giving supportive, developmental feedback to learners seeking and respecting patients' wishes about whether they wish to participate in the education and training of learners evaluating and reflecting on the effectiveness of their educational activities and changes to improve practice promoting and participating in interprofessional learning (including with members of the wider healthcare team in dentistry and in other healthcare professions) demonstrating an ability to use a range of teaching methods for individual and group teaching, including face to face and online teaching and the use of simulation and other technology enhanced learning methods.
4.2 Demonstrate that they can critically appraise and interpret scientific/academic literature and keep up to date with current and best practice	<p>They should do this by:</p> <ul style="list-style-type: none"> demonstrating an ability to critically appraise evidence interpreting and communicating research evidence and data to support patients and colleagues in making informed decisions about treatment appreciating the role of both qualitative and quantitative methodological approaches

Outcome	Examples
	<p>in scientific enquiry</p> <ul style="list-style-type: none"> • demonstrating an understanding of the strengths and limitations of different approaches to gathering research evidence • conducting literature searches and reviews to inform their professional practice • locating and using clinical guidelines appropriately • demonstrating an understanding of stratified risk and personalised care.
4.3 Understand what is required to participate in research	<p>They should do this by:</p> <ul style="list-style-type: none"> • demonstrating understanding of clinical research design, ethics processes and research governance (GCP).

Generic learning outcomes assessments blueprint

Domain 1: Professional knowledge and management

HLO	Patient feedback / MSF	WPBAs	Reflective reports	Training course or qualification (inc. PG degrees)	Critical incidents or complaint reviews	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other (see list 1-9 below)	CS / ES reports
1.1 Demonstrate they can communicate effectively and respectfully with patients and others and with colleagues	*	*	*	*			*	*	*1	*
1.2 Demonstrate that they can make decisions, while maintaining professional behaviour and judgement	*	*	*	*	*			*		*
1.3 Demonstrate they can deal with complexity and uncertainty	*	*	*	*	*			*		
1.4 Recognise their legal responsibilities and be able to apply in practice any legislative requirements relevant to their jurisdiction of practice				*		*		*	*9	

HLO	Patient feedback / MSF	WPBAs	Reflective reports	Training course or qualification (inc. PG degrees)	Critical incidents or complaint reviews	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other (see list 1-9 below)	CS / ES reports
1.5 Recognise and work within the context of a health service and healthcare systems, understanding that systems may differ between England, Scotland, Wales and Northern Ireland		*	*	*		*		*		
1.6 Recognise and demonstrate their role in health promotion, disease prevention and population health	*	*				*		*		
1.7 Recognise the importance of, and demonstrate the ability to practise, person-centred care (PCC), including shared decision making (SDM)	*	*	*			*		*		*

Domain 2: Leadership and teamworking

HLO	Patient feedback / MSF	WPBAs	Reflective reports	Training course or qualification (inc. PG degrees)	Critical incidents or complaint reviews	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other (see list 1-9 below)	CS / ES reports
2.1 Demonstrate understanding of the importance of personal qualities within leadership (focus on self)		*	*	*		*		*		*
2.2 Demonstrate understanding of the importance of working with others both within their specialty and the wider healthcare system (working with others)	*	*	*	*	*	*		*		
2.3 Demonstrate the importance of planning and an understanding of managing dental specialist services		*	*	*	*	*		*	*9	*

Domain 3: Patient safety, quality improvement and governance

HLO	Patient feedback / MSF	WPBAs	Reflective reports	Training course or qualification (inc. PG degrees)	Critical incidents or complaint reviews	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other (see list 1-9 below)	CS / ES reports
3.1 Recognise a professional and statutory duty of candour and act accordingly within established governance, legal and regulatory systems, including equality and diversity	*	*		*		*		*	*2	*
3.2 Recognise the impact of human factors on the individual, teams, organisations and systems		*	*	*					*2	
3.3 Design and employ quality improvement measures that improve clinical effectiveness, patient safety, care or experience	*	*		*	*	*		*	*2	

HLO	Patient feedback / MSF	WPBAs	Reflective reports	Training course or qualification (inc. PG degrees)	Critical incidents or complaint reviews	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other (see list 1-9 below)	CS / ES reports
3.4 Act to safeguard patients, particularly children, other young people and vulnerable adults in accordance with the requirements of appropriate equality and diversity legislation		*	*	*			*	*	*2	
3.5 Immediate life support				*						

Domain 4: Personal education, training, research and scholarship

HLO	Patient feedback / MSF	WPBAs	Reflective reports	Training course or qualification (inc. PG degrees)	Critical incidents or complaint reviews	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other (see list 1-9 below)	CS / ES reports
4.1 Demonstrate that they can plan and deliver effective education and training activities		*	*	*				*	*2,3,4,5	

HLO	Patient feedback / MSF	WPBAs	Reflective reports	Training course or qualification (inc. PG degrees)	Critical incidents or complaint reviews	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other (see list 1-9 below)	CS / ES reports
4.2 Demonstrate that they can critically appraise and interpret scientific / academic literature and keep up to date with current and best practice		*		*		*		*	*6,7,8	
4.3 Understand what is required to participate in research		*		*		*		*	*2,6,7	

Other methods of assessment are:

1. Case presentation
2. CPD
3. Education feedback
4. Conference presentation
5. Observation of teaching
6. Journal clubs
7. Publications
8. Developing protocols
9. Objective structured assessments.

Section D - Specialty-specific content for Oral Microbiology

Domain 5: The scientific basis of microbiology

Outcome	Examples
5.1 Demonstrate knowledge and understanding of the scientific basis of medical microbiology, virology and infectious diseases which underpin clinical practice	<p>They should do this by:</p> <ul style="list-style-type: none">• explaining basic biology (structure, genetics, taxonomy, epidemiology) of major bacterial, viral, fungal, parasitic and prion agents• explaining the basis of the immune response to infection• using knowledge of host pathogen interactions to analyse clinical presentations of infection• outlining the principles of epidemiology, presentation, diagnosis, and management of clinical infection syndromes• explaining the basic principles of diagnostic microbiology and virology• demonstrating knowledge and understanding of the treatment and preventative strategies available for infection.

Domain 6: Key clinical skills

Outcome	Examples
6.1 Demonstrate these key clinical skills when direct patient contact required	<p>They should do this by:</p> <ul style="list-style-type: none">• taking a relevant patient history including patient symptoms, concerns, priorities and preferences• performing accurate clinical examinations• showing appropriate clinical reasoning by analysing physical and psychological findings• formulating an appropriate differential diagnosis• formulating an appropriate diagnostic and management plan, taking into account patient preferences and the urgency required• explaining clinical reasoning behind diagnostic and clinical management decisions to patients,

	<p>carers, guardians and/or other colleagues</p> <ul style="list-style-type: none"> • appropriately selecting, managing and interpreting investigations (e.g. reviewing results) • understanding the challenges of safe prescribing for people at extremes of age, which includes neonates, children and frail or elderly people • assessing a clinical situation to recognise a drug reaction • managing adverse incidents and therapeutic interactions appropriately • accessing the current product literature to ensure medicines or products are prescribed and monitored according to most up to date criteria.
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Domain 7: Diagnosis and management of infection

Outcome	Examples
7.1 Demonstrate knowledge and understanding of diagnosis and management of infection	<ul style="list-style-type: none"> • Knowing the signs and symptoms of infection and understand the range of special investigations available to support diagnoses • Understanding the reasoning behind investigational and diagnostic microbiological procedures and being able to communicate this clearly to clinicians, laboratory staff, legal professionals and lay persons • Recommending and, if required, undertaking appropriate sampling for microbiological investigations and advising on optimal specimen transport requirements • Undertaking or overseeing specimen processing • Effectively interpreting microbiological findings in the clinical context and producing informative reports for communication to clinicians • Recognising how microbiology reports may affect management pathways • Interpreting reports from related clinical disciplines in the light of microbiology findings, mindful of the pitfalls of interpretation • Liaising with clinical colleagues to interpret findings • Liaising effectively with other specialty services and requesting appropriate supplementary

Outcome	Examples
	<ul style="list-style-type: none"> investigations Escalating/referring findings to relevant colleagues when appropriate Recommending appropriate treatment ensuring adherence to the principles of antimicrobial stewardship Recommending and undertaking follow up investigations.

Domain 8: Surveillance of infection

Outcome	Examples
8.1 Demonstrate knowledge and understanding of the importance of surveillance of infection and antimicrobial resistance	<ul style="list-style-type: none"> Understanding how sampling of infection benefits the individual patient in addition to providing surveillance data for monitoring of clinical outcomes and antimicrobial resistance Knowing how to collate relevant surveillance data for local and national purposes.

Domain 9: Provision of diagnostic services

Outcome	Examples
9.1 Develop the necessary management, communication, and leadership skills to run a laboratory and deliver a high-quality service	<ul style="list-style-type: none"> Being familiar with the structure, resources and legislation surrounding laboratory practice Describing and explain laboratory information management systems and other healthcare systems including understanding the information governance legislation Demonstrating awareness of developments, scientific and managerial that may affect the organisation and delivery of microbiology services (e.g. commissioning) Participating in management projects relevant to service delivery for example writing of business cases and appreciating the importance of drawing upon the expertise and opinions of others in

	<p>this process</p> <ul style="list-style-type: none"> • Demonstrating the use of internal quality control and external quality assurance information to diagnose and resolve analytical problems.

Domain 10: Infection prevention and control

Outcome	Examples
10.1 Demonstrate knowledge and understanding of the principles of infection prevention and control and implementation within clinical practice	<ul style="list-style-type: none"> • Having knowledge and understanding of the routes and transmission of infection and methods for the prevention of nosocomial and community spread of microorganisms • Recognising the role of surveillance in identification of outbreaks and incidents and the use of routine and enhanced surveillance • Understanding the implementation of standard and transmission-based precautions depending on nature of infectious challenge • Being able to undertake risk assessment of infectious threats based on specific microorganisms and clinical situations • Being able to initiate proportionate and prudent risk mitigations and evaluate their effectiveness • Leading effectively on infection control advice, training, and policy development at local and national levels • Liaising effectively with other specialists including CDCC, IPC and public health teams.

Domain 11: Partner specialties

Outcome	Examples
11.1 Demonstrate broad experience and understanding of related specialties such as infectious diseases, health protection, mycology, parasitology and virology	<ul style="list-style-type: none">• Having knowledge and understanding of the diagnostic and management principles of related specialties to facilitate appropriate referral and liaison with other specialist teams.

Domain 12: Policy and guidance development

Outcome	Examples
12.1 Appreciate the process for national policy and guidance development including the requirement for wide consultation with stakeholders.	<ul style="list-style-type: none">• Having experience at some level of influencing, development or implementation of policy or strategy as a specialty and in collaboration with partners. For example, in:<ul style="list-style-type: none">○ the prevention and management of infection○ standard operating procedures in the processing of microbiological samples○ quality assurance protocols○ the surveillance of antimicrobial resistance○ prescribing guidelines○ audit toolkits.

Domain 13: Working in a multidisciplinary team

Outcome	Examples
13.1 Contribute effectively to a multidisciplinary team	<ul style="list-style-type: none">• Liaising and communicating effectively with clinicians, laboratory staff, medical microbiologists, infectious disease physicians, infection prevention and control teams and occupational health staff• Demonstrating effective management and team working skills including influencing, negotiating, continually re-assessing priorities and being involved in complex dynamic situations• Identifying and supporting effective continuity and co-ordination of patient care through the appropriate transfer of information• Recognising the importance of prompt and accurate information sharing with the team primarily responsible for the care of the patient• Being able to work effectively with “external” agencies such as GDC, GMC, RCS RCPPath, education bodies and international diagnostic and research networks.

Domain 14: Promotion of health and safety

Outcome	Examples
14.1 Demonstrate the appropriate knowledge and background skills relevant to clinical practice for the general advancement of oral and general health, the management of the specialty patient and safety of patients and members of the dental team	<ul style="list-style-type: none">• Demonstrating a knowledge base in pathological and medical sciences to underpin safe, effective and prudent clinical practice• Contributing to undergraduate and postgraduate education of healthcare professionals• Providing microbiology expertise to support clinical trials and research in infection prevention and management.

Oral Microbiology assessments blueprint

*Assessments in red are mandated.

*Assessments in black are flexible, and the trainee can choose whether they wish to use them to evidence their learning.

HLO Domain	College examination (FRCPPath)	ES reports	Logbook	CBD record and reflections	AOPs DOPs	CBDs	Quality improvement activity	MSF	Service user / patient feedback
5. The scientific basis of microbiology	*	*	*	*		*			
6. Key clinical skills	*	*	*	*	*	*			
7. Diagnosis and management of infection	*	*	*	*	*	*	*	*	*
8. Surveillance of infection	*	*	*	*		*	*		
9. Provision of diagnostic services	*	*	*	*			*		
10. Infection prevention and control	*	*	*	*		*			
11. Partner specialties	*	*	*	*		*			
12. Policy and guidance development	*	*	*	*			*		
13. Working in a multidisciplinary team	*	*	*	*		*	*	*	*
14. Promotion of health and safety	*	*	*	*	*	*			

Section E: Glossary of terms and references

ABFTD	Advisory Board for Foundation Training in Dentistry
ABSTD	Advisory Board for Specialty Training in Dentistry
ACAT	Acute Care Assessment Tool
ACF	Academic Clinical Fellow
AoA	Assessment of Audit
ARCP	Annual Review of Competency Progression
CAT	Critically Appraised Topic
CBD	Case-based discussion
CCST	Certificate of Completion of Specialty Training
CEX/mini CEX	Clinical evaluation exercise
CPA	Competence in practice assessment
COPDEND	Committee of Postgraduate Dental Deans and Directors
CPD	Continuing Professional Development
DDMFR	Diploma in Dental and Maxillofacial Radiology
DDPH	Diploma in Dental Public Health
DOP/DOPS	Direct observation of procedure/procedural skills
DSFE	Dental Specialty Fellowship Examinations
EPA	Entrustable professional activities
ES	Educational Supervisor
ESR	Educational Supervisor's Report
F(DPH) College	Fellowship in Dental Public Health
F(Endo) College	Fellowship in Endodontics
F(Orth) College	Fellowship in Orthodontics
F(OS) College	Fellowship in Oral Surgery

F(OM) College	Fellowship in Oral Medicine
F(Paed Dent) College	Fellowship in Paediatric Dentistry
F(Perio) College	Fellowship in Periodontics
F(Pros) College	Fellowship in Prosthodontics
F(RD) College	Fellowship in Restorative Dentistry
F(SCD) College	Fellowship in Special Care Dentistry
FRCPATH	Fellowship of the Royal College of Pathologists
FRCR	Fellowship of The Royal College of Radiologists
GDC	General Dental Council
HcAT	Healthcare Assessment and Training
HEIW	Health Education and Improvement Wales
HEE	Health Education England
ISCP	Intercollegiate Surgical Curriculum Project
ISFE	Intercollegiate Specialty Fellowship Examination
JCPTD	Joint Committee for Postgraduate Training in Dentistry
MSF	Multi-source feedback
NES	NHS Education for Scotland
NHSE	National Health Service England
NIMDTA	Northern Ireland Medical and Dental Training Agency
NTN	National Training Number
OoP	Out of Programme
OoPC	Out of Programme: Career Break
OoPE	Out of Programme: non-training Experience
OoPR	Out of Programme: Research
OoPT	Out of Programme: Training

OoT	Observation of teaching
OSCE	Objective Structured Clinical Examination
PBA	Procedure-Based Assessments
PGDD	Postgraduate Dental Deans and Directors
PDP	Personal Development Plan
QA	Quality Assurance
RCP	Review of Competency Progression
RCS Ed	Royal College of Surgeons of Edinburgh
RCS Eng	Royal College of Surgeons of England
RCPSG	Royal College of Physicians and Surgeons of Glasgow
RCR	Royal College of Radiologists
SAC	Specialty Advisory Committee
SCRT	Specialty Curriculum Review Team
STC	Specialty Training Committee
StR	Specialty Training Registrar* note, the interchangeable term Specialty Trainee is used in the Dental Gold Guide
TPD	Training Programme Director
VTN	Visitor Training Number
WPBA	Workplace Based Assessment
WR	Written report
WTE	Whole Time Equivalent

References:

- GDC Principles and Criteria for Specialist Listing incorporating the [Standards for Specialty Education 2019](#) and [GDC principles of specialist listing](#)
- [Dental Gold Guide 2023](#) – COPDEND

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

**Dental Gold Guide 4th Edition
DGG4 - September 2023**

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1 INTRODUCTION

1.1 This fourth edition of *A Reference Guide for Postgraduate Dental Core and Specialty Training in the UK* (also known as the Dental Gold Guide) sets out the arrangements agreed by the four UK health departments for core and specialty dental training programmes. It is maintained by the Conference of Postgraduate Dental Deans and Directors (COPDEND) on behalf of the four UK health departments.

1.2 This edition is a consolidation of earlier versions of the Dental Gold Guide and Dental Silver Guide and replaces all previous versions. It aims to set out a framework with clear principles for the operational management of postgraduate dental core and specialty training to support consistent decision making by Postgraduate Dental Deans and their support structures in a transparent way. It applies to all dentists in core and specialty training across the UK. For the purpose of clarity, these dentists will be referred to as trainees throughout this document.

1.3 The purpose of this guide is to help those who propose to enter training, those in training and those who quality manage and administer training at core and specialty level. It aims to ensure a consistent approach irrespective of where that training takes place.

1.4 This Guide is applicable UK wide but there are some national variations in its implementation to reflect organisational structures. These have been highlighted appropriately. Text within blue boxes specifically relates to Dental Core Training and Dental Core Trainees.

1.5 The Guide is not a contractual document and will not cover every eventuality. There are occasions where it may be necessary to derogate from the guidance defined in this Guide.

1.6 The Postgraduate Dental Dean has discretion to offer flexibility in making derogations from the Dental Gold Guide in exceptional circumstances and for sound educational reasons such as to accommodate changes and innovations in training delivery.

1.7 This Guide does not address issues relating to terms and conditions of employment (e.g., pay, job plans and work schedules) of dentists in postgraduate training.

1.8 The standards and requirements set by the General Dental Council (GDC) are extensively referenced to ensure that the Guide is underpinned by them.

2 DENTAL POSTGRADUATE TRAINING IN THE UK

2.1 NHS England Workforce Training and Education ([NHSE](#)), Health Education and Improvement Wales ([HEIW](#)), NHS Education for Scotland ([NES](#)) and the Northern Ireland Medical and Dental Training Agency ([NIMDTA](#)) have responsibility for developing and delivering education and training for the healthcare workforce to enable excellence in health and care.

NHS England Workforce Training and Education

2.2 NHS England Workforce Training and Education (NHSE WT&E), formerly Health Education England, supports the delivery of excellent healthcare and health improvement to the patients and public of England, by ensuring that the workforce has the right numbers, skills, values, and behaviours, at the right time and in the right place. It has the following national functions:

- NHSE WT&E provides national leadership on planning and developing the healthcare and public health workforce.
- It promotes high-quality education and training that is responsive to the changing needs of patients and local communities via its Quality Strategy and Quality Framework.
- As a multi-professional organisation, NHSE WT&E has equally important but differing responsibilities to the different clinical professions.
- As with all statutory education bodies, NHSE WT&E has clear responsibilities to deliver postgraduate medical and dental education as defined by the Medical Act 1983 and the Dentists Act 1984, and it also has responsibility for ensuring the effective delivery of important national functions such as medical trainee recruitment.
- NHSE WT&E ensures security of supply of the healthcare and public health workforce.
- It appoints and supports the development of Local Education and Training Boards (LETBs).
- It allocates and accounts for NHS education and training resources, and accounts for the outcomes achieved.

2.3 NHSE WT&E will support healthcare providers and clinicians to take greater responsibility for planning and commissioning education and training through the development of LETBs, which are statutory committees of NHSE WT&E. While NHSE WT&E is accountable for English issues only, it works with stakeholders as appropriate in areas where there may be implications for the rest of the UK.

NHS Education for Scotland

2.4 NHS Education for Scotland (NES) is the national health board with statutory responsibilities to effect sustainable change through workforce development, education and training across the health and social care system in Scotland while working at UK level with partner organisations.

2.5 Since its creation in 2002, NES has led in educational design, delivery and quality management, and has provided wide-ranging support to workforce development. NES is the official provider of workforce statistics for NHS Scotland and supports national workforce planning. NES also designs and develops digital technologies supporting innovation and transformation.

2.6 The purpose of NES is to drive change and improve the quality of care experienced by citizens across Scotland by ensuring that it has the right staff, with the right skills, in the right place at the right time. NES is integral to improving outcomes for people, and to ensuring that a skilled and capable workforce underpins the design and delivery of services. As an organisation, it recognises the significant contribution it can make to improving population health, reducing inequalities and economic development.

2.7 NES has a Scotland-wide role in undergraduate and postgraduate education as well as in continuing professional development across all professional groups (medicine, dentistry, pharmacy, clinical psychology, healthcare science and optometry), and it maintains a local perspective through centres in Edinburgh, Glasgow, Dundee, Aberdeen and Inverness with over 1,000 staff who work closely with frontline educational support roles and networks.

2.8 The overarching aim of the dental directorate in NES is to deliver first-class education and training for all members of the dental team to ensure safe, effective care for patients, both now and in the future. Working with all its partners, NES aims to achieve this by:

- organising and providing excellent training programmes that attract high-quality applicants to Scotland
- ii. meeting and exceeding all regulatory standards through consistent application of best practice and the principles of continual improvement
- iii. supporting the ongoing education and training of the dental team, together with those who support their work.

2.9 NES also supports the appraisal and revalidation of all doctors in Scotland as well as several cross-cutting and multi-professional programmes, including patient safety, quality improvement of patient care, and the development of Scotland's remote and rural workforce.

2.10 In addition, NES provides access to education for nursing, midwifery and allied health professionals, healthcare chaplains and healthcare support workers as well as administrative, clerical and support staff.

Health Education and Improvement Wales

2.11 Health Education and Improvement Wales (HEIW) is the strategic workforce body for NHS Wales. HEIW sits alongside Health Boards, Trusts, and Digital Health and Care Wales, and has a leading role in the education, training, development and shaping of the healthcare workforce in order to ensure high-quality care for the people of Wales.

2.12 The key functions of HEIW include:

- Education & Training, Planning Commissioning and Delivery: HEIW plans, commissions, delivers, and quality manages undergraduate and post graduate education and training for a wide range of health professions in Wales.
- Workforce Strategy, Planning and Intelligence: as well as providing strategic leadership for the development of workforce planning capacity across the NHS HEIW has a lead role in the development of strategic workforce plans, and the provision of analytical insight and intelligence to support the development of the current and future shape of the workforce.
- Leadership Development: HEIW is responsible for setting the strategy, principles and frameworks for leadership development across Wales, based on compassionate and

collective leadership, together with the commissioning and delivery of leadership development activity for key groups. HEIW leads on succession planning and talent management for aspiring Directors and Chief Executive.

- Workforce Development and Transformation: HEIW supports workforce transformation and improvement to respond to significant service challenges, including skills development, role design, prudent approaches, Continuing Professional Development (CPD) and career pathway development.
- Careers and Widening Access: HEIW promotes health careers and the widening access agenda to ensure that opportunities to work in the health and care system are available to all. Working to include people that have valuable skills and experience that are currently under-represented in the Welsh workforce.

The Northern Ireland Medical and Dental Training Agency

2.13 The Northern Ireland Medical and Dental Training Agency (NIMDTA) is an arm's length body sponsored by the Department of Health for Northern Ireland (DoH) to train medical and dental professionals for Northern Ireland. It achieves this through:

- the commissioning, promotion and oversight of postgraduate medical and dental education and training throughout Northern Ireland
- the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes
- assessment of the performance of trainees through annual review and appraisal
- management of the quality of postgraduate medical and dental education in HSC Trusts and in general medical and dental practices
- close partnership with local education providers (principally Health and Social Care Trusts, and general practices) to ensure that the training and supervision of trainees supports the delivery of high-quality, safe patient care
- selecting, appointing, training, and developing educational leaders for foundation, core and specialty medical and dental training programmes throughout NI.

2.14 NIMDTA is accountable for the performance of its functions to the Northern Ireland Assembly through the Minister of Health and to the GMC for ensuring that the standards set by the GMC for medical training, educational structures and processes are achieved. NIMDTA is also responsible to the GDC for the Standards for Specialty Education.

NIMDTA enhances the standard and safety of patient care through the organisation and delivery of career development for general medical and dental practitioners and dental care professionals. It also supports the career development of general medical practitioners and the requirements for revalidation through the management and delivery of GP appraisal.

2.15 There is a Management Statement and Financial Memorandum between the DoH and NIMDTA, setting out the relationship in detail.

2.16 NIMDTA was asked by the DoH in January 2019 to take on the function of being the single lead employer for doctors and dentists in training in Northern Ireland. This began in a phased fashion from August 2019

2.17 The GDC is the regulator for the dental profession and is responsible for setting the standards for dental specialty training, approving curricula and for the quality assurance of such

training. It also assesses suitability for specialist listing, including award of a Certificate of Completion of Specialist Training (CCST), and manages their specialist lists.

2.18 The Joint Committee for Postgraduate Training in Dentistry ([JCPTD](#)), through the Royal Colleges and the Specialist Advisory Committees ([SACs](#)), is responsible for the development of all dental specialty training curricula, devising assessments and examinations and making recommendations to the GDC on specialty training.

2.19 Postgraduate Dental Deans have a number of responsibilities. These include, but are not limited to, the quality management of core and specialty training programmes and posts, appointment of trainees and training programme directors (TPDs) and the regular review of trainees' progress. They are also responsible for the recommendation of the award of a CCST to the GDC for specialty trainees.

2.20 Training providers (NHS Trusts, NHS boards, health boards, and universities) are required to provide well-supervised training to ensure both patient safety and the development of the dental workforce.

Standards for Dental Core Training

2.21 Approval of dental core training programmes and posts rests with the Postgraduate Dental Dean.

2.22 Whilst the GDC has no regulatory responsibility for dental core training, training programmes must conform to the [GDC Standards for the Dental Team](#) and the [COPDEND Curriculum for Dental Core Training](#).

Standards for Dental Specialty Education

2.23 Whilst approval of specialty training programmes and posts rests with the Postgraduate Dental Deans, they can seek advice from the SACs and JCPTD. Specialty training programmes must conform to the [GDC Standards for Specialty Education](#) through GDC approved curricula and reflect the [GDC Standards for the Dental Team](#).

Essentials for specialist listing

2.24 For entry onto one of the GDC specialist lists, dentists who undertake specialty training in the UK must:

- Hold full GDC registration as a dentist
- Have successfully completed an approved programme (with National Training Number (NTN)) including all entry, training and assessment criteria
- Hold the agreed qualification awarded by one of the Royal Colleges

2.25 The GDC has other routes to specialist lists. Details are available on the [GDC](#) website.

2.26 The GDC has approved curricula for 13 dental specialties:

Specialty	Indicative length of training to CCST ¹	Post-CCST training	Qualification
Dental and Maxillofacial Radiology	4 years	No	DDMFR
Dental Public Health	4 years (or 3 years with MPH/MDPH)	No	FDS(DPH)
Endodontics	3 years	No	MEndo
Oral and Maxillofacial Pathology	5 years	No	FRCPPath
Oral Medicine	5 years	No	FDS(OM)
Oral Microbiology	5 years	No	FRCPPath
Oral Surgery	3 years	No	MOralSurg
Orthodontics	3 years ²	2 years	MOrth
Paediatric Dentistry	3 years ²	2 years	MPaedDent
Periodontics	3 years	No	MPerio
Prosthodontics	3 years	No	MPros
Restorative Dentistry	5 years	No	FDS(RestDent)
Special Care Dentistry	4 years	No	MSCD

¹ In specific circumstances, the length of training can be reduced. Refer to individual specialty curricula for details for when and how this may apply.

² There are a number of run through training posts of 5 years duration in Orthodontics and Paediatric Dentistry.

These qualifications for the dental specialties are managed by the following Royal Colleges:

[The Royal College of Surgeons of Edinburgh](#)

[The Royal College of Surgeons of England](#)

[The Royal College of Physicians and Surgeons of Glasgow](#)

[The Royal College of Pathologists](#)

[The Royal College of Radiologists](#)

Management of Postgraduate Dental Training – Roles and Responsibilities

2.27 General Dental Council (GDC):

- Specifies the principles, standards and guidance which apply to all members of the dental team
- Holds register of qualified dental professionals and investigates concerns about dental professionals' fitness to practice
- Holds and approves entry onto specialist lists (including award of CCST)
- Approves specialty curricula

- Quality assures specialty training; standards for the management and delivery of dental specialty training are set by GDC. These apply to all UK programmes leading to inclusion on one of the GDC specialist lists
- Does not quality assure dental core or post-CCST training

2.28 Joint Committee for Postgraduate Training in Dentistry (JCPTD):

- Develops specialty curricula
- Makes recommendations to the GDC on specialty training
- Devises assessments and examinations

2.29 Specialty Training Committees (STC) apply only to specialty training and are normally specialty-specific advisory committees which act on behalf of the Postgraduate Dental Dean and deal with all aspects of specialty training.

The main functions of the STC are to:

- Implement policy, standards and regulations for specialty training having regard to the requirements of the JCPTD and the relevant SAC
- Facilitate delivery of training programmes
- Review and monitor progress for all trainees on a regular basis, including review of RCP outcomes awarded by a regional/national panel
- Liaise with other national bodies involved in specialty training
- Provide a forum for discussion on all matters relating to specialty training

The membership of the STC should represent all those involved in training and should include as a minimum:

- Postgraduate Dental Dean or deputy
- TPDs – one of whom is normally chair
- University representative if appropriate
- Trainee representative
- NHS provider representative

2.30 Postgraduate Dental Deans:

- Quality manages core and specialty training programmes and posts
- Appoints trainees, TPDs and STC Chairs (where appropriate)
- Assesses trainees' progress through core and specialty training
- Recommends the award of a CCST to the GDC
- Allocates and management of NTN

2.31 Associate Postgraduate Dental Deans:

Associate Postgraduate Dental Deans/TPDs/Core Training Advisors are appointed by Postgraduate Dental Dean. They should:

- Participate in the local arrangements developed by the Postgraduate Dental Dean to support the management of the training programme
- Consider the collective needs of the trainees

- Provide support for clinical and educational supervisors
- Contribute to the annual assessment outcome process
- Help the Postgraduate Dental Dean manage trainees who are experiencing difficulties

2.32 The role of Associate Postgraduate Dental Deans/TPDs/Core Training Advisors in Dental Core Training

The day-to-day management of dental core training is carried out by Associate Postgraduate Dental Deans, TPDs or Core Training Advisors.

2.33 Training Programme Directors (TPDs) – Specialty Training

The day-to-day management of specialty training is carried out by TPDs. TPDs are appointed by and are responsible to the Postgraduate Dental Dean and they should be specialty specific. The appointment is normally for a maximum of six years. It is the responsibility of Postgraduate Dental Dean to inform the relevant SAC and ISCP (or other e-logbook provider) of the appointment.

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
- Work with Specialist Advisory Committees (SACs)
- Consider the collective needs of the trainees
- Provide support for clinical and educational supervisors
- Contribute to the annual assessment outcome process in the specialty
- Help the Postgraduate Dental Dean manage trainees who are running into difficulties
- Ensure 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
- Produce timely reports on the training programme, on individual trainees and on the review of information regarding the quality of training, as required by NHSE WT&E, HEIW, NES and NIMDTA
- TPDs will normally chair the Specialty Training Committee (STC); however, it is up to NHSE WT&E, HEIW, NES or NIMDTA to determine their preferred arrangements

2.34 Educational Supervisors (ESs)

An educational supervisor is a named trainer who is appointed by the provider to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. An educational supervisor may be responsible for several trainees, but normally no more than four. 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 understand educational theory and practical educational techniques
- Be trained to offer educational supervision and undertake appraisal and feedback

- Undertake training in competence assessment, appropriate for the level of trainee
- Be trained in equality and diversity
- Provide regular appraisal opportunities (a minimum of two per annum)
- 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 maintain and develop their portfolio and participate in the assessment process
- Provide regular feedback to trainees on their progress
- Ensure that reports are completed within the necessary timescales
- Contact the employer and the Postgraduate Dental Dean should the level of performance of a trainee give rise for concern
- Be able to advise the trainee about access to career management
- Be responsible for their educational role to the TPD

2.35 Clinical Supervisors (CSs)

Each trainee should have a named clinical supervisor for each clinical session. A clinical supervisor is a trainer who has proven competence in the clinical field and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback. All clinical supervisors should:

- Normally be on a relevant specialist list (only applicable to specialty training)
- Understand their responsibilities for patient safety
- Be fully trained in the specific area of clinical care
- Offer a level of supervision and support appropriate 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
- Teach, provide feedback and undertake competence assessments, such as workplace-based assessments/supervised learning events and have up-to-date equality and diversity training

2.36 Academic Supervisors (ASs)

The academic supervisor is responsible for overseeing a specified trainee's academic work and providing constructive feedback during academic or related experience. They are also required to provide an academic supervisor's report as part of the evidence for the RCP.

Approval of the post and programme

2.37 A programme consists of a series of placements which may be in different training environments involving more than one provider. A post refers to the placement held by a particular trainee, and a number of posts may make up a programme.

2.38 The Postgraduate Dental Dean may delegate management of programmes to Associate Postgraduate Dental Dean, TPDs and/or advisers.

2.39 Normally, all aspects of the curriculum will be delivered by the local education providers for each training programme on behalf of NHSE WT&E, HEIW, NES and NIMDTA. In exceptional circumstances, trainees may need to spend part of their training time in a different region e.g., when certain aspects of the curriculum cannot be delivered locally.

Dental Core Training

2.40 Approval of dental core training programmes and posts rests with Postgraduate Dental Deans. To be approved, any new programmes or posts need to meet or exceed the minimum standards as set out in the dental core training curriculum.

2.41 The training programme will need to be compliant with the curriculum, and every clinical session must have a named clinical supervisor who has the required skills and experience. For trainees with full registration with the General Dental Council the clinical supervisor may be off-site out of hours but must be easily contactable. For temporary registered trainees there must always be a fully registered dentist present on site.

2.42 In addition, each trainee must have a named educational supervisor appointed by the training provider, who normally will be a senior clinician able to fulfil the commitments as listed in [section 2.19](#).

Dental Specialty Training

2.43 There are 13 dental specialties in which training could be offered, although training in every specialty may not be available in all areas.

2.44 Specialty training programmes and posts must conform to the [Standards for Specialty Education](#) and the minimum standards set out in the appropriate specialty curriculum [Specialty Curricula \(gdc-uk.org\)](#). Postgraduate Dental Deans will seek advice from the relevant SAC for new or lapsed posts. Postgraduate Dental Deans delegate management of programmes to TPDs, who will be from the relevant specialty. The Postgraduate Dental Dean should collate the outcomes of the training programmes, and these should be available for each specialty and shared with the relevant SAC.

2.45 In advising on a programme or post, the SAC will expect the minimum standards as set out in the curriculum. The timetable will need to be submitted to check compliance with the curriculum, and every clinical session must have a named clinical supervisor who has the required skills and experience.

2.46 In addition, each trainee must have a named educational supervisor appointed by the training provider, who is normally a specialist/consultant in the same specialty able to fulfil the commitments as listed in [section 2.19](#).

Quality management and quality assurance of dental specialty posts and programmes

2.47 Postgraduate Dental Deans are required to have robust quality management processes in place to manage the delivery of training and to ensure the satisfactory progress of trainees. Patient safety must be the priority for all those who manage or are involved in training programmes (see [section 7](#)).

2.48 The GDC quality assures specialty training according to the standards and requirements laid out in the [Standards for Specialty Education](#).

3 COMMENCING POSTGRADUATE DENTAL CORE AND SPECIALTY TRAINING

Recruitment into training

3.1 Entry into dental core and specialty training can only be achieved through open competition.

3.2 For both dental core, specialty and post-CCST there are currently one national recruitment round per year.

3.3 Multiple agencies are involved in the recruitment process: Postgraduate Dental Dean, the employer/provider, for specialty posts the relevant SAC and, for academic appointments, the host University.

Process for recruitment to existing posts

3.4 When existing training posts are identified as falling vacant before the recruitment rounds the Postgraduate Dental Dean, in liaison with the relevant local or national advisory bodies, should confirm that the vacancies must either be recruited to the same job description or whether current/future workforce need demands a change of focus.

3.5 In addition, there are several reasons why potential training-post vacancies may need to be withheld from national recruitment rounds. For instance, in England NIHR sponsored ACF and CL posts are funded for a finite time only (3 and 4 years respectively). In situations where the time in clinical training exceeds the length of the award it is usually necessary to withhold another training post from recruitment to provide the necessary funding for completion of training.

3.6 For Dental Core Training posts the withholding of a training post from recruitment is usually only required if the incumbent trainee is undertaking LTFT training. Trainees not obtaining an RCP outcome 1 may be permitted to extend their time in the current training post or other post (RCP outcome 3), subject to vacancy and Postgraduate Dental Dean approval.

Process for recruitment to new posts

3.7 The establishment of a new core, specialty or post-CCST training post must be with the agreement of all stakeholders. If the funding is non-recurrent, the funding organisation(s) must undertake to continue funding the post-holder until their training is either completed or terminated and, when requested (Specialty Training & Post CCST only) a period of grace is concluded.

National recruitment

3.8 National recruitment is undertaken for dental core, specialty and post-CCST training posts. National Recruitment Working Groups are chaired by the Lead Postgraduate Dental Dean or deputy, along with Medical and Dental Recruitment and Selection (MDRS), to oversee the processes for core and the individual specialty recruitments. The recruitment of NIHR IATs is currently organised as a separate local process, although national benchmarking is required (see [section 3.13](#)). Whilst in England national recruitment is the only process permitted for

dental core and specialty training, the Postgraduate Dental Deans of NES, HEIW and NIMDTA can elect to hold a local recruitment of dental core or specialty trainees (see [section 3.10](#)).

3.9 The national recruitment processes for dental core and specialty training are currently organised by a lead deanery/local Office on behalf of NHSE WT&E, HEIW, NES and NIMDTA. Further information can be found on the [COPDEND](#) website.

Local recruitment

3.10 Only Postgraduate Dental Deans have the discretion to undertake recruitment on a local basis. If this is to occur MDRS must be informed at least 3 months before the commencement of the national recruitment process.

3.11 Advice from the Human Resources team should be sought to ensure that any local recruitment and appointment process is compliant with best practice.

Academic appointments

3.12 Academic appointments must adhere to best recruitment practices. For NIHR appointments please see the relevant documentation on the [NIHR website](#) (applicable in England only).

Academic Dental Specialty Training posts (England only)

3.13 Applicants for academic posts must go through a local academic selection and, unless they are current NTN holders in the specialty applied for, the national recruitment process. This is to ensure that they meet the benchmark for appointment as a specialty trainee. Positive benchmarking remains valid only until the next round of specialty national recruitment. Ideally, the national recruitment process should be completed after the local academic selection.

Academic Dental Core Training posts

3.14 NIHR Academic Clinical Fellowships (ACFs) can be offered at Dental Core Training grade. Entry can be at any level of dental core training. Those applying for these posts must go through both a local academic selection and DCT national recruitment process. This is to ensure that they meet the benchmark for appointment as a dental core trainee. Positive benchmarking remains valid only until the next round of DCT national recruitment. Ideally, the national recruitment process should be completed after the local academic selection.

Person specification

3.15 A person specification is a profile of the skills and aptitudes required of the trainee and it lists the criteria that will be used in selecting candidates.

3.16 The criteria should include qualifications and academic achievements, experience, skills and abilities, academic/research skills, teaching skills, commitment to specialty, personal skills, behaviours and attitudes and any physical requirements. National person specifications are available on the [COPDEND website](#).

Essential criteria for entry to training

3.17 Candidates must be able to demonstrate the essential criteria as set out in the individual person specification for the post to which they are applying.

3.18 Trainees must be on the GDC register at the time of taking up the training post. This can include temporary registration. However, specialty trainees must have full GDC registration to be awarded a Certificate of Completion of Specialty Training (CCST).

3.19 Temporary registration allows dentists who are not eligible for full registration by the GDC to practise dentistry in the UK for a limited time-period if they have had the offer of a supervised post for training, teaching, or research purposes only (further information is available via the [GDC](#)).

Job description

3.20 A job description describes the overall purpose of a role and the main tasks to be carried out:

- The employing organisation or training provider will provide the job description
- The job description should always include an indicative timetable
- The job description must include details of additional costs that will need to be borne by the trainee, e.g., examination fees, ISCP (Intercollegiate Surgical Curriculum Project) fees, university fees (where applicable)

Selection process

3.21 Dental core and individual dental specialty selection processes are the responsibility of a lead deanery/NHSE WT&E office under the guidance of MDRS

3.22 For dental core training the lead recruitment office will liaise with other deaneries/NHSE WT&E offices to ensure that there are recruitment centres appropriately geographically located.

3.23 Recruitment should follow the principles of [Values-based Recruitment](#) and must:

- Be fair to all candidates
- Be through open competition and designed to identify and rank the candidates most likely to complete the programme successfully
- Must conform to employment law and best practice in recruitment and selection

3.24 Each Recruitment Office is responsible for some or all of the following:

- Advertising vacancies
- Providing information on the recruitment process
- Receiving applications
- Longlisting applications against a set of agreed eligibility criteria
- Shortlisting based on set of criteria and scoring systems
- Interviewing and selecting successful applicants
- Making offers
- Receiving acceptances

- Informing deaneries/local offices of the details of appointees

[MDRS](#) produces an annually updated applicant handbook for dental recruitment.

Selection process format

3.25 The format of the selection process will vary depending on the grade and specialty. The assessment process will be determined by the recruitment working group and is most likely to be in a multi-station format. It could include a Situational Judgement Test, self-assessment, interview, practical skills simulation test, portfolio station, communication skills station, management station or presentation.

Assessors

3.26 All deaneries/NHSE WT&E offices with posts entered in the recruitment round should be invited to and contribute assessors. All assessors must have completed appropriate Equality and Diversity training within the past three years. Ideally, assessors should be trained appropriately in advance of the selection process.

Ranking candidates

3.27 At the end of the recruitment process, the candidates will be ranked according to their total score, inclusive of any pre-agreed weighting. Candidates whose score falls below that required for appointability will not be offered a post, irrespective of any vacancies.

Feedback to candidates

3.28 All candidates should routinely receive their scores for each domain of the recruitment process and any comments recorded on the electronic scoring system by the panel members.

Preferencing

3.29 Where there are multiple posts available, candidates will be asked to list those posts for which they wish to be considered in their preferred order. Allocation of a candidate to a specific post depends on their ranking and their preference.

3.30 Applicants will have the opportunity to express their preferences throughout the process as it is acknowledged that individuals' circumstances can change between the time of application and the release of offers.

Offering post and acceptance

3.31 Applicants who are offered a post can accept the option to upgrade to a higher preferred post, should that become available within a defined period of time. For applicants who have accepted or held a post, there is opportunity to change upgrade options to allow a post that was originally ranked lower to become the upgraded option.

3.32 Applicants who have applied for both academic and specialty training posts can preference both post types.

Vacancies following national recruitment.

3.33 Dental Core Training vacancies remaining after a national recruitment process can be recruited to by the Local Education Provider. However, for posts in England, NHSE WT&E will not recognise these as training posts. It will be for the Postgraduate Dental Dean to decide whether the funding support of the post will continue.

Recruitment panel

3.34 For National Recruitment processes the panel composition will be determined by the lead recruitment office in liaison with MDRS.

3.35 Local recruitment processes are only allowed in Northern Ireland, Scotland, and Wales.

3.36 For local recruitment processes to Dental Core Training posts, panel composition will be determined by the Postgraduate Dental Dean.

3.37 For local recruitment processes to Dental Specialty posts, as a minimum, interview panels normally include:

- Postgraduate Dental Dean or nominated deputy
- A lay representative
- College adviser (in Scotland this would be the external advisor)
- A university representative or nominated deputy where appropriate e.g., lecturer posts)
- TPD
- NHS/Trust/Health Board representative

The recruitment panel will also have support from Human Resources.

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

4 UNDERTAKING A POSTGRADUATE DENTAL TRAINING PROGRAMME

Handover – from recruitment to employment

4.1 An offer for placement on a training programme following the recruitment and selection process is not an offer of employment. The offer of employment can only be made by an employing organisation.

4.2 Once an allocation offer has been made on behalf of NHSE WT&E, HEIW, NES or NIMDTA and the applicant has accepted, the process to be followed is:

- The employing organisation to which the applicant has been provisionally allocated should be informed of the applicant's details by the recruitment office for NHSE WT&E, HEIW, NES or NIMDTA ideally within 12 weeks of the advertised post commencement date
- The employing organisation will contact the applicant to confirm the pre-employment process and requirements e.g., criminal record and barring check, occupational health clearance and GDC registration. The offer of employment will be subject to satisfactory pre-employment checks and references
- Employers will require at least two recent references, including the most recent employer, from previous employers and clinical supervisors. If an applicant has not supplied a reference, it then becomes the responsibility of the employing organisation to address this issue
- The issuing of the contract of employment and undertaking pre-employment checks is the responsibility of the employing organisation
- The offer of a dental specialty training post will be withdrawn if the eligibility or essential criteria of the person specification required by the time of appointment are not met or if the pre-employment checks are not satisfactory

4.3 If an applicant is selected and offered a placement on a training programme by NHSE WT&E, HEIW, NES and NIMDTA, the employing organisation ultimately has the right to refuse employment, but to do this it must have valid reasons. If the employing organisation is unwilling to offer employment, and no other placement is feasible within the relevant training authority (the locality within NHSE WT&E, or HEIW, NES or NIMDTA) then the offer of a training programme to the applicant is likely to be withdrawn.

4.4 All dental core and specialty training posts should start on the first Wednesday of September to align with both the completion of the previous grade of training and nationally agreed norms for the start day of training posts in secondary care settings. Should a vacancy arise, there is the possibility of specialty training posts commencing on the first Wednesday in March with the appointment of candidates from the previous recruitment round.

Deferring the start of a core or specialty training programme

4.5 The start of training may normally only be deferred on statutory grounds, e.g., maternity, paternity, adoption leave, ill health. For the Defence Medical Services only, training may also be deferred to meet operational requirements. The period of deferral would not normally exceed one year. However, in exceptional circumstances, and with the Postgraduate Dental Deans approval, it can be extended to a maximum of two years after which the trainee would need to reapply for a training post.

Educational Agreement

4.6 The Educational Agreement between the provider of training and Postgraduate Dental Deans can be in the form of Education Contract (EC), Learning and Development Agreement (LDA) or a Service Level Agreement (SLA). The EC/LDA/SLA will be generic to the Provider rather than specific to dentistry. It will set out the number of training posts commissioned with that Provider, the standards required to be delivered and the monitoring arrangements of the contract/agreement.

Registering with the Postgraduate Dental Dean and enrolment with the SAC

4.7 Dental Core Training: all relevant details will be recorded by the deanery/local office responsible for their training in order that accurate trainee information is available.

4.8 Dental Specialty Training: On confirmation of appointment the trainee will complete [Form R](#) – Registration for Postgraduate Training Form. This form is obtained from and should be returned to the Postgraduate Dental Dean within one month of appointment. This will:

- Initiate the issuing of an NTN
- Ensure the trainee is registered on NHSE WT&E, HEIW, NES and NIMDTA database
- Initiate the Review of Competence Progression (RCP) system through which trainee progress is monitored
- Allow the Postgraduate Dental Dean to inform the relevant SAC of the appointment
- Enable the Postgraduate Dental Dean to inform the trainee's employer of the trainee's starter information and the NTN
- Record the date of entry into the programme and likely CCST date

4.9 Before an NTN is issued, specialty trainees will be required to indicate formally that they accept the [Conditions of taking up a Dental Core, Specialty Training Post or Post-CCST Training Post](#). This form is signed by the trainee and a copy of Form R is sent to the relevant SAC by the deanery/NHSE WT&E office.

National Training Numbers (NTNs)

4.10 Dental Core Trainees: There are currently no NTNs for dental core trainees.

4.11 Specialty trainees: NTNs can only be issued by a Postgraduate Dental Dean to trainees on a recognised specialist training programme that is quality managed by the Postgraduate Dental Dean. NTNs are only issued if the trainee has competed, in open competition, for a place on a specialty or post-CCST training programme.

4.12 The allocation of an NTN has two main purposes:

- Educational planning and management - to enable the Postgraduate Dental Deans to keep track of the location and progress of trainees who have been selected into specialty training programmes

- Workforce information - to document within each country and within each specialty, how many trainees are in each specialty training programme and to provide indicative information as to when their training is likely to be completed

4.13 Following appointment to a substantive specialty training programme and post, an NTN will be allocated by the Postgraduate Dental Dean. This includes trainees employed by universities e.g., Lecturers, Academic Clinical Fellows and Clinical Lecturers, where it has been agreed by the Postgraduate Dental Dean that the post will be allocated an NTN.

4.14 The NTN will be held as long as the trainee is in specialty training, is out of training on statutory grounds, or for an Out of Programme (OOP) activity which has been agreed in advance with the Postgraduate Dental Dean.

4.15 The NTN is unique to the trainee for the period they are in training in that specialty. As NTN's are specialty and location specific, the NTN will change if the trainee is subsequently appointed to a different specialty programme or transfers location.

4.16 A trainee will hold an NTN until the training is completed, including any period of grace, or the trainee resigns, or the NTN is removed (see [section 4.20](#)).

Withdrawal of NTN

4.17 This section sets out the Dental Gold Guide's directive to the Postgraduate Dental Dean for withdrawal of the training number or removal of core training contract if the criteria in paragraphs 4.18 i–viii are met.

- 4.18** The training number/contract will be withdrawn when a trainee:
- has completed their training programme and has received an RCP Outcome 6 (including a period of grace where relevant)
 - has received an Outcome 4 or 7.4 from the RCP panel, and the appeals process (where relevant) has been concluded and the appeal rejected
 - is assessed by the Postgraduate Dental Dean as not being suitable for returning to or continuing training in the core/specialty programme in NHSE WT&E, NES, HEIW or NIMDTA
 - does not comply with the requirements for registering or maintaining their registration with the Postgraduate Dental Dean, as set out in [Conditions of taking up a Specialty Training Post or post-CCST Training Post](#)
 - does not hold GDC registration
 - has their name erased or suspended from the dental register, or where restrictions are applied to their registration and where such measures are incompatible with continuing in a training programme at their level of training
 - is dismissed by an employer, which may be an individual employer or the lead employer, and the appeal against the dismissal (where relevant) has been concluded and the appeal rejected
 - resigns their place in a training programme

4.19 In all cases where a training number/contract is withdrawn or a trainee is removed from training, the Postgraduate Dental Dean will inform the trainee in writing of the reasons for this decision and (where necessary) their right of appeal.

4.20 Should a training number/contract be withdrawn, or a trainee removed from training under paragraphs 4.18 iii, iv, vi or vii, then the trainee will have the right of appeal (see [section 5.57](#)). If the training number/contract is removed under paragraph 4.18 vii, are not subject to further appeal against the dismissal but focus on the educational grounds for removal of the training number/contract.

4.21 In relation to paragraphs 4.18 ii–vi, the relevant employing organisation needs to be informed of any decision for withdrawal of a training number/contract as this will normally also mean that their employment contract will be terminated but the decision for the training number/contract to be withdrawn on educational grounds rests with the Postgraduate Dental Dean.

4.22 An NTN will not be allocated to the following appointments:

- Locum Appointments for Training (LAT) (Scotland only)
- Locum Appointment for Service (LAS)
- Sponsorship Programmes – Tier 5 Medical and Dental Training Initiative

4.23 Each NTN is an alpha-numeric code.

Specialty	NTN Codes for Dental Specialties
Dental and Maxillofacial Radiology	045
Dental Public Health	980
Endodontics	067
Oral and Maxillofacial Pathology	046
Oral Medicine	048
Oral Microbiology	047
Oral Surgery	066
Orthodontics	062
Paediatric Dentistry	064
Periodontics	068
Prosthodontics	069
Restorative Dentistry	063
Special Care Dentistry	070

It contains four elements:

- Three letters which identify the Deanery/NHSE WT&E office, e.g., EOS: East of Scotland

- Three digits for the specialty (see table below). This will be preceded by ACA for academic trainees
- The trainee's GDC number
- A single letter suffix which enables identification of the following:

C: for trainees who will apply to the GDC to be awarded a Certificate of Completion of Specialist Training

D: for trainees on post-CCST programmes

Performer/NHS List Number

4.24 For certain dental core and specialty posts, training takes place wholly or partly in a primary care setting of the NHS. To be permitted to work and train in such a setting, the post-holder must be in possession of a valid Performer/NHS List Number. Where relevant, this requirement will be made explicit in the training post description. One of the requirements of holding a Performer/NHS List Number is full GDC registration.

Arrangements for the Defence Primary Healthcare (Dental) (DPHC)

4.25 Defence Primary Healthcare (Dental) will continue to require dental officers in primary care specialties for practice in the Armed Forces. Consultants and specialists will be, by qualification, experience and personal quality, equal to their NHS colleagues. Professional training will be delivered in the NHS to follow, as closely as possible, the pattern required for NHS trainees as well as meeting the needs of the Defence Medical Services. The same approved specialty curricula and assessment strategies are followed.

4.26 Candidates for consideration for specialty training status will be selected by the Defence Medical Services. This is by their employed dentists who satisfy the entry criteria for the grade and meet the person specification for entry into specialty training in the relevant specialty. Those appointed to these positions will be benchmarked through the relevant national recruitment process.

4.27 The Defence Postgraduate Medical Deanery will liaise with another Postgraduate Dental Dean to identify a suitable training position that has capacity and does not impinge on NHS training requirements, at least 12 months before training is due to start. When identified, a selection board will be convened that includes the host Postgraduate Dental Dean or representative, programme directors and relevant SAC if required. Service candidates will not be in competition with civilians for NHS funded appointments but are required to meet the person specification and benchmark at national recruitment for entry into specialty training in the relevant specialty.

4.28 Successful candidates for specialty training will be selected as required by the Defence Medical Services. Those appointed as a specialty trainee will be awarded a Defence Postgraduate Medical Deanery (DPMD) NTN by the Defence Postgraduate Dental Dean, with the prefix TSD. They will hold this number until completion of specialty training. Those who leave the employment of the Armed Forces, or where Armed Forces no longer have a requirement for the trained role, will be required to relinquish their DPMD NTN. If they wish to continue their specialty training outside of employment of Armed Forces, they will have to seek an appropriate vacancy for which they will have to compete through the appropriate recruitment process. However, the DPMD may support an inter-deanery transfer (see [section 4.66](#)) if

appropriate. This is 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. The Defence Medical Service trainees will occupy posts and programmes approved by the PGMD. 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 DPMD representative, at least annually. DPMD assessment panels will normally include external representation.

4.29 Any Armed Forces dentist seeking accreditation as a Defence Medical Service Consultant following successful completion of a full programme of specialty training and receipt of a CCST and/or Specialist Registration, will be presented to an Armed Services Consultant Approval Board for confirmation of NHS equivalence and suitability for consultant status.

Breaks in training/Out of Programme (OOP)

4.30 Trainees may request a break in training/be out of programme (Time Out of Training) from the specialty training programme to which they were appointed for the following reasons:

- Locum appointments
- Maternity/Paternity/Adoption leave
- Career break (OOPC)
- Experience (OOPE)
- Research (OOPR)
- Training (OOPT)
- Sick leave
- Suspension

Time Out of Training (TOOT) – impact on CCST date

4.31 Absence from training, other than for study or annual leave, may have an impact on a trainee's ability to demonstrate competence and the satisfactory completion of the curriculum and assessment system to enable them to be recommended for award of a CCST. Within each 12-month period where a trainee has been absent for a total of 10 working days or more (when a trainee would normally be at work), this will trigger a review of whether the trainee needs to have their CCST date extended. The absence includes all forms of absence other than study/annual leave or prospectively approved leave involving clinical experience or research.

4.32 Trainees wishing to take time out of programme for acting up, career break/special leave, experience or research must get permission from the Postgraduate Dental Dean and are required to complete the [Out of Programme Application Form](#) to apply for permission.

4.33 Trainees will retain their NTN for the agreed time period and are required to provide up to date contact details and keep in touch annually with the RCP panel by means of a report from the named supervisor detailed in the OOP application (except OOPC).

4.34 OOPE, OOPT and OOPC are normally not available until 12 months of training has been completed and are for a maximum of 1 year, with exceptional approval up to two years at the discretion of the Postgraduate Dental Dean. OOPR is normally for up to 3 years with exceptional approval up to four years at the discretion of Postgraduate Dental Dean.

Return to work following an OOP

4.35 The trainee should plan their return to work with their Postgraduate Dental Dean. Although the returning trainee will be accommodated in the next available suitable vacancy, there is no guarantee of return date, and it may take time for a suitable vacancy to arise.

4.36 Trainees will normally need to participate in a 'Return to Work' package at the end of OOPC. After a prolonged absence from clinical practice, a period of additional support may be beneficial on return. Employers may not have been aware or have considered the implications of prolonged absence and this may have implications for patient safety. Trainees returning to clinical practice should access support by way of an appraisal of their needs to ensure a safe and timely return to training, whether this is full-time, LTFT or a phased re-introduction to clinical practice.

4.37 Although trainees on a career break 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.

Time Out of Programme for Clinical Experience (OOPE)

4.38 Trainees may seek agreement for OOP to undertake clinical experience that will not contribute to award of a CCST. In these circumstances, it is likely that the CCST date will need to be extended.

4.39 The purpose of such OOPE could be to:

- Gain professional skills that would enhance a trainee's future practice. This could include enhancing skills in leadership, academia, education or patient safety.
- Enhance clinical experience and skills related to but not part of the curriculum for the individual so that they may experience different working practices or gain specific experience in an area of practice

Time Out of Programme for Research (OOPR)

4.40 All trainees should be encouraged and enabled to undertake research. For periods of research taking up to six months, trainees may not need to go out of programme. The Postgraduate Dental Dean may seek advice from the SAC. Trainees in their final year will not normally be granted time out of programme for research.

4.41 Trainees are required to have a research supervisor's report submitted to the RCP panel indicating that appropriate progress in research is being made in achievement of the higher degree and this should be submitted to the Postgraduate Dental Dean two weeks in advance of the panel meeting.

Time Out of Programme for Clinical Training (OOPT)

4.42 Trainees may step out of training to undertake clinical training that is not part of the trainee's training programme. Trainees will retain their training number/contract while undertaking an approved clinical training opportunity if 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 up to one year.

4.43 Trainees may be able to take OOP to act up as a consultant and may be able to credit this time towards a CCST with the Postgraduate Dental Dean's and employer's approval within six months of their CCST date, provided they have passed the relevant examination, have satisfactorily completed training to date and are deemed by the ES to be competent to undertake the role (Acting Up Application Form). Trainees acting up as consultants will need to have appropriate supervision in place. In these circumstances, OOPT will normally be for a period of three months or pro rata for LTFT trainees. Trainees can act up for individual sessions or longer periods of time (until end of training). Such appointments do not affect the CCST date or grace period. CCST holders in Orthodontics and Paediatric Dentistry must have completed 18 months (pro-rata) in a post-CCST appointment before acting up.

4.44 Trainees who undertake OOPT must continue to participate in the RCP process of their home locality in NHSE WT&E, NES, HEIW or NIMDTA. This is necessary to confirm the provisional period of OOPT permitted to count towards the overall training period. The period of recognition may be reduced if the training placement did not provide the expected competences.

Time Out of Programme for Career Break (OOPC)

4.45 Trainees may request a break in training for a designated and agreed period to pursue other interests e.g., domestic responsibilities, work in industry, developing talents in other areas. Periods of ill health should in the first instance be managed under the guidance of the employer's occupational health services, as for other staff. OOPC is an inappropriate way of managing health issues.

4.46 For those undertaking an OOPC the CCST date will require to be adjusted. If a trainee is undertaking a career break, annual notification should be sent to the Postgraduate Dental Dean two weeks in advance of the RCP panel, indicating that the trainee is still on a career break and including the indicative intended date of return.

Training: health and disability

4.47 Postgraduate Dental Dean and TPDs are encouraged to tailor individual training programmes to help trainees with disabilities to meet the requirements for satisfactory completion. The outcomes set out in the curriculum should be assessed to the same standard but reasonable adjustments may need to be made to the method of education, training, and assessment.

4.48 Employers must make reasonable adjustments if disabled appointees require these to overcome barriers presented due to a disability. The need to do so should not be a reason for not offering an otherwise suitable placement. Employers should also take into account the assessments of progress and individual appointee's educational needs wherever possible.

4.49 Applicants should inform their TPD and employer if they consider they might require reasonable adjustments for a disability at an early stage so that a suitable placement can be identified.

4.50 All trainees who are unable to train and work on health grounds should be managed under their employer's relevant sickness absence procedures.

4.51 Postgraduate Dental Dean / Associate Postgraduate Dental Deans will review any health matters (including occupational health advice) with trainees to ensure appropriate decisions are made regarding training where there is significant impact on training progression.

4.52 Within each 12-month period where a specialty trainee has been absent for a total of 10 working days or more (when a trainee would normally be at work), this will trigger a review of whether the trainee needs to have their CCST date extended.

4.53 Where a trainee's fitness to practise may be impaired by a health condition, the GDC must be informed, and the Postgraduate Dental Dean should be informed in writing. The GDC should also be involved if the dentist fails to comply with any measures that have been put in place locally to address health issues.

Interruption to training

4.54 There are occasions where progress in training cannot be achieved because of events external to training, such as ill-health. This will lead to training time being interrupted (the training clock stops), and the prospective end of training/CCST date will be reviewed at the RCP. The decision to interrupt training time is an important one and needs to be formalised with written agreement from the Postgraduate Dental Dean.

4.55 The primary purpose of entry into training is to be able to progress towards and achieve completion of a dental core training programme, obtain a Certificate of Completion of Specialist Training, or complete a post-CCST training programme, therefore;

- i. if a trainee is unlikely to be able to undertake any training for whatever reason for a continuous period of more than two years, the Postgraduate Dental Dean should review the maintenance of the training number/contract and consider whether it should be withdrawn in line with paragraph 4.18 iii, taking into account other relevant factors that impact on suitability to continue in a training programme. This would be for well-founded educational reasons, such as the need to maintain clinical competences
- ii. where a trainee has been out of training for whatever reason for a continuous period of more than two years and wishes to return to a specialty training programme, the same principles will apply. The Postgraduate Dental Dean will assess suitability to return to (and continue in) a specialty training programme in accordance with paragraph 4.18 iii. Academic trainees are permitted to have a maximum of four years out of programme for research (section 4.46) and this time would not be included in the period under consideration

Maternity, Paternity, Adoption Leave and Return to Training

4.56 Trainees must ensure that the Postgraduate Dental Dean's office and employer are aware of the dates of statutory leave. CCST/end of training dates will require to be reviewed and changed as necessary. No RCPs should be scheduled during this period of leave. Trainees on maternity or paternity leave may defer the start of training. The period of deferral would not normally exceed one year. However, in exceptional circumstances and with the Postgraduate Dental Dean's approval, it could be extended to a maximum of two years before there would be a need to reapply for a training post.

Process for Return to Training

4.57 On returning to training, the TPD should ensure that the trainee has a back-to-training interview with their ES, TPD or Postgraduate Dental Dean (as appropriate). At this meeting, a learning plan should be developed, with patient safety an essential area for discussion. The date of the next RCP should be planned. Those trainees returning after a long period of ill-health will need an occupational health report which is generally organised by their employer.

Less Than Full-Time Training (LTFT) applications

4.58 NHSE WT&E, HEIW, NES and NIMDTA have a strong commitment to helping all dentists in training reach their full potential and to ensuring all trainees have an appropriate work-life balance.

4.59 The aims of LTFT training are to:

- i. retain dentists in the workforce who are unable to continue their training on a full-time basis for a well-founded individual reason
- ii. promote career and personal development as well as work/life balance and wellbeing
- iii. ensure continued training in programmes on a time equivalence (pro rata) basis

4.60 Those in LTFT training must meet the same requirements as those who train on a full-time basis to achieve a CCST.

4.61 All trainees can apply for LTFT training once appointed to a training post ([Application to confirm eligibility to train less than full time](#)). Trainees will normally be required to undertake no less than 50% of full-time training. In exceptional individual circumstances which are agreed by the Postgraduate Dental Dean in advance, trainees may be allowed to undertake training at less than 50% of full time for a limited period of time. These circumstances should be considered by the Postgraduate Dental Dean. Training at less than 50% of full time should be for a maximum of 12 months and should be subject to regular review to ensure appropriate career progression during the time. No trainee should undertake training at less than 20% of full time.

4.62 A balance needs to be maintained between the LTFT training arrangements, the educational needs of both full-time and LTFT trainees, and the needs of the service.

4.63 Decisions made by NHSE WT&E, NES, HEIW and NIMDTA only relate to educational support for a LTFT training application. Employers/host training organisations must make a separate decision about the employment aspects of any proposal including the placement and any associated out-of-hours work.

4.64 Reasons for requesting LTFT training – illustrative list

- i. Trainees with a disability or ill health – This may include ongoing medical procedures such as fertility treatment

- ii. Trainees with caring responsibilities (e.g., for children, or for an ill/disabled partner, relative or other dependent)
- iii. Welfare and wellbeing – There may be reasons not directly related to disability or ill health where trainees may benefit from a reduced working pattern. This could have a beneficial effect on their health and wellbeing (e.g., reducing potential burnout)
- iv. Unique opportunities – A trainee is offered a unique opportunity for their own personal/professional development and this will affect their ability to train full time (e.g. training for national/international sporting events, or a short-term extraordinary responsibility such as membership of a national committee or continuing research as a bridge to progression in integrated academic training)
- v. Religious commitment – A trainee has a religious commitment that involves training for a particular role and requires a specific time commitment resulting in the need to work less than full time
- vi. Non-medical development – A trainee is offered non-medical professional development (e.g., management courses, law courses or fine arts degrees)
- vii. 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

4.65 LTFT trainees will:

- Reflect 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

4.66 Trainees in LTFT training are not precluded from undertaking other work although they should ensure that in undertaking this work that it does not impact negatively on their training. They should ensure that the Postgraduate Dental Dean is aware of all additional work undertaken by use of their annual Form R.

4.67 The normal process for acceptance to LTFT training will include the following stages:

- i. All trainees can apply for LTFT training either at the point of application for entry into training or at any time once they have been accepted into training. As for all other applicants wishing to enter core or specialty training, competitive appointment to training is required but must not be affected or influenced by the applicant's wish to be considered for LTFT training
- ii. Trainees will need to first submit their application for LTFT training to NHSE WT&E, NES, HEIW or NIMDTA, which will be assessed and (where necessary) prioritised according to the provisions of the Equality Act relating to protected characteristics. NHSE WT&E, NES, HEIW or NIMDTA will consider the application in the context of its effect on the training available to other trainees in the programme

iii. Trainees must ensure their TPD and Head of School, where appropriate, is aware

iv. Approval of the training plan will normally be given for the duration of the placement and be subject to annual review around renewal. The LTFT placement and funding will also be subject to agreement with the employer/host training organisation before the placement can be approved

4.68 LTFT trainees will require the approval of the Postgraduate Dental Dean if they wish to increase or decrease their working hours.

4.69 If a LTFT trainee moves to a different placement other than the planned movement on rotation or moves by inter-deanery transfer, a new request to continue training on a LTFT basis will be required.

4.70 LTFT trainees who wish to revert to full-time training must first inform the Postgraduate Dental Dean. A suitable full-time placement may not be immediately available, and will depend on the current LTFT arrangements for that trainee and post availability in the training programme. NHSE WT&E, NES, HEIW or NIMDTA must be informed of the planned start date for a return to full-time training.

4.71 The administration of an application will normally take three months and applicants should not expect to be placed immediately. The inability of NHSE WT&E, NES, HEIW or NIMDTA to find a post at short notice should not be taken as a refusal of LTFT training; an individual's needs and expectations must be considered in the context of educational standards and service capacity, and as a result, LTFT training cannot always be guaranteed.

4.72 Further details of the application and appeals processes can be found on the individual websites of NHSE WT&E, NES, HEIW and NIMDTA.

4.73 Progression in training as a LTFT trainee. All trainees, full-time or LTFT, need to meet the requirements for progression in training as set out in the relevant GDC approved curriculum. LTFT trainees will be assessed in accordance with the RCP process.

4.72 Key points relating to LTFT trainees are:

i. LTFT trainees should have an RCP not less than annually but also may need an RCP at a critical progression point in training

ii. LTFT trainees will be expected to demonstrate the capabilities relevant to their stage of training as described in their relevant curriculum on a pro rata basis. Any workplace-based assessments should be spread evenly across a training placement

iii. Should a training extension be required after the award of an RCP Outcome 3/10.2/7.3, this extension will be on a pro rata basis. There is the option of a fixed-term time extension should there be sound educational reasons for this

iv. LTFT trainees can apply and be interviewed for a consultant post six months prior to their anticipated CCT date; this is on a fixed-term time basis and not pro rata

v. LTFT training appeals to NHSE WT&E, HEIW, NES or NIMDTA will only relate to educational decisions, not employment

Movement between NHSE WT&E local offices, HEIW, NES and NIMDTA (inter-deanery transfers)

4.73 The inter-deanery transfer (IDT) process has been put in place to support dental trainees who have had an unforeseen significant change in circumstances since commencement of their current training programme that remains at the date of their IDT application.

4.74 Trainees can request a transfer to another deanery/HEE local office by submitting an [Application for Inter-Deanery Transfer](#) and required supporting documents. Trainees seeking a transfer should familiarise themselves with these documents before applying as only applicants that meet the eligibility criteria, including the supporting document requirements, can be considered.

4.75 While it is possible for trainees to move between NHSE WT&E, NES, HEIW and NIMDTA (via IDTs), there is no automatic entitlement or right for this to take place.

Eligibility criteria

4.76 An unforeseen and significant change in circumstances should relate to:

- Personal disability as defined by the Equality Act 2010 or
- Primary carer responsibilities or
- Parental responsibilities or
- A committed relationship or the breakdown of a committed relationship
- Development of a condition relating to a trainee's health

4.77 IDT is also possible in exceptional circumstances at the Postgraduate Dental Dean's discretion for other reasons.

4.78 Trainees will be expected to provide evidence that they have reasons for needing to move and that it is not tenable for them to remain in their current training programme.

4.79 Transfers are contingent upon either:

- The availability of a funded training post, and a training number/contract in the receiving locality in NHSE WT&E, NES, HEIW or NIMDTA
- The transfer of funding from the donor to the receiving deanery/office sufficient to support a supernumerary trainee for the duration of their remaining training, including period of grace

4.80 Arrangements regarding post funding and the training number/contract should be agreed between deaneries/offices prior to transfer

4.81 Movement is at the discretion of both of the Postgraduate Dental Deans involved. It is important that trainees give at least three months' notice in writing to their current Postgraduate Dental Dean that they are seeking a transfer.

4.82 There is a nationally agreed process for reviewing applications for an IDT. Applications will be considered by a panel comprising:

- Host Postgraduate Dental Dean (or nominated deputy)
- Recipient Postgraduate Dental Dean (or nominated deputy)
- One other Postgraduate Dental Dean / Associate Postgraduate Dental Dean
- Chair of COPDEND Business Managers (or alternate if trainee transferring to or from their deanery/office)

4.83 The panel will consider Inter Deanery Transfer requests on an individual basis. The transfer request itself would not be considered appropriate, unless in exceptional circumstances, until after 12 months in the appointed post have elapsed.

4.84 If it is a trainee's intention to transfer into or out of HEIW or NIMDTA, IDT requests will be subject to the trainee being in receipt of a satisfactory RCP Outcome 1. Other outcomes will not be accepted.

4.85 If a trainee wishes to transfer between NES and NHSE WT&E, an RCP Outcome 2 is acceptable, however at the time of application the trainee must have a letter of support from their Postgraduate Dental Dean.

4.86 If it is a trainee's intention to move between NHSE WT&E regions, an RCP Outcome 2 or RCP Outcome 3 is acceptable. However, at the time of application the trainee must have a letter of support from their Postgraduate Dental Dean.

4.87 Inter-deanery transfers are not possible for Dental Core Training posts except at the Postgraduate Dental Dean discretion in exceptional circumstances.

4.88 Inter-Deanery Transfers are not appropriate for:

- Educational or training reasons
- Secondment to a different deanery
- Rotation between Deaneries as part of a planned training programme
- Undertaking research in a different deanery

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

4.90 Inter-Deanery Transfer for NIHR trainees (England only) - for information about how to transfer the academic component of training it is necessary to contact the NIHR Academy (IAT@nihr.ac.uk).

Movement of trainees between Universities: Lecturers holding an honorary NHS ST post

4.91 The movement of trainees who are university lecturers holding honorary NHS ST 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

4.92 Where a trainee is refused an inter-deanery transfer, the trainee may lodge an appeal with their host Postgraduate Dental Dean. The trainee will have 28 days from the date of notification in which to make a written appeal, detailing their reasons for the appeal. Only the process, not the outcome may be appealed.

Accountability Issues for Employers, Postgraduate Dental Deans and Trainees

4.93 It is expected that employing organisations will inform the Postgraduate Dental Dean if a trainee is involved in a serious incident, or where there are issues around their conduct, poor performance or professional competence. Where appropriate, the Postgraduate Dental Dean and the employing organisation will work together to identify the most effective means of supporting the trainee, whilst ensuring that patient safety is maintained. Where appropriate, an action plan should be developed, documented and carried out. This process should involve the educational supervisor and TPD. There may also be a need for early involvement of services such as the Professional Support Unit or equivalent provision in NHSE WT&E, HEIW, NES and NIMDTA or the NHS Resolution to provide advice about how best to support the process.

4.94 Where personal misconduct is identified, employers may need to take action. In such cases, the Postgraduate Dental Dean should be notified from the outset. It is the employing organisation's responsibility to take any necessary disciplinary action in relation to a trainee it employs. The Postgraduate Dental Dean must not be involved as a member of a disciplinary or appeal panel in any disciplinary procedure taken by an employing organisation against a trainee but may provide evidence to the panel.

4.95 If the employing organisation terminates the employment of a trainee owing to issues of behaviour, conduct and/or competence, the Postgraduate Dental Dean will withdraw the NTN from the trainee in accordance with the provisions set out above (see [section 4.17](#)). An RCP outcome will not be awarded in such circumstances.

Raising concerns

4.96 Dental professionals have ethical and professional responsibilities to raise concerns about matters that may harm patients or colleagues. Within the NHS and social care sector, these issues have the potential to undermine public confidence in these vital services and patient safety. Whistle blowing is the popular term applied to reporting such concerns about malpractice, wrongdoing or fraud. Such concerns should usually be raised by the trainee to their employer or an appropriate regulator. However, NHSE WT&E, NES, HEIW and NIMDTA recognise that a trainee may feel it is not appropriate for them to raise a concern with their employer or may be concerned that they will suffer detriment from their employer or others as a result of raising such concerns. In these circumstances, NHSE WT&E, NES, HEIW or NIMDTA will offer appropriate guidance and signposting to support any trainee wishing to raise concerns.

5 PROGRESSING AS A DENTAL CORE OR SPECIALTY TRAINEE

The purpose of the Review of Competency Progression (RCP)

5.1 The RCP provides a formal process that reviews the evidence presented by the trainee and their educational supervisor relating to the trainee's progress in the training programme. It enables 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. For dental core trainees this process is termed the Review of Competency Progression (RCP) and for dental specialty trainees the Annual Review of Competency Progression (ARCP).

5.2 For expediency, where relevant, the abbreviation RCP is used throughout.

5.3 Dental Core Trainees should have an RCP by six months and a Final RCP at the end of the year of training (normally within the last two months).

5.4 For dental specialty trainees an RCP should normally be undertaken on at least an annual basis with no more than a maximum interval of 15 months. It is recommended that RCP is undertaken within 6 months from post commencement. The process may be conducted more frequently if there is a need to deal with performance and progression issues or, where appropriate, to facilitate acceleration of training outside the annual review. They can be particularly relevant for trainees on three-year duration dental specialty training programmes.

5.5 The RCP fulfils the following functions:

- It provides an effective mechanism for reviewing and recording the evidence related to a trainee's performance in the training programme
- At a minimum, it must incorporate a review of the trainee's educational portfolio including a structured report from the educational supervisor(s), documented assessments, as required by the specialty curriculum, and achievements
- It provides a means whereby the evidence of formal assessment is coordinated and recorded to present a record of a trainee's progress. These include summative examinations and formative assessments as defined by the relevant curriculum
- It provides an effective mechanism for the review of out of programme experience and recording its contribution, where approved, to progress
- It considers any time out of training during the assessment period and from entry to the programme and determines whether the training duration needs to be extended.
- It makes judgements about the competences acquired by trainees and their suitability to progress to the next stage of training
- For dental trainees with GMC registration, it provides advice to the Responsible Officer (RO) about revalidation of the trainee across their full scope of work to enable the RO to make a recommendation to the GMC when required and ensures any unresolved concerns about fitness to practise are acted on
- It provides a final statement of the trainee's successful attainment of the curricular competencies
- For dental specialty trainees, it enables the Postgraduate Dental Dean to recommend the trainee to the GDC for award of the CCST
- Where applicable, it provides comment and feedback on the quality of the structured educational supervisor's report

Fulfilling these functions requires adequate documentation throughout.

5.6 The RCP process is applicable to:

- All dental core trainees (6 and 10-month reviews)
- All dental specialty trainees with an NTN, including academic appointments and trainees who are on an OOP with Postgraduate Dental Dean's approval
- Post-CCST trainees
- LATs (NES and HEIW only)

5.7 As a minimum, the RCP Panel comprises:

- Postgraduate Dental Dean or nominated deputy who will chair the panel.
- TPD and / or educational supervisor(s) but not the trainee's ES or CS(s) for the period under review
- For Dental Specialty Training, an external member, selected from the relevant SAC panel (SAC external representative)
- Academic member, where academic trainees are being reviewed

5.8 For Dental Core Training, the RCP should include an Associate Postgraduate Dental Dean from a different Local Office / Deanery

RCP panels and management of the RCP

5.9 All RCPs should normally have a lay representative in attendance. The lay advisor will primarily review the process followed by the RCP panel and the conduct of the panel, as measured against accepted general good practice for RCP panels and the standards that are set in this Guide. The lay advisor should not be asked to judge whether the RCP outcome awarded to the trainee is appropriate or whether the trainee has made satisfactory progress.

5.10 All panel members must be trained in equality and diversity issues. The training should be kept up to date and refreshed every three years.

5.11 With the collective agreement of COPDEND, the RCP process for smaller specialties may be coordinated nationally although it must remain the overall responsibility of a designated dean (usually the UK lead dean for the specialty). Other supra-regional RCPs can be undertaken with the collective agreement of the responsible PGDDs. If a need arises for a further RCP, this may be arranged and provided by the Trainee's Local Office or Deanery.

Preparation for RCP Panels: collecting and assessing the evidence

What trainees should do in advance:

5.12 Trainees should evidence their progress through training by building and maintaining their portfolios and it is the trainee's responsibility to ensure it is up to date as they progress through training. Trainees will be given a minimum of 6 weeks' notice of the date of the next RCP. Using a grade/specialty specific "check-list" they must ensure that all relevant evidence is present and correctly indexed in their e-portfolio. The trainee's educational supervisor should regularly review the training e-portfolio throughout the year, but as a minimum at the beginning of each training phase, at the midpoint and finally, no later than three weeks before the RCP panel convenes.

5.13 Prior to the RCP, specialty trainees are required to complete and submit confidential [Trainee Assessment Forms](#). These forms should be submitted by the trainee directly to the administrator of the relevant RCP process, who should make them available to the Postgraduate Dental Dean (or deputy) and the external representatives only. Any action taken in response to the contents of the confidential trainee assessment form is at the discretion of the Postgraduate Dental Dean (or deputy) in consultation with the lay representative. Trainees should also return a completed Form R at the same time.

5.14 It is trainee's responsibility to ensure that their evidence is available for the panel no later than two weeks before the RCP.

5.15 In order that they can proceed smoothly to their next phase of training, trainees must have an up-to-date portfolio, which demonstrates the competency progression required by their curriculum that includes:

- All the relevant assessments
- A contemporaneous educational supervisor's report with recommendation as to expected RCP outcome
- An academic supervisor's report for academic trainees and other trainees if relevant
- Clinical Supervisors' reports

What Educational Supervisors should do in advance

5.16 Review the evidence presented by their trainee for the RCP panel, including all assessments, personal development plan, curriculum completion, skills and development logs. If any evidence is lacking, the education supervisor should remind the trainee to complete it as otherwise, the RCP outcome will reflect inadequate evidence.

5.17 Meet with the trainee and complete a structured report. It is vital that the report is as detailed as possible as this is a key piece of the evidence to the RCP panel.

5.18 The structured report should be prepared by the trainee's educational supervisor. This should include the evidence that the trainee and supervisor agreed should be collected to reflect the educational agreement for the period of training under review. The purpose of the report is to provide a summary of progress including collation of the results of the required workplace-based assessments, examinations and other experiential activities required by the curriculum (e.g., logbooks, evidence of research activity, publications, quality improvement activities and audits). Educational supervisors and trainees should familiarise themselves with the relevant curriculum and assessment framework.

5.19 The content of the structured report should be discussed with the trainee prior to submission to the RCP panel. The report and any discussion that takes place following its compilation must be evidence-based, timely, open and honest. If such a discussion cannot take place, it is the duty of the educational supervisor to report the reasons to the RCP panel in advance of the panel meeting.

5.20 Through triangulation of evidence of progression in training and professional judgement, the ES will contribute a structured report to the RCP to:

- Reflect the educational agreement and objectives developed between the educational supervisor and the trainee
- Be supported by evidence from the workplace-based assessments planned in the educational agreements
- Take into account any modifications to the educational agreement or remedial action taken during the training period for whatever reason
- Provide a summary comment regarding overall progress during the period of training under review, including (where possible) an indication of the recommended outcome supported by the views of the training faculty

5.21 If there are concerns about a trainee's performance, based on the available evidence, the trainee must be made aware of these concerns, and they should be documented in their educational portfolio. It is important that the educational supervisor should advise their trainee(s) of their likely outcome in advance of the RCP.

5.22 Inform the TPD/ Postgraduate Dental Dean in advance if a trainee is unlikely to be awarded a satisfactory outcome.

What the TPD should do in advance

5.23 Review trainees' portfolios in advance of the RCP panel and identify likely problems that have not already been identified.

5.24 Alert the Postgraduate Dental Dean or Associate Postgraduate Dental Dean to any anticipated adverse RCP outcomes.

The role of the Postgraduate Dental Dean or deputy

5.25 The Postgraduate Dental Dean or appointed deputy is present at core and specialty RCPs to provide guidance and to assist in quality assurance of the process. The Postgraduate Dental Dean or deputy must be present at any panel involving cases where it is possible that a trainee could have an outcome indicating inadequate progression which may require a period of targeted training, an extension to training or release from the training programme.

The role of the lay representative

5.26 The lay representative will primarily review the process followed by the RCP panel to ensure that, along with all the panel members, the conduct of the review conforms to best practice. The lay representative will return a formal report on their observations to the administrative lead at the conclusion of the panel. The lay representative takes no part in the panel discussions or panel decision making.

The role of the external/SAC representative (DCT/DST)

5.27 The external/SAC representative assists in the quality assurance of the RCP process. They will also review the submitted evidence from the trainees and offer appropriate advice.

Administrative support for the RCP panel process

5.28 It is the role of the administrative support team to ensure that all trainees, educational supervisors, TPDs and the Postgraduate Dental Dean are aware of the timelines and timetable

for the RCP. A minimum of 6 weeks' notice of the RCP date should be given to trainees, educational supervisors, TPDs and RCP panel members.

How the RCP panel process works

5.29 Trainees do not attend the panel review of the evidence submitted for the RCP. The RCP outcome decision is made from examination of the evidence provided in the portfolio, including, crucially, the ESs report. The RCP chair, with the other panel members, are required to issue an outcome for every trainee reviewed.

5.30 The Panel's role to consider and approve the evidence provided by the trainee

- To make a judgement about the trainee's suitability to progress or confirm that training has been satisfactorily completed
- To issue the RCP outcome
- To provide all trainees with written feedback, via their e-portfolio, on the panel's opinion on their progress throughout the period of training under review
- Recommend a feedback meeting with the trainee and ES, supported by the TPD and Associate Postgraduate Dental Dean, as necessary

5.31 RCP Outcomes

Outcomes 1 & 6: reflect satisfactory progress in achieving the required competences/capabilities and are therefore referred to as **progression outcomes**

Outcomes 2/10.1 & 3/10.2: reflect that development of specific competences/capabilities is required and are therefore referred to as **developmental outcomes**

- An outcome 2 is used where development is required without additional training time
- An outcome 3 is used where development and additional training time are required.
- Outcome 10.1 is the "no fault" equivalent to an Outcome 2
- Outcome 10.2 is the "no fault" equivalent to an Outcome 3
-

Outcome 4: is used when there is insufficient and sustained lack of progress (normally following an earlier developmental outcome 3) and the trainee is released from the training programme; therefore, an Outcome 4 might be viewed as an **unsatisfactory progress outcome**.

Outcome 5: is used as a "holding outcome" where there is insufficient evidence, and an assessment of progression cannot be made at that time. Therefore, it might be viewed as an **administrative outcome** to give time for the supporting information (which might be an outstanding exam result) to be presented.

Outcomes 7 & 8: are used for trainees in fixed term training post (Outcome 7) and OOP (Outcome 8) which includes periods out of programme (OOPs).

Outcome 1**Satisfactory progress – Achieving progress and the development of competences/capabilities at the expected rate**

Satisfactory progress is defined as achieving the competences/capabilities in the curriculum at the rate required.

Specialty training - the rate of progress should be defined in the specialty curriculum (e.g., with respect to assessments, experiential opportunities, examinations etc). It is possible for trainees to achieve competences/capabilities at a more rapid rate than defined and this may affect their CCST date.

Dental Core Training – successfully achieved the predefined competence and other requirements of the post.

Outcome 2 (only applicable in Dental Core Training at 6-month RCP)**Development of specific competences/capabilities required – Additional training time not required**

The trainee's progress has been acceptable overall but there are some competences/capabilities that have not been fully achieved and need to be further developed. It is not expected that the prospective date for completion of training will need to be extended or that a period of additional remedial training will be required.

The panel should identify and record the further development needs and bring these to the attention of the trainee's TPD and educational supervisor. A debriefing meeting should be arranged as soon as possible after the RCP between the trainee and ES, who will make clear to the trainee and the employer/s what must be done to achieve the required competences and the assessments.

Outcome 3**Inadequate progress – Additional training time required**

The RCP panel has identified that a formal additional period of training is required that will extend the duration of the training programme and for specialty trainees the award of CCST.

A debriefing meeting should be arranged as soon as possible after the RCP between the trainee and ES, the TPD and if appropriate the Associate Postgraduate Dental Dean. It needs to be made clear to the trainee and the employer/s 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 Postgraduate Dental Dean 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 specialty 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 years of additional training during the total duration of the training programme. For LTFTs extensions to training for whatever reason will be pro-rata. 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. Where there has been a failure of a Royal College examination, training should normally be extended to the date of the next diet.

Dental Core Training – Extension of training for a maximum period of 12 months is at the discretion of the local Postgraduate Dental Dean.

Outcome 4 (W)

Released from training programme – With or without specified competences/capabilities

The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress. The panel should document relevant competences/capabilities that have been achieved by the trainee and those that remain outstanding. The trainee will have their National Training Number (NTN)/contract withdrawn and may wish to seek further advice from the Postgraduate Dental Dean or their current employer about future career options.

Dental Core Training - For Dental Core Trainees an outcome 4 is awarded to trainees who wish to leave the formal training programme before completion, decline the offer of Outcome 3 or when the Postgraduate Dental Dean has not recommended further remediation if there is still insufficient and sustained lack of progress.

Outcome 4 (VR)

Awarded if the trainee voluntarily resigns from the training programme.

Outcome 5

Incomplete evidence presented

The panel can make no statement about progress or otherwise where either no information or incomplete information has been supplied and/or is available to the RCP panel.

The panel should agree what outstanding evidence is required from the trainee and the timescale in which it must be provided to be able to issue an outcome.

If the panel considers that an Outcome 1 is likely on the basis of the evidence available and satisfactory outstanding evidence is received, the panel can give authority to the Chair to issue an Outcome 1. However, if the Chair does not receive the agreed evidence to support an Outcome 1 or if the panel considers that an Outcome 2, 3 or 4 is likely on the basis of the evidence available, then a panel will be reconvened. This reconvened panel could be undertaken 'virtually'.

Outcome 6 - Recommendation for completion of training:

Gained all required competences/capabilities – Will be recommended as having completed the specialty training programme. If in a run-through training programme (seamless transition from pre-CCST to post-CSST training periods) will be recommended for award of a CCST.

The panel will need to consider the overall progress of the trainee and ensure that all the competences/capabilities of the specialty curriculum have been achieved prior to recommending the trainee for completion of the training programme.

There will be occasions when a trainee progresses more rapidly than the expected rate of progress and in such cases the award of an Review of Competence Progression (RCP) Outcome 6 can be brought forwards. However, this can only occur if: (i) the trainee has

gained all the relevant capabilities required in the curriculum (ii) The trainee has completed all the necessary examinations and assessments.

Outcome 7 - Trainees in Post-CCST training posts:

Trainees in fixed-term training posts will undertake regular in-work assessments and maintain documentary evidence of progress during their appointment. This evidence will be considered by the RCP panel and will result in one of the following outcomes:

7.1 Satisfactory progress in or completion of the post

The trainee has demonstrated that they have acquired the competences/capabilities expected of a trainee undertaking a placement of this type and duration at the level specified.

7.2 Development of specific competences/capabilities required - Additional training time not required

The trainee's progress has been acceptable overall; however, there are some competences/capabilities not fully achieved, which the trainee needs to develop to achieve the full competences/ capabilities for this period of training. The panel will need to specifically identify in writing the further development required. The rate of overall progress is not expected to be delayed, nor will the prospective date for completion of this period of training be extended. At the next review of progression, it will be essential to identify and document that these competences/capabilities have been met.

7.3 The trainee has not made adequate progress for this period of training

If the trainee wishes to attain the described competences/capabilities, they will be required to repeat this period of training.

7.4 Released or resigned from training programme – With or without specified competences/capabilities

The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress or if the trainee resigns. The panel should document relevant competences/capabilities that have been achieved by the trainee and those that remain outstanding.

7.5 Incomplete evidence presented

The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel. The panel should agree what outstanding evidence is required from the trainee and the timescale in which it must be provided to be able to issue an outcome. If the panel considers that an Outcome 7.1 is likely on the basis of the evidence available and satisfactory outstanding evidence is received, the panel can give authority to the Chair to issue an Outcome 7.1. However, if the Chair does not receive the agreed evidence to support an Outcome 7.1 or if the panel considers that an Outcome 7.2, 7.3 or 4 is likely on the evidence available, then the panel will be reconvened.

Outcome 8 - Out of programme for clinical experience, research or a career break (OOPE/OOPR/OOPC)

The panel should receive documentation from the trainee on the required form ([OOP Application Form](#)) indicating what they are doing during their OOP time, if the OOP is not recognised for training.

i. **OOPE**: If the OOP period is to gain clinical experience that will not contribute towards the competences/capabilities required by the training programme (OOPE), then an annual OOP report form should be submitted, including an indicative intended date of return.

ii. **OOPR**: If the purpose of the OOP is research, the trainee must produce a research supervisor's report together with the annual OOP report form indicating that appropriate progress in research is being made.

iii. **OOPC**: If a trainee is undertaking a career break, a yearly OOPC request should be sent to the panel, indicating that the trainee is still on a career break and including an indicative intended date of return.

iv. **OOPT**: If the trainee is out of programme on a training placement (OOPT) that has been prospectively approved that will contribute to the competences/capabilities of the trainee's programme, then an Outcome 8 should not be used. Instead, a routine assessment of progression should be made and an Outcome 1, 2, 3, 4 or 5 should be awarded.

When an outcome is not issued

There are circumstances when the RCP panel would not issue an outcome, such as when the trainee is absent on statutory leave (e.g. maternity/paternity/adoption or sick leave) or where training has been paused. In these cases, the panel will record the reasons for this.

Force majeure outcomes

The Outcome 10 derogations introduced as "no fault" outcomes to enable progression or additional time where training was disrupted by Covid-19 pandemic will be retained as outcomes that may be applied in circumstances of "force majeure". Outcome 10s must only be used following a directive from the UK statutory educational bodies, which may be triggered in response to national emergencies/force majeure such as a global pandemic.

Outcome 10

Achieving progress and the development of capabilities at the expected rate but acquisition of some capabilities delayed by the impact of a national emergency

- Outcome 10.1: Progress is satisfactory but the acquisitions of capabilities by the trainee has been delayed by national emergency/force majeure disruption. The trainee is not a critical progression point in their programme and can progress to the next stage of training. Any subsequent additional training time will be reviewed at the next RCP
- Outcome 10.2: Progress is satisfactory but the acquisition of capabilities by the trainee has been delayed national emergency/force majeure disruption. The trainee is at a critical progression point on their programme and additional training is required.

After the RCP

5.33 The outcome of the RCP will be recorded on the [RCP Outcome Form](#) and the relevant SAC informed. It should also be made available by the Postgraduate Dental Dean to the relevant SAC (DST) or the Lead Dean for Dental Core Training as appropriate, and the trainee's educational supervisor.

5.34 The RCP outcome should also be made available to the medical director/clinical director (or nominated deputy) of the trainee's employing organisation.

5.35 For Dental Core Training, the external representative should submit a report on the RCP process and the quality of training to the relevant Postgraduate Dental Dean.

5.36 For Dental Specialty Training, the SAC external representative is expected to submit a report on the RCP process and the quality of training after each RCP panel ([External Feedback Form](#)). Feedback from the SAC external representative should be reviewed by the Postgraduate Dental Dean and any necessary actions taken. The feedback form of the SAC external representative should be forwarded to the relevant SAC.

5.37 The SAC should be informed of any changes to programme numbers, CCST dates, and OOP agreements. The date and time of next RCP should be confirmed and notified to trainees, TPDs and RCP panel members.

5.38 Summary of RCP timeline

	Action	Timing
Before the RCP	Date and venue communicated to RCP panel (including SAC external representatives) and trainees	No less than 6 weeks in advance
	Timetable sent to RCP panel	2 weeks in advance
	ESs write trainee report(s)	3 weeks in advance
	Trainees complete submission of RCP documentation (ISCP/e-Portfolio/paper)	2 weeks in advance
	RCP documentation made available to panel	2 weeks in advance
At the RCP	Panel briefing by Admin staff / Associate Postgraduate Dental Dean / Lay rep. Roles and responsibilities agreed. Reviews concluded. Completion of GMC registrant's revalidation certificate for dual qualified trainees	On the day
After the RCP	Trainees to arrange feedback meetings with ESs, TPDs, Associate Postgraduate Dental Deans as required	ASAP and within 1 week
	TPDs to access relevant trainee e-portfolios if not done so at RCP Panel	Within 1 week
	SAC sent RCP outcomes, copies of Form Rs, informed of CCST date changes and out of programme agreements	Within 1 month
	Form A&B completed by SAC external representative and returned to Postgraduate Dental Dean for any action and forwarded to SAC	Within 1 month

Planning the next phase of training

5.39 After receiving formal notification of their RCP outcome, trainees should meet with their educational supervisor to plan the next phase of training. Good quality written information

provided to the trainee by the RCP panel, for example in the panel outcome report, is essential to this process.

5.40 TPDs, and Associate Postgraduate Dental Deans if appropriate, should be involved in the planning of supportive and/or remedial training for trainees receiving outcomes 2, 3, 7.2 and 7.3.

5.41 The length of time that training can be extended for Dental Specialty Trainees is 12 months. In exceptional circumstance this can be extended by a further 12 months. Trainees should not anticipate that they will be offered the exceptional additional training time as it is dependent on the approval of the Postgraduate Dental Dean and such approval will only be granted in exceptional circumstances.

5.42 The extension does not have to be continuous (as a block of one year) but may be divided over the course of the training programme as necessary.

5.43 Extensions in training do not include additional time that might be required because of statutory leave such as ill health or maternity/paternity/adoption leave.

5.44 For LTFT trainees, should an extension to training be required following the award of an RCP Outcome 3 and 7.3, this will be on a pro rata basis if training requirements for progression have not been met.

5.45 During a period of additional training time, there is an expectation that the trainee will show continuing engagement with their portfolio to demonstrate maintenance of competences/capabilities that have already been acquired.

5.46 Dental Core Training – Extensions to training are at the discretion of the Postgraduate Dental Dean

Appeals of the RCP outcomes

5.47 Any trainee whose progress, performance and/or conduct has been identified and recorded in their learning portfolio as being below the standard expected must be made fully aware by their educational supervisor prior to the RCP taking place that the review panel is likely to issue an unfavourable outcome.

5.48 As identified in [section 5.40](#), either the Associate Postgraduate Dental Dean/TPD or a senior educator in the training programme with delegated responsibility will meet with all trainees, who are judged on the evidence submitted to:

- i. require further development on identified specific competences/ capabilities (Outcome 2 and 7.2)
- ii. require additional training time for all reasons other than associated with a 'training pause' (Outcome 3 and 7.3)
- iii. be required to leave the training programme before completion, with identified competences/capabilities achieved or with an identified and specified level of training attained (Outcome 4 and 7.4)

5.49 The purpose of the post-RCP meeting is to inform the trainee of the decision of the panel. The meeting should also plan the further action that is required to address issues of

progress (in relation to Outcomes 2, 3, 7.2 and 7.3) or make clear to the trainee the competences/capabilities with which they will leave the programme (in relation to an Outcome 4 and 7.4).

5.50 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 RCP panel.

5.51 If the trainee requests a review or appeal, the outcome documentation from the original RCP panel should not be signed off by the Postgraduate Dental Dean and the training number/contract is not removed until all review or appeal procedures have been completed. Only at this stage should the Postgraduate Dental Dean sign off the RCP panel's outcome.

Reviews and appeals

5.52 A review is a process where an individual or a group who originally made a decision, returns to it to reconsider whether it was appropriate. This does not require the panel to be formally reconvened and can be undertaken virtually. The review must consider the representations of the trainee 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.

5.53 An appeal is a procedure whereby the decision of one individual or a group is considered by another (different) individual or group. An appeal can take into account information available at the time the original decision was made, newly submitted information relevant to the appeal and the representations of the appellant. Those involved in an appeal panel must not have played a part in the original decision or the review. New information for an appeal might include new evidence of mitigating circumstances not available to the RCP panel. New information would not normally include competences/capabilities or evidence from assessments acquired after the date of the RCP subject to appeal.

5.54 Through the process of review or appeal, it may be decided that the decision to withdraw a training number/contract or issue RCP Outcomes 2, 3, 4, 7.2-4 is not justified. Where this occurs for RCP outcomes, the facts of the case will be recorded and retained but the outcome should be amended to indicate only the agreed position following review or appeal.

Review of Outcome 2

5.55 If the trainee requests a review of an Outcome 2 and 7.2 recommendation, this must be made in writing and with supporting evidence to the Chair of the RCP panel or a nominated alternative within ten working days of being notified of the panel's decision. Trainees may provide additional evidence at this stage (e.g., evidence of mitigating circumstances or other evidence relevant to the original panel's decision) and this must be received as part of the request for the review so that the panel is able to consider it in detail. The original RCP panel will review its decision where practical within 15 working days of receipt of such a request from a trainee. This may be undertaken virtually, and the Chair will endeavour to include as many panel members as possible. After the review, the panel will ensure that the trainee receives its decision with reasons in writing. If the panel considers it appropriate, it may invite the trainee to meet with a senior representative to discuss the decision of the review.

5.56 The decision of the review of an Outcome 2 or 7.2 is final and there is no further appeals process.

Appeal against Outcomes 3, 4, 7.3 and 7.4 or withdrawal of a training number/contract

5.57 Trainees have the right of appeal if their training number/contract is withdrawn under paragraphs 4.18 iii-vii or if they receive an RCP outcome that results in a recommendation for:

- i. an extension of the indicative time to complete the training programme (Outcome 3 and 7.3)
- ii. release of the trainee from the training programme with or without identified competences/capabilities having been achieved and without completion of the programme (Outcome 4 and 7.4)

5.58 Appeal requests should be made in writing to the Postgraduate Dental Dean within ten working days of the trainee being notified of the decision. The request must specifically state the grounds for appeal.

5.59 Where the training number/contract withdrawal decision relates to an external body's decision that cannot be changed (e.g., erasure from the register by the GDC, examination failure where the trainee has exhausted the permitted number of attempts and any related complaints process), then an appeal would normally be refused.

5.60 Where the appeal is being made against a decision to withdraw a training number/contract as defined in paragraphs 4.18 iii–vii, the Postgraduate Dental Dean will review the decision in the light of the information contained within the trainee's appeal request. If the Postgraduate Dental Dean decides to reverse the original decision, then the trainee will not have their number withdrawn but if the Postgraduate Dental Dean determines that there is insufficient reason to reverse the decision, the Postgraduate Dental Dean will confirm with the trainee that they wish to proceed to an appeal hearing and this will then be arranged.

5.61 On receipt of an appeal request, the Postgraduate Dental Dean will first arrange for a review of the original recommendation. This review will follow the process outlined in [section 5.55](#). The decision of the review panel will be communicated to the trainee.

5.62 Where the review panel has modified the decision of the original RCP panel to an Outcome 1, 2 or 7.2, this completes any appeals process.

5.63 Where the review panel does not alter the decision of the original RCP panel or where an Outcome 4 or 7.4 is converted to an Outcome 3 or 7.3, the Postgraduate Dental Dean will confirm with the trainee that they wish to proceed to an appeal hearing and this will then be arranged.

Appeal hearing

5.64 A formal appeal hearing should normally take place as soon as practical, without unreasonable delay and normally within 30 working days of the appeal request. In exceptional circumstances (e.g., outstanding disciplinary, GDC or legal proceedings that might impact on the appeal outcome), the appeal hearing might be delayed beyond the 30-day limit. However, where it has not been possible to hear an appeal within the 30-day period, appeals should normally be heard within 1 year of the decision that is subject to appeal. Where there have been

reasonable endeavours to progress the appeal and the appeal has not taken place within one year of the decision date, then the original decision is final. The Postgraduate Dental Dean has discretion to consider requests for a reasonable postponement of the appeal beyond a year from the decision date in exceptional circumstances.

5.65 If the trainee agrees, it is not always necessary for an appeal hearing to be face to face and an appeal can be dealt with on written submissions. Members of the original RCP panel must not take part as members of the appeal panel. Trainees may support their appeals with further written evidence relevant to the grounds of the appeal. All documentation presented to the appeal panel must also be made available to the trainee.

5.66 NHSE WT&E, NES, HEIW and NIMDTA have agreed SOPs that will define how appeals will be managed and that will consider:

- i. the timing of the notification by the trainee of their intention to appeal, the timing at which all additional evidence will be presented and the timing for the outcome of any appeal hearing to be notified to the trainee
- ii. the membership of the panel and permitted attendees
- iii. the standard format for an appeal hearing

Notification of appeal outcome

5.67 Trainees will be notified in writing of the panel's decision with reasons within five working days (where possible) of the appeal hearing. The decision of the appeal panel is final and there is no further right of appeal.

5.68 If the appeal is in relation to an RCP outcome, the appeal panel should not impose an increased sanction on the trainee (e.g., an Outcome 3 should not be changed to an Outcome 4). In circumstances where new information has come to light that may inform such a decision, these issues will be brought to the attention of the Postgraduate Dental Dean.

5.69 In appeals relating to Outcomes 3, 4, 7.3 or 7.4 or to a decision to withdraw a training number/contract, the employer should be kept informed of progress at each step in the appeals process.

5.70 When an Outcome 4 or 7.4 recommendation is upheld by the appeal panel or it upholds the decision to withdraw a training number/contract under paragraph 4.18 ii, the Postgraduate Dental Dean will be notified. The Postgraduate Dental Dean or their nominated deputy will write to the trainee to confirm the decision and the withdrawal of the training number/contract. This will be done either ten working days after the original recommendation is made when the trainee has not requested an appeal or at the completion of the appeals process, whichever is later. The effective date for the cessation of the training programme is the date of the letter confirming the decision by the Postgraduate Dental Dean. This will also be the date of removal of the training number/contract.

Appeal panel

5.71 A dental specialty appeal panel should be composed of:

- a Postgraduate Dental Dean or an Associate Postgraduate Dental Dean
- a senior clinician from the specialty with extensive training experience

- a senior clinician from a different specialty with extensive training
- a lay representative

5.72 A dental core appeal panel should be composed of:

- a Postgraduate Dental Dean or an Associate Postgraduate Dental Dean
- a senior clinician with extensive training experience
- a lay representative

5.73 NHSE WT&E, HEIW, NES or NIMDTA will also appoint a suitably qualified adviser to support the chair and advise on process.

Examinations

5.74 There are no mandatory examinations associated with dental core training.

5.75 The GDC approved specialty training curricula include a relevant examination as part of the satisfactory completion of the programme of training. Only if the continuous assessment process, the RCP, and the summative assessment which includes the relevant examination have been completed satisfactorily will the Postgraduate Dental Dean complete and sign a Recommendation Form which recommends to the GDC the issuing of a CCST and entry on the relevant specialist list.

5.76 It is essential that the process by which a trainee is signed up to sit the examination is adhered to:

- A trainee is only allowed to be signed up to sit the relevant examination by their Postgraduate Dental Dean. This may be signed on behalf of the Postgraduate Dental Dean by the relevant TPD
- Trainees can only be signed up to the examination if they have completed the prescribed minimum period of training as detailed in the examination regulations
- A trainee must have an NTN and be on a recognised training programme quality managed by Postgraduate Dental Deans. The trainee must be within programme, or if out of programme (OOP), they must be undergoing RCPs
- For periods of post-CCST training the trainee must be within a recognised training programme, undergoing RCPs in order to be signed up to sit the ISFE

Dental Core Training post duration

5.77 Dental core training posts are usually one-year fixed term contracts. Postgraduate Dental Deans may use their discretion to offer some posts as longitudinal (run through) or part-time programmes, and these will be advertised as such by the National Recruitment Office.

5.78 Currently, there is not an Out of Programme (OOP) allowance within this fixed term training period. If a trainee wishes to undertake training outside of the Dental Core Training programme this must be discussed in advance with the TPD, and final approval is at the discretion of the Postgraduate Dental Dean.

5.79 There is no automatic extension to training in the eventuality of an outcome 3 at FRCP. The recommendations regarding extension to training is at the discretion of the Postgraduate Dental Dean.

5.80 Any extension is at the existing training level, is for a maximum of 12 months and the trainee cannot progress to the next training level, either a subsequent Dental Core Training post or a Dental Specialty Training post.

6 ENDING POSTGRADUATE DENTAL TRAINING PROGRAMMES

6.1 Dental core training posts are for a defined time, which is usually 12 months and post-CCST posts are normally 24 months in length. The length of a specialty training programme is set out in the individual GDC agreed curricula.

Dental Core Training period of training

6.2 A Dental Core Trainee may not complete a 12-month period of training for the following reasons:

- Voluntary resignation from the post
- Withdrawal from the training programme by the Postgraduate Dental Dean in the following circumstances:
 - Failure to comply with the conditions of taking up a core training post
 - Where the trainee does not hold GDC registration or where the trainee is erased or suspended (for any period of time) from the Dental Register
 - When the trainee has not met the eligibility requirements for dental core training by the time of post commencement

Dental Specialty Training

CCST date and specialist lists

6.3 At the start of training, at enrolment with Postgraduate Dental Dean, the trainee has a date set for the anticipated end of training, and the award of CCST date. This will reflect the length of training set out in the GDC approved curricula. Length of training to CCST in the dental specialties is referenced in [section 2.11](#).

RCP Outcomes relevant to trainees at the end of training

6.4 The CCST date will only change in the following circumstances:

- When a trainee has been absent for a total of 10 working days or more (when a trainee would normally be at work) within each 12-month training period, a review will be triggered of whether the trainee needs to have their training programme end date or their CCST date extended. This review would normally occur at the RCP.
- The issuing of an RCP Outcome 3
- Where a trainee is assessed to be making an accelerated progress at RCP (see section 5.32)

In either of the cases above, the Form R must be amended with a new anticipated CCST date.

There are three possible RCP options at the end of training (see section 5.32):

- Outcome 4W (NTN withdrawn)
- Outcome 4VR (Voluntary resignation)
- Outcome 6

Period of Grace

6.5 Every specialty trainee can request a period of grace ([Period of Grace Application Form](#)). This period, which can be to six months, is part of the terms and conditions of the contract of employment and is not adjusted pro rata for part-time trainees. The aim of the period of grace is to allow trainees who have completed their training time to look for suitable employment and is not a period of training.

6.6 As training is finished, the Postgraduate Dental Dean can move the trainee to an empty post or provider where service delivery is needed.

6.7 The trainee should inform the Postgraduate Dental Dean, in writing, if he/she is intending to take a period of grace. This must be six months prior to the start of the period of grace to allow for planning of posts and recruitment.

6.8 If the trainee wishes to leave their post prior to the end of the agreed period of grace, they are required to give their employer the period of notice as specified by their contract of employment.

6.9 Under exceptional circumstances the Postgraduate Dental Dean may agree to another period of grace for the same trainee for a further period of 6 months. Reasons may be personal or a severe shortage of available employment opportunities. It must be remembered that if another period of grace is allowed, the opportunity for another trainee may be denied for that period.

7 QUALITY MANAGEMENT AND QUALITY ASSURANCE OF TRAINING

Quality framework

7.1 It is essential that all programmes meet the desired and appropriate standards to ensure patient care and safety. There are three elements to any quality framework:

- Quality Control - This includes the quality standards imposed and monitored at provider level e.g., at trust/health board, University or practice level
- Quality Management - This includes the standards imposed and monitored by the Postgraduate Dental Dean
- Quality Assurance - This includes the standards imposed and monitored by the regulator of the dental profession, the GDC. The GDC has specific standards for Dental Specialty Education

Quality control

7.2 Programme providers must ensure that core and specialty trainees provide patient-centred care in a safe learning environment. The expected quality of training is embraced in the Learning and Development Agreement which is agreed between NHSE WT&E, HEIW, NES or NIMDTA and the provider.

7.3 All clinical supervisors and educational supervisors must ensure that trainees are aware of the [GDC's Standards for the Dental Team](#) and, for those undertaking specialty training, the [GDC Standards for Specialty Education](#).

7.4 Importantly, all clinical and educational supervisors should be appropriately trained to be able to take responsibility for overseeing a trainee's clinical work and providing constructive feedback during a training placement.

7.5 There must be unambiguous lines of accountability between the training commissioner (NHSE WT&E, NES, NIMDTA and HEIW) and the placement provider/employer to ensure there is clarity:

- Those individuals appointed by the placement provider will be responsible and accountable for providing educational supervision
- That there is a clear link between appraisal, assessment and planning of a trainee's educational programme and their performance
- Ensuring the trainee is made fully aware of the processes for information-sharing between the training authority and the placement provider/employer
- That the arrangements for raising matters of clinical concern and professional performance about a trainee within the placement provider/employing authority and with NHSE WT&E, NES, NIMDTA and HEIW, in line with wider regulatory requirements

7.6 The training provider should ensure all clinical supervisors must:

- Understand their responsibilities for patient-centred care, and be fully trained in the specific area of clinical care they are supervising
- Offer a level of supervision necessary and matched to the competences and experience of the trainee

- Ensure that no trainee is required to assume responsibility for or perform clinical or operative techniques in which they have insufficient experience and expertise
- Ensure the trainee only performs tasks without direct supervision when the supervisor is satisfied that they are competent to do so; both trainee and supervisor should be aware at all times 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 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 to, and undertake competence assessment of trainees in the specialty
- Comply with and be trained in relevant legislation, including equality and diversity at least every three years
- Escalate to the educational supervisor and employer any issues around poor performance of a trainee. The employer in turn must escalate these issues to the Postgraduate Dental Dean, explaining what action is being taken at trust/board level. The Postgraduate Dental Dean and employer must work together to identify the most effective means of supporting the trainee whilst ensuring that patient safety is maintained at all times

Quality management

7.7 TPDs, as the Postgraduate Dental Dean representative, will have responsibility for the quality management of individual training programmes. All postgraduate dental training programmes are approved, and quality managed by Postgraduate Dental Dean.

7.8 Evidence that the provider is reaching the standards expected by the NHSE WT&E, HEIW, NES or NIMDTA can be demonstrated in several ways. Triangulation of evidence is important, and the evidence should include:

Trainee surveys and feedback

7.9 These are annual surveys undertaken for DCTs and DSTs. They are confidential and give Postgraduate Dental Deans an indication of the quality of training delivered by educational providers identifying areas of good practice and areas requiring further exploration or development.

7.10 Feedback from trainees delivered through the training post assessment form can be utilised to inform the Postgraduate Dental Dean as to the quality of training provided (see [section 5.13](#)).

Visits

7.11 Postgraduate Dental Deans organise visits at appropriate times to provider units to assess the training environment. These visits may be routine or in response to concerns raised by surveys, direct trainee feedback or other evidence.

Appropriate identification of trainees who need remedial help and support, and delivery of that support by the commissioner and/or provider

7.12 Those managing training programmes and trainees should have in place suitable monitoring of trainees requiring help and support. A panel comprising the Postgraduate Dental Dean, suitably trained individuals and administrators should regularly meet to discuss trainees who are failing to achieve their milestones either due to lack of progress (those on RCP 3, on sick leave, failure at examinations) or those who have been involved with serious incidents at provider level.

Quality assurance

7.13 The GDC quality assures education providers responsible for the delivery of specialty education and training, as per the standards and requirements laid out in the [Standards for Specialty Education](#).

Dental Gold Guide Privacy Notice

DENTAL GOLD GUIDE PRIVACY NOTICE

This privacy notice is intended to provide transparency regarding what personal data NHSE WT&E, HEIW, NES, and NIMDTA will collect about you, how it will be processed and stored, how long it will be retained for and who will have access to your data.

Trainees should be aware that this privacy notice applies to all the processing of your personal data during the course of your training by NHSE WT&E, HEIW, NES, and NIMDTA. Your personal data is typically collected, but not exclusively, via the recruitment process, your Review of Competence Progression (RCP) and when submitting a Form R where applicable.

Those responsible for training should ensure that trainees are aware of this information. It is recommended that this privacy notice be attached to the letter sent to trainees at the start of their training. This privacy notice should also be available on each of NHSE WT&E, HEIW, NES, or NIMDTA's websites.

TERMS USED IN THIS NOTICE

There are some terms that appear in the Data Protection Act 2018 and UK GDPR that are used in this notice. These are explained below:

Personal Data: Personal data can be anything that allows a living person to be directly or indirectly identified. This may be a name, an address, or even an IP address. It includes automated personal data and can also encompass pseudonymised data if a person can be identified from it.

Special Categories of Personal Data: UK GDPR identifies special categories of personal data. These include personal information about the data subject's racial or ethnic origin, political opinions, trade union membership, religious beliefs, physical or mental health condition, sexuality and criminal record or activity.

Processing: In relation to personal data, processing means obtaining, recording, sharing or holding the data or carrying out any other operation or action.

Data Subject: the individual whom the personal data is about.

Controller: NHSE WT&E, HEIW, NES, or NIMDTA is the Controller meaning that they determine the purposes for which and the manner in which any personal data is to be processed. A controller is an entity that decides the purpose and manner that personal data is used or will be used.

Processor: A processor processes personal data on behalf of the Controller under a contract and follows strict instructions from the data controller. Processing involves obtaining, recording, adapting or holding personal data.

Third parties: Any person/organisation that is not the data subject, data controller or data processor

Data Recipients: any person to whom the data is disclosed that processes that data on behalf of the data controller e.g., NHSE WT&E, HEIW, NES, and NIMDTA staff and lay representatives.

OVERVIEW

In order to manage and quality assure your training, NHSE WT&E, HEIW, NES, and NIMDTA need to process information about you. NHSE WT&E, HEIW, NES and NIMDTA do so in compliance with the UK Data Protection Act 2018(DPA 2018) and the retained General Data Protection Regulation (UK GDPR). The data protection principles set out in Article 5 of the UK GDPR apply. These principles require that personal data must:

- Be fairly and lawfully processed
- Be processed for a specific purpose
- When collected, be adequate, relevant and not excessive
- Be accurate and up to date
- Not be kept for longer than necessary
- Be processed in accordance with individual's rights
- Be kept secure and safeguarded from unauthorised access or accidental loss
- Only be transferred outside the UK when an adequate level of protection exists in the recipient country.

The UK GDPR and DPA 2018 includes the following rights for individuals:

- the right to be informed
- the right of access
- the right to rectification
- the right to erasure
- the right to restrict processing
- the right to data portability
- the right to object
- the right not to be subject to automated decision-making including profiling

PROCESSING YOUR PERSONAL DATA

NHSE WT&E, HEIW, NES, or NIMDTA will process your personal data for the following purposes and will usually entail the processing of your personal data on our management information systems:

1. To manage your training and programme – personal data collected for this purpose will be kept in your training file, which will usually contain your recruitment data (application form, recruitment documentation and any immigration records), RCP records, significant correspondence and any other information pertinent to the effective management of your training and education.
2. To quality assure training programmes and ensure that standards are maintained – via local and national quality assurance teams and methods such as national training surveys.
3. To identify workforce planning targets - your data will be used to determine outputs from programmes and to inform the number of trainees required for specialties in the future.
4. Maintaining patient safety through the management of performance concerns - your personal data may be shared with the GDC should there be significant concerns regarding your fitness to practise.
5. To comply with legal and regulatory responsibilities including revalidation.

6. To contact you about training opportunities, events, surveys and information that may be of interest to you.

Access to your personal data is restricted to the authorised team within NHSE WT&E, HEIW, NES, and NIMDTA that are employed to manage your training. Access is also granted on a limited basis to recipients such as programme directors and lay representatives but only where necessary for a specified and lawful purpose.

Personal data may also be obtained from or shared with employing organisations and other organisations to fulfil the functions of NHSE WT&E, HEIW, NES and NIMDTA in relation to dentists in training.

Your personal data will be retained for six years after you have left your training programme. At which point your personal data will be confidentially and securely destroyed.

PROCESSING SPECIAL CATEGORIES OF PERSONAL DATA

Your personal data which falls into a special category will only be processed if an exception specified in the DPA 2018 applies. The legal basis for processing special category personal data is listed in Article 9 of the UK GDPR, read where necessary, with Schedule 1 to the DPA 2018.

Special category personal data that we may need to share includes information relating to your health or criminal record should your employer or the GDC need to be made aware.

SHARING PERSONAL DATA

NHSE WT&E, HEIW, NES, and NIMDTA will only transfer your personal data to third parties using secure channels and where it is needed to manage your training, for instance when rotating through placements or notifying colleges of RCP outcomes.

NHSE WT&E, HEIW, NES, and NIMDTA will not transfer your data unless it is satisfied of the following matters.

1. That a condition of Article 6 (and further condition from Article 9 in relation to special categories personal data) of the UK GDPR is met. The most common conditions we will rely on from Article 6 that we, or the recipient organisation, have a legitimate interest in the disclosure, or the processing is necessary for the performance of a contract.

2. The data will be handled by the third party in accordance with the UK GDPR and DPA 2018.

Where the data is used for analysis and publication by a recipient or third party, any publication will be on an anonymous and aggregated basis and will not make it possible to identify any individual. This will mean that the data ceases to become personal data.

Third parties may include the following non-exhaustive list: the UK Health Departments, Medical Royal Colleges, other deaneries, the General Dental Council, NHS Trusts/Health Boards and approved academic researchers.

NHSE WT&E, HEIW, NES, and NIMDTA will only transfer your personal data to third parties using secure channels and where it is needed to manage your training, for instance when rotating through placements or notifying colleges of RCP outcomes.

NHSE WT&E, HEIW, NES, and NIMDTA will not transfer your data unless it is satisfied of the following matters.

1. That the conditions of the UK GDPR and DPA 2018 are met.

2. The data will be handled by the third party in accordance with UK GDPR and DPA 2018. We may occasionally have to send you information from third parties about matters of policy where those policy issues impact on education, training, workforce planning or other matters related to your training. Third parties may include the following non-exhaustive list: the UK Health Departments, Medical Royal Colleges, other deaneries, the General Dental Council, NHS Trusts/Health Boards and approved academic researchers.

If you prefer, you can opt out of receiving information about general matters of policy impacting on education, training and workforce planning by contacting your Local Office / Deanery. The relevant Local Office / Deanery will provide you with further advice and guidance regarding any consequences of your request.

Where the data is used for analysis and publication by a recipient or third party, any publication will be on an anonymous and aggregated basis and will not make it possible to identify any individual. This will mean that the data ceases to become personal data.

YOUR RESPONSIBILITIES AND RIGHTS

It is important that you work with us to ensure that the information we hold about you is accurate and up to date so please inform NHSE WT&E, NES, HEIW or NIMDTA immediately if any of your personal data needs to be updated or corrected.

All communications from NHSE WT&E, NES, HEIW or NIMDTA will normally be by email. It is therefore essential for you to maintain an effective and secure email address, or you may not receive information about your posts and assessments or other important news and information about your training.

If at any point you wish to gain a copy of your personal data that is held by NHSE WT&E, NES, HEIW or NIMDTA, you may submit a subject access request in writing. You may be required to pay a fee.

In certain limited circumstances, you have a right to object to processing that is likely to cause you damage or distress, or to any decisions made by automated means that significantly affect you.

You also have a right to have inaccurate personal data rectified, blocked, erased or destroyed.

If you wish to exercise any of these rights or have any concerns in relation to how your personal data is processed, please contact NHSE WT&E, NES, HEIW or NIMDTA using the details above.

Should you wish to learn further information about data protection, please visit the Information Commissioner's Office (ICO) website. The ICO deals with complaints about how data controllers have dealt with information matters and provides useful guidance.

GLOSSARY OF TERMS

ACF	Academic Clinical Fellow
ARCP	Annual Review of Competence Progression
CCST	Certificate of Completion of Specialist Training
CL	Clinical Lecturer
CS	Clinical Supervisor
COPDEND	Committee of Postgraduate Dental Deans and Directors
DMS	Defence Medical Services
DPHC	Defence Primary Healthcare
ES	Educational Supervisor
FT	Full time
GDC	General Dental Council
HEIW	Health Education and Improvement Wales
IAT	Integrated Academic Training
ICO	Information Commissioner's Office
IDT	Inter-Deanery Transfer
ISCP	Intercollegiate Surgical Curriculum Programme
JCPTD	Joint Committee for Postgraduate Training in Dentistry
LAT	Locum Appointment for Training
LAS	Locum Appointment for Service
LTFT	Less than Full Time
MDRS	Medical and Dental Recruitment and Selection
NES	NHS Education for Scotland
NHSE WT&E	NHS England Workforce Training and Education
NIHR	National Institute of Health Research
NIMDTA	Northern Ireland Medical and Dental Training Agency
NTN	National Training Number
OOP	Out of Programme

OOPC	Out of Programme: Career Break
OOPE	Out of Programme: non-training Experience
OOPR	Out of Programme: Research
OOPT	Out of Programme: Training
OSCE	Objective Structured Clinical Examination
QA	Quality Assurance
RCP	Review of Competence Progression
RCS	Royal College of Surgeons
SAC	Specialist Advisory Committee
SLA	Service Level Agreement
SLE	Supervised Learning Event
ST	Specialty Trainee
STC	Specialty Training Committee
TPD	Training Programme Director
VR	Voluntary Resignation
WBA	Workplace-based Assessment