

# **Standards for specialty education**

**Standards and requirements for programme and  
examination providers**



# Contents

1. General Dental Council Standards for Specialty Education – Introduction
2. Standards for programme providers
  - a. Standard P1 – Protecting patients
  - b. Standard P2 – Quality evaluation and review of the programme
  - c. Standard P3 – Specialty trainee assessment
3. Standards for examination providers
  - a. Standard E1 – Quality evaluation and review of the examination
  - b. Standard E2 – Specialty trainee assessment
4. Description of terms used

# 1. General Dental Council Standards for Specialty Education – Introduction

The Standards for Specialty Education and the requirements that underpin these apply to:

- a. all UK programmes leading to inclusion on one of the General Dental Council's (GDC) specialist lists. They cover programmes in Special Care Dentistry, Oral Surgery, Orthodontics, Paediatric dentistry, Endodontics, Periodontics, Prosthodontics, Restorative dentistry, Dental Public Health, Oral Microbiology, Oral and Maxillofacial Pathology, Oral Medicine and Dental and Maxillofacial Radiology.
- b. all examinations undertaken as part of a specialty trainee's route to recommendation for a certificate of completion of specialist training (CCST).

The GDC expects programme and examination providers to meet the Standards, which cover the areas below, in order that graduates of training programmes may be accepted for inclusion on a specialist list.

- **Patient protection (programme providers only)**
- **Quality evaluation and review**
- **Specialty trainee assessment**

The quality assurance process for specialist education and training is undertaken by programme and examination by means of a self-assessment questionnaire against the standards and constituent requirements.

We also require that the self-assessment be accompanied by evidence of the providers' choosing to illustrate and confirm the validity of their self-assessment.

## Overarching requirement:

**A provider must make available with their self-assessment against these standards:**

- **documentary evidence for each requirement. (It may be possible for a provider to use a particular document as evidence across a number of requirements.)**

**If a provider produces similar evidence for other quality assurance or quality management purposes, the GDC will seek to use this to minimise the administrative burden on providers.**

The aim of the Standards for Specialty Education is to be proportionate, but with clear expectations set out for providers.

## 2. Standards for programme providers

### a. Standard P1 – Protecting patients

Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of a correct and justifiable standard. Any risk to the safety of patients and their care by specialty trainees must be minimised.

#### Requirements

#### Evidence

<b>P1</b>	<b>For clinical procedures, the programme provider should be assured that the specialty trainee is safe to treat patients in the relevant skills at the levels required prior to treating patients.</b>	<ul style="list-style-type: none"><li>• Relevant policy and procedures,</li><li>• Staff to specialty trainee ratio, records/timetable showing who is supervising,</li><li>• Timetable of assessments,</li><li>• Specialty trainee sign off records,</li><li>• Specialty trainee progression statistics and reasons for not progressing,</li><li>• Specialty trainee portfolio,</li><li>• Self-assessment forms,</li><li>• Handbooks, and specialty trainee evaluations and reflection.</li></ul>
<b>P2</b>	<b>Programme providers must have a policy in place to inform patients that they will be treated by specialty trainees and providers should confirm patient recognition of this policy.</b>	<ul style="list-style-type: none"><li>• Policy on communicating treatment by specialty trainees to patients,</li><li>• Patient feedback systems.</li></ul>
<b>P3</b>	<b>Programme providers must ensure specialty trainees provide patient-centred care in a safe learning environment. The provider must comply with relevant legislation, including equality and diversity, and requirements regarding patient care.</b>	<ul style="list-style-type: none"><li>• Monitoring reports of institutions and placement providers,</li><li>• audit reports,</li><li>• policy on clinical and workplace safety, inspection reports,</li><li>• availability and accessibility of literature on clinical governance and health and safety requirements,</li><li>• incident logs and actions taken,</li><li>• Care Quality Commission, Healthcare Inspectorate Wales, Regulation and Quality Improvement Authority and Healthcare Improvement Scotland reports,</li><li>• minutes of relevant committee meetings.</li></ul>
<b>P4</b>	<b>When providing patient care and services, specialty trainees are to be supervised at a level necessary to ensure patient safety according to the activity and the trainee's stage of development.</b>	<ul style="list-style-type: none"><li>• Relevant policy and procedures,</li><li>• staff to specialty trainee ratio,</li><li>• records/timetable showing who is supervising</li><li>• self-assessment forms,</li><li>• handbooks, and specialty trainee evaluations and reflection.</li></ul>

## Requirements

## Evidence

<b>P5</b>	<b>All educational and clinical supervisors must be qualified and trained, including training in equality and diversity where relevant to the role. Clinical supervisors must have registration with a UK regulatory body. There must be a clear rationale underpinning whether individual clinical supervisors are/are not included on a specialist list.</b>	<ul style="list-style-type: none"><li>• Policy and procedures for specialty trainee supervision,</li><li>• evidence of registration, qualifications and training timetable showing supervisor allocation.</li></ul>
<b>P6</b>	<b>Programme providers must ensure that specialty trainees and all those involved in the delivery of education and training are aware of their duty to be candid in line with the guidance issued by the professional regulator. Specialty trainees must be made aware of their obligation to raise concerns if they identify any risks to patient safety. Programme providers should publish policies so that it is clear to all parties how they can raise concerns and how these concerns will be acted upon. Programme providers must support those who do raise concerns and provide assurance that staff and specialty trainees will not be penalised for doing so.</b>	<ul style="list-style-type: none"><li>• Relevant policy and procedures,</li><li>• communication mechanism,</li><li>• records of concerns raised and actions taken.</li></ul>
<b>P7</b>	<b>Programme providers must have mechanisms to identify patient safety issues. Should a patient safety issue arise, action must be taken by the provider with a clear rationale for the extent of the action including, where necessary, informing the relevant regulatory body.</b>	<ul style="list-style-type: none"><li>• Relevant policy and procedures,</li><li>• incident logs and records of actions taken,</li><li>• reporting and recording systems for serious untoward incidents,</li><li>• minutes from relevant internal meetings.</li></ul>

## b. Standard P2 – Quality evaluation and review of the programme

The provider must have in place effective policy and procedures for the monitoring and review of the programme leading to recommendation for issue of a certificate of completion of specialist training.

### Requirements

### Evidence

<b>P8</b>	<b>Programme providers must have a quality framework in place that details how the quality of the programme is managed. This will include ensuring necessary development to programmes that maps across to the GDC approved curriculum/latest learning outcomes for the relevant specialty and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this quality function.</b>	<ul style="list-style-type: none"> <li>• Relevant policy, procedures and documentation supporting quality management of the programme,</li> <li>• review policy and timeline,</li> <li>• use of multisource feedback including patient feedback.</li> </ul>
<b>P9</b>	<b>Providers must address any concerns identified through the operation of this quality framework, including internal and external reports relating to quality, as soon as possible.</b>	<ul style="list-style-type: none"> <li>• Relevant policy and procedures including escalation process, whistleblowing policy,</li> <li>• Risk log with solutions and actions taken,</li> <li>• Relevant minutes from meetings.</li> </ul>
<b>P10</b>	<b>Quality Frameworks must be subject to rigorous internal and external quality management procedures. External assessors must be utilised and must be familiar with GDC approved curriculum/latest learning outcomes and their context.</b>	<ul style="list-style-type: none"> <li>• Relevant policy and procedures,</li> <li>• Information about external examiners and verifiers,</li> <li>• Internal/external verification/quality assurance reports.</li> </ul>
<b>P11</b>	<b>The programme provider must have systems in place to ensure the quality of placements/rotations to ensure that patient care and assessment in all locations meets these Standards. The quality management systems should include the regular collection of specialty trainee and patient feedback relating to treatment provided within placements/rotations.</b>	<ul style="list-style-type: none"> <li>• Relevant policy and procedures,</li> <li>• Feedback from staff, patients and specialty trainees,</li> <li>• Audit reports,</li> <li>• Monitoring reports from the provider and from placement providers.</li> </ul>

### c. Standard P3 – Specialty trainee assessment

Assessment must be reliable and valid. The choice of assessment method must be relevant to and support achievement of the learning outcomes approved by the GDC for the relevant specialty. Assessors must be fit to perform the assessment task

#### Requirements

#### Evidence

<b>P12</b>	<b>To make a recommendation for the award of a Certificate of Completion of Specialist Training (CCST), programme providers must be assured that specialty trainees have demonstrated achievement across the full range of learning outcomes in the relevant specialty curriculum approved by the GDC, and that they are fit to practise at the level of a specialist in the relevant specialty. This assurance should be underpinned by a coherent approach to the principles of assessment referred to in these standards.</b>	<ul style="list-style-type: none"><li>• Assessment strategy for the programme(s),</li><li>• Assessment timetable,</li><li>• Assessment records/central recording system,</li><li>• Specialty trainee portfolio,</li><li>• Specialty trainee progression policy and procedures,</li><li>• Specialty trainee progression statistics,</li><li>• Exit strategy.</li></ul>
<b>P13</b>	<b>Programme providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. Assessment conclusions should include more than one sample of performance. (Providers must demonstrate a rationale for any divergence from this principle.) Non-summative assessments must utilise feedback collected from a variety of sources, which may include other members of the dental team, peers, patients and/or customers.</b>	<ul style="list-style-type: none"><li>• Relevant policy and procedure,</li><li>• Patient feedback forms and details of actions taken,</li><li>• Patient/peer/customer comments,</li><li>• Assessment records,</li><li>• Minutes of patient forum,</li><li>• Patient guidance/systems for giving feedback.</li></ul>
<b>P14</b>	<b>Assessment must involve a range of methods relevant to the learning outcomes and these should be in line with current and best practice and be routinely developed, refined, monitored and quality managed.</b>	<ul style="list-style-type: none"><li>• Mapping and description of assessments,</li><li>• Assessment development framework and meetings,</li><li>• Internal programme review process,</li><li>• Access to assessments used on a programme.</li></ul>

## Requirements

## Evidence

<b>P15</b>	<b>The programme provider must have in place management systems to plan, monitor and record the assessment of specialty trainees throughout the programme against each of the learning outcomes.</b>	<ul style="list-style-type: none"><li>• Relevant policy and procedures,</li><li>• Central recording and monitoring system,</li><li>• External examiner reports.</li></ul>
<b>P16</b>	<b>Specialty trainees must have exposure to a breadth of patients/procedures which reflects the specific specialty. They should also undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competence to achieve the relevant GDC-approved learning outcomes.</b>	<ul style="list-style-type: none"><li>• Relevant policy and procedures,</li><li>• Central recording system,</li><li>• Clinical treatment records,</li><li>• Assessment records,</li><li>• Competency sign off policy and procedures,</li><li>• Specialty trainee portfolio.</li></ul>
<b>P17</b>	<b>The programme provider should support specialty trainees to improve their performance by providing regular feedback and by encouraging trainees to reflect on their clinical and professional practice.</b>	<ul style="list-style-type: none"><li>• Relevant policy and procedures,</li><li>• Specialty trainee portfolio,</li><li>• Relevant training in reflection and receiving feedback,</li><li>• Records of reflection,</li><li>• Records of mentoring sessions and feedback.</li></ul>
<b>P18</b>	<b>Assessors must have the skills, experience and training to undertake the task of assessment, including, <b>when necessary</b>, registration with a regulatory body.</b>	<ul style="list-style-type: none"><li>• Relevant recruitment and appointment policy and procedures,</li><li>• List of assessors/examiners showing qualifications, training, experience, and registration status,</li><li>• Assessor calibration and recalibration,</li><li>• External examiner/verifier reports.</li></ul>
<b>P19</b>	<b>Programme providers must document external examiners/assessors reports on the extent to which examination and/or assessment processes are rigorous, set at the correct standard, ensure equity of treatment for specialty trainees and have been fairly conducted.</b>	<ul style="list-style-type: none"><li>• External examiners/assessors reports,</li><li>• Records showing actions taken.</li></ul>

## Requirements

## Evidence

**P20**

**Assessment must be fair and undertaken against clear criteria. The standard expected of specialty trainees in each area to be assessed must be clear and trainees and staff involved in assessment must be aware of this standard. A recognised standard setting process must be employed for assessments. Exceptions from this principle must be clearly justified.**

- Relevant policy and procedures including managing bias,
- Specialty trainee and staff handbook,
- Clear marking/assessment criteria and guidance,
- Communication mechanism,
- Records of review meetings,
- Records of a range of assessors being used,
- Standard setting procedures,
- Arrangements for failed candidates,
- Appeals process.

### 3: Standards for examination providers

#### a. Standard E1 – Quality evaluation and review of the examination

The provider must have in place effective policy and procedures for the monitoring and review of the examination leading to the award of a membership qualification.

#### Requirements

#### Evidence

<p><b>E1 Programme and examination providers must have a quality framework in place that details how the quality of the programme/examination is managed.</b></p> <p>This will include ensuring necessary development to programmes/examinations that maps across to the GDC approved curriculum/latest learning outcomes for the relevant specialty and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this quality function.</p>	<ul style="list-style-type: none"><li>• Relevant policy, procedures and documentation supporting quality management of the programme,</li><li>• review policy and timeline,</li><li>• use of multisource feedback including patient feedback.</li></ul>
<p><b>E2 Any concerns identified through the operation of this quality framework, including internal and external reports relating to quality, must be addressed as soon as possible.</b></p>	<ul style="list-style-type: none"><li>• Relevant policy and procedures including escalation process, whistleblowing policy,</li><li>• Risk log with solutions and actions taken,</li><li>• Relevant minutes from meetings.</li></ul>
<p><b>E3 Quality Frameworks must be subject to rigorous internal and external quality management procedures. External assessors must be utilised and must be familiar with GDC approved curriculum/latest learning outcomes and their context.</b></p>	<ul style="list-style-type: none"><li>• Relevant policy and procedures,</li><li>• Information about external examiners and verifiers,</li><li>• Internal/external verification/quality assurance reports.</li></ul>

## b. Standard E2 – Specialty trainee assessment

Assessment must be reliable and valid. The choice of assessment method must demonstrate achievement of the learning outcomes approved by the GDC for the relevant specialty. Assessors must be fit to perform the assessment task.

### Requirements

### Evidence

<b>E4</b>	<b>Examination providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. Where appropriate, assessment conclusions should include more than one sample of performance.</b>	<ul style="list-style-type: none"><li>• Relevant policy and procedure,</li><li>• Assessment records.</li></ul>
<b>E5</b>	<b>Assessment must involve a range of methods relevant to the learning outcomes and these should be in line with current and best practice and be routinely developed, refined, monitored and quality managed.</b>	<ul style="list-style-type: none"><li>• Mapping and description of assessments,</li><li>• Assessment development framework and meetings.</li></ul>
<b>E6</b>	<b>Examiners must have the necessary skills, experience and training to undertake the task of assessment, including, when necessary, registration with a regulatory body.</b>	<ul style="list-style-type: none"><li>• Relevant recruitment and appointment policy and procedures,</li><li>• List of assessors/examiners showing qualifications, training, experience, and registration status,</li><li>• Assessor calibration and recalibration,</li><li>• External examiner/verifier reports.</li></ul>
<b>E7</b>	<b>Examination providers must document external examiners reports on the extent to which examination processes are rigorous, set at the correct standard, ensure equity of treatment for specialty trainees and have been fairly conducted.</b>	<ul style="list-style-type: none"><li>• External examiners/assessors reports,</li><li>• Records showing actions taken.</li></ul>

## Requirements

## Evidence

**E8** **Assessment must be fair and undertaken against clear criteria. The standard expected of specialty trainees in each area to be assessed must be clear and trainees and staff involved in assessment must be aware of this standard. A recognised and justified standard setting process must be employed for summative assessments.**

- Relevant policy and procedures including managing bias,
- Specialty trainee and staff handbook,
- Clear marking/assessment criteria and guidance,
- Communication mechanism,
- Records of review meetings,
- Records of a range of assessors being used,
- Standard setting procedures,
- Arrangements for failed candidates,
- Appeals process.

## 4. Description of terms used

### Assessment

There are many references to 'assessment' across the specialty curricula and 'Standards for Specialty Education'. Assessment is the process or exercises which measure and record a specialty trainee's progress towards achieving the learning outcomes necessary for completion of their programme and inclusion upon a specialist list.

Assessment means those forms of assessment which enable staff involved in the delivery of a programme or examination to form an opinion of specialty trainee performance. A wide variety of assessment methods are used and these might include continuous assessments, specialty trainee portfolio, case presentations, written exercises, research exercises, peer feedback etc., as well as summative examinations.

Assessments should have clear criteria for success and examiners and assessors should be properly trained and briefed to carry out assessments. Each individual learning outcome does not necessarily require its own assessment; one assessment may cover several learning outcomes and some learning outcomes will be assessed many times in many different ways throughout a specialty training programme.

A provider should be able to demonstrate to the GDC how a specialty trainee has achieved the learning outcomes throughout the duration of the programme. A central system that records specialty trainee performance would be expected to provide evidence of how successful specialty trainees have been assessed in the relevant learning outcomes.

### External Assessors

These are usually experienced GDC registrants who are not affiliated with the provider. Some programmes will use external assessors who are not registered with the GDC. This is acceptable if the external examiner is appropriately qualified for the section of the programme they will be assessing.

### Equality and Diversity

In England, Wales and Scotland, the Equality Act 2010 places responsibilities on further and higher education institutions not to discriminate against, harass or victimise:

- prospective specialty trainees,
- specialty trainees at the institution,
- in some limited circumstances, former specialty trainees and
- disabled people who are not specialty trainees at the institution but who hold or have applied for qualifications conferred by the institution.

Institutions may also have responsibilities as employers, bodies that carry out public functions and as service providers.

The Equality Act protects specialty trainees from discrimination and harassment based on 'protected characteristics'. The protected characteristics for the further and higher education institutions provisions are age, disability, gender reassignment, pregnancy and maternity, race, sex, religion or belief and sexual orientation.

The law that applies in Northern Ireland is different from that cited above. Individuals in Northern Ireland are protected against discrimination on the grounds of age, disability, race, religious belief, political opinion, sex or sexual orientation.

All institutions, wherever they are based, have a responsibility to know what their equality and diversity responsibilities are and to comply with them.

### Patients and the public

A patient means any individual treated by specialty trainees and includes other specialty trainees if treated by their colleagues.

## Placements

Placements are all places where a specialty trainee will work clinically or vocationally in the workplace.

## Programme

A programme is the entire training that leads to a recommendation for the award of a Certificate of Completion of Specialist Training (CCST). This incorporates the taught course and assessments and includes the summative assessment.

## Provider Responsibilities within Dental Specialty Training

### 1. Local education providers (LEPs)

Organisations including NHS Trusts, General Dental Practices, Public Health England and Universities that:

- directly employ or hold contracts with trainees,
- provide the learning environment and culture and control the quality of education and training in their local organisations,
- provide support and learning opportunities for learners, and provide support and resources for trainers, teachers and local faculties,
- work with postgraduate deaneries and Health Education England's LETBs in recognising and rewarding educational supervisors.

The GDC recognises that Local Education Providers (LEPs) are pivotal to the success of specialty training. We note the suggestions from stakeholders that LEPs may be seen to have responsibilities under these standards. We do not anticipate that GDC quality assurance activity will normally extend to scrutiny of LEPs/Trusts; our focus will be upon the quality management processes of the LETBs and deaneries including where they interact with LEPs/Trusts.

### 2. Quality Management Providers (programme providers)

Health Education England Local Education & Training Boards (LETBs) and Postgraduate Deaneries that are responsible for:

- recruitment of trainees and approval of training posts and educational supervision arrangements,
- ensuring that education and training occurs in an environment and culture that meets the GDC Education Standards through quality management of, and agreements with, LEPs,
- managing the quality of postgraduate training programmes provided by LEPs in their area,
- providing and managing structures and systems of support for learners,
- ensuring that LEPs are meeting the requirements for delivering postgraduate curricula and assessments, and that training programmes (and placements) enable the dentist in training to gain the knowledge, skills and behaviour required by their curriculum.

(Postgraduate Deans/Directors: these are registered dentists who are appointed by Deaneries/LETBs and are responsible for the management of training programs and assessment of trainee progress against approved GDC standards. They make recommendations to the GDC for the award of a CCST and are responsible to deaneries/LETBs.)

### 3. Examination Providers

Academic institutions and Medical and Dental Authorities, including Dental Faculties of Medical Royal Colleges, that provide exit examinations and awards as specified in GDC approved specialty training curricula.

## Staff

This means all staff members involved with the quality management, delivery and assessment of the programme.

## Specialty trainees

This means all specialty trainees enrolled on the programme.

## Supervisors

Supervisors are those responsible for specialty trainees working clinically or overseeing practical work.

### For further information, please contact:

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