A Reference Guide for Postgraduate Dental Specialty Training in the UK

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

The Dental Gold Guide
Third Edition
June 2013
Preface

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

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

Need for a Dental Gold Guide

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

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

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

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This revision is published during a time of significant organisational change in the NHS. Where the term ‘Deanery’ is used, this refers to functions carried out by Postgraduate Dental Deans within Health Education England and Postgraduate Dental Education Departments in the Wales Deanery, Northern Ireland Medical and Dental Training Agency and NHS Education for Scotland. A full list of amendments appears in Appendix 13.
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Section 1:
Introduction and background: from specialist training to specialty training


1.2 Trainees who were in post prior to 1 October 2009 could choose to continue to train as Specialist Registrars using the curriculum to which they were appointed. The “Orange Book” will continue to be applicable to those who remain on the old curriculum.

1.3 All entrants appointed to specialty training programmes after 1 October 2009 have been recruited as Specialty Trainees in line with the provisions of Section 6 on entry to the new grade.

1.4 The Dental Gold Guide does not address issues relating to terms and conditions (e.g. pay, extension of training [the “period of grace”]) of dentists in specialty training. Information on pay can be found in the relevant Pay Circular (Medical & Dental) published by NHS Employers.

1.5 This Guide sets out the new arrangements agreed by the four UK Health Departments to enable the introduction of the new specialty training programmes. The policy underpinning this Guide is applicable UK wide, but there are some important national variations in its implementation. These have been highlighted appropriately. The four UK Health Departments will formally review the Dental Gold Guide at least once per year after publication.
Section 2:
Specialty training: policy and the statutory bodies

Health Education England (HEE)

2.1 Health Education England (HEE) was established as a Special Health Authority in June 2012, taking on some functions from October 2012 before assuming full operational responsibilities from April 2013.

2.2 HEE will provide leadership for the new education and training system. It will ensure that the shape and skills of the future health and public health workforce evolve to sustain high quality outcomes for patients in the face of demographic and technological change. HEE will ensure that the workforce has the right skills, behaviours and training, and is available in the right numbers, to support the delivery of excellent healthcare and drive improvements. HEE will support healthcare providers and clinicians to take greater responsibility for planning and commissioning education and training through the development of Local Education and Training Boards (LETBs), which are statutory committees of HEE.

2.3 There are currently, seven HEE Advisory Bodies (HEEAGs), formerly Programme Boards, comprising Medicine, Dentistry, Pharmacy, Public Health, Clinical Science, Allied Health Care and Nursing.

Arrangements for the Devolved Administrations

2.4 While HEE 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 Scotland (NES) in Scotland and postgraduate deaneries in Northern Ireland and Wales have similar lead roles in the Devolved Administrations.

The Regulatory Body

2.5 The regulatory body responsible for assuring the quality of dentists joining the dental register and the specialist lists is the General Dental Council (GDC). Its current relationship with key stakeholders involved in the provision of specialist training is described in the interim Memorandum of Understanding (MOU) between the GDC and the Joint Committee for Postgraduate Training in Dentistry (JCPTD). The MOU is set out in Appendix 10.

2.6 The General Medical Council (GMC) is responsible for the standards of undergraduate and postgraduate medical education and training. Standards originally set by the Postgraduate Medical Education and Training Board (PMETB) remain in force and have been subsumed by the GMC and amended.

Royal Colleges and Faculties

2.7 The Specialty Advisory Committees (SACs), in collaboration with specialist advice, develop the specialty curricula in accordance with the principles of training and curriculum development agreed by the GDC. Only GDC approved curricula can be used for delivering specialty training programmes resulting in the award of a Certificate of Completion of Specialist Training (CCST).
2.8 The Dental Faculties of the Surgical Royal Colleges and their delegated local representatives (e.g. college tutors, regional advisors) and SACs also work closely with postgraduate deaneries to ensure that curricula are delivered at a local level and to support the quality management of training delivered within training units.

2.9 All dentists in training should enrol/register with the relevant SAC so that:

(i) progress in their training can be kept under review and supported where required
(ii) eligible trainees can be recommended to the GDC by the Postgraduate Dental Dean for consideration of award of a CCST at the end of their specialty training

Postgraduate Deaneries

2.10 The postgraduate deaneries in England now form part of the 13 HEE Local Education and Training Boards (LETBs). The postgraduate deaneries (or dental equivalents) in the UK are responsible for implementing specialty training in accordance with the recommendations made by the GDC’s Specialist Dental Education Board (SDEB) approved specialty curricula. Postgraduate Deans work with Royal Colleges/Faculties and local healthcare providers to quality manage the delivery of postgraduate dental training to GDC standards. The standards that must be delivered are normally set out in educational contracts between the postgraduate deaneries and educational providers.

2.11 Through their Training Programme Directors, Postgraduate Deans (or their nominated deputies) are responsible for developing appropriate specialty training programmes within educational provider units that meet curriculum requirements. The GDC plans to quality assure deanery processes to ensure that the training programmes meet the required standards. Until that is in place, deaneries work to standards set by the GMC.

2.12 **GMC standards for deaneries**

<table>
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<td>The postgraduate deanery must articulate clearly the rights and responsibilities of the trainees</td>
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<td>Standard 3:</td>
<td>The postgraduate deanery must have structures and processes that enable the standards to be demonstrated for all training and trainees within the sphere of their responsibility</td>
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2.13 All trainees must accept and move through suitable placements or training posts which have been designated as parts of the specialty training programme prospectively approved by deaneries. In placing trainees, Postgraduate Dental Deans or their representatives must take into account the needs of trainees with specific health needs or disabilities. Employers must make reasonable adjustments if disabled trainees require these. The need to do so should not be a reason for not offering an otherwise suitable placement to a trainee. They should
also take into account the assessments of progress and the individual trainee’s educational needs and personal preferences, including relevant domestic commitments, wherever possible.
Section 3:

Key characteristics of specialty training

Standards

3.1 The GDC is responsible for approving curricula for training in the dental specialties. It requires that each of the dental specialties produce curricula meeting the standards in Box 1. The GDC’s focus is on the learning outcomes stated in the curricula and how they are assessed.

3.2 Curricula describe outcomes in terms of achieved competences, knowledge, skills and attitudes. There is a complex relationship between outcomes, performance and experience which is time dependent. The Specialty Advisory Committees (SACs) for each specialty have been instrumental in developing the new curricula for approval by the GDC.

Structure

3.3 Current Specialist Registrars (SpRs) will complete their contracted training in those programmes, subject to satisfactory progress and will retain their training number during this period. Most SpR trainees have completed training or will do so in the near future.

3.4 *Specialty Registrar (StR) is the generic title that replaces Specialist Registrar (SpR) for those trainees appointed from October 2009 onwards. Unlike Medicine, this grade does not include Dental Core trainees (formerly SHO/DF2/CDP post) or the concept of ‘run through’ grades

3.5 Trainees appointed to new specialty training programmes which lead to the award of a CCST (subject to satisfactory progress) will be allocated a National Training Number (NTN).

*N.B. Throughout this revision of the Dental Gold Guide the term Specialty Registrar (StR) is used and SpR is no longer referred to. In addition all reference to the RITA system has been removed from this revision.
Box 1: The GDC requires that each of the dental specialties produce curricula meeting the standards shown below. The GDC’s focus is on the learning outcomes stated in the curricula and how they are assessed.

**Standard 1: Rationale**

(a) The purpose of the curriculum must be stated, including its overall role in the relevant postgraduate training.

(b) The curriculum must state how it was developed and consensus reached:
   - How content and teaching/learning methods were chosen
   - How the curriculum was agreed and by whom
   - The role of teachers and trainees in curriculum development

(c) The appropriateness of the stated curriculum to the stage of learning and to the specialty in question must be described.

(d) Linkages of the curriculum to previous and subsequent stages of the trainee’s training and education should be clarified.

(e) The curriculum must be presented in relation to programmes and posts within those programmes.

**Standard 2: Content of Learning**

(a) The curriculum must set out the general professional and specialty specific content to be mastered:
   - Knowledge, skills, attitudes and expertise must be addressed
   - Recommendations on the sequencing of learning and experience should be provided, if appropriate
   - The general professional content should include a statement about how *Standards for Dental Professionals* is to be addressed.

(b) Content areas should be presented in terms of the intended outcomes of learning benchmarked to identifiable stages of training, where appropriate:
   - What the trainee will know, understand, describe, recognise, be aware of and be able to do at the end of the course.

(c) Content areas should be linked to guidance on recommended learning experiences.

**Standard 3: Model of Learning**

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

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

**Standard 4: Learning Experiences**

(a) Recommending learning experiences must be described which allow a diversity of methods covering, at a minimum:
   - Learning from practice
   - Opportunities for concentrated practice in skills and procedures
   - Learning with peers
   - Learning in formal situations inside and outside the department
   - Personal study
   - Specific teacher inputs

(b) Educational strategies that are suited to a workplace based experiential learning and appropriate off-the-job education should be described.
Standard 5: Supervision and Feedback
(a) Mechanisms for ensuring feedback on learning must be recommended and required
(b) Mechanisms for ensuring supervision of practice and safety of dentist and patient must be defined

Standard 6: Managing Curriculum Implementation
(a) Indication should be given of how curriculum implementation will be managed and assured locally and within programmes. This should include:
- Intended use of the curriculum document by trainers and trainees
- Means of ensuring curriculum coverage
- Suggested roles of local faculty in curriculum implementation
- Responsibilities of trainees for curriculum implementation
- Curriculum management in posts and attachments within programmes
- Curriculum management across programmes as a whole

Standard 7: Curriculum Review and Updating
(a) Plans for curriculum review, including curriculum evaluation and monitoring, must be set out
(b) The schedule for curriculum updating, with rationale, must be provided
(c) Mechanisms for involving trainees and lay persons in (a) and (b) must be set out

Standard 8: Equality and Diversity
The curriculum should describe its compliance with anti-discriminatory practice.
Section 4:
Setting Standards

Approval of Training Programmes: standards of training

4.1 Approval of specialty training courses, programmes, and posts rests with the deaneries who in turn will seek appropriate advice when necessary from SACs and the Joint Committee for Postgraduate Training in Dentistry (JCPTD). This may be particularly important when setting up a new or lapsed training programme.

4.2 A programme consists of a series of placements in a range of training environments, offered by a range of training providers to be used by a number of trainees. The deanery approves programmes of training in all dental specialties, which are based on a particular geographical area; this could be in one or more Deaneries if a programme crosses boundaries. They are managed by a Training Programme Director (TPD). A programme is not a personal programme undertaken by a particular trainee.

4.3 Specialty training programmes/posts should conform to training standards equivalent to those set by GMC. The domains under which these standards are described are shown in (Box 2). However, the GDC is moving towards a system whereby it will require assurance from deaneries that successful trainees have met the learning outcomes stated in the curricula. Therefore, its task will be to collate and analyse information showing that successful trainees have met the relevant learning outcomes.

4.4 JCPTD and its Advisory Board for Specialty Training in Dentistry (ABSTD) may further develop specialty specific guidance in accordance with GDC standards.
Box 2: Domains and Standards for Training (modified from PMETB April 2006)

Domain 1: Patient safety
The duties, working hours and supervision of trainees must be consistent with the delivery of high quality safe patient care. There must be clear procedures to address immediately any concerns about patient safety arising from the training of dentists.

Domain 2: Quality Assurance, Review and Evaluation
Postgraduate training must be quality controlled locally by Deaneries, working with others as appropriate e.g. SACs, Royal Colleges/Faculties, specialty associations, training deliverers.

Domain 3: Equality, Diversity and Opportunity
Postgraduate training must be fair and based on principles of equality. This domain deals with equality and diversity matters pervading the whole of the training - widening access and participation, fair recruitment, the provision of information, programme design and job adjustment.

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

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

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

Domain 4: Recruitment, selection and appointment
Processes for recruitment, selection and appointment must be open, fair, and effective and those appointed must be inducted appropriately into training.

Domain 5: Delivery of curriculum including assessment
The requirements set out in the curriculum must be delivered.

Domain 6: Support and development of trainees, trainers and local faculty
Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload and time to learn.

Domain 7: Management of Education and Training
Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

Domain 8: Educational resources and capacity
The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

Domain 9: Outcomes
The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards

Quality assurance and quality management of postgraduate dental education
4.5 Postgraduate Dental Deans in the UK are the responsible officers for the quality management of specialty training programmes in their LETB/deanery. The requirement to quality manage the delivery and outcomes of postgraduate specialty training through deanery sponsorship of training programmes is a key element in the overall quality assurance approach.

4.6 Quality assurance of specialty dental training includes the external monitoring of a number of processes:

(i) targeted and focused visits to the postgraduates deaneries to assess the quality management of training
(ii) approval process of all training programmes, posts and trainers (including NHS, University, NIHR (IAT) ACT and ACL posts)
(iii) national surveys of trainers and trainees to collect relevant perspectives on training programmes and their education outcomes
(iv) approval and review of curriculum and associated assessment system
(v) the GDC will be responsible for external quality assurance of specialty training. It may devolve some of the work to other agencies

Managing specialty training

4.7 The day to day management, including responsibility for the quality management of specialty training programmes, rests with the Postgraduate Dental Deans who are accountable, via Directors of Education and Quality (DEQs) in the 13 LETBs in England, the Welsh Ministers, NHS Education for Scotland, (which is accountable to the Scottish Government), and, in Northern Ireland, to the Department of Health, Social Services and Public Safety (DHSSPS).

4.8 The responsible agencies above require Postgraduate Dental Deans to have in place an educational contract (usually as part of a deanery/Trust Educational contract) with all providers of specialty dental training that sets out the number of training posts within the provider unit, the standards to which postgraduate dental education must be delivered and the monitoring arrangements of the contract. This includes providers of specialty training both in and out with the NHS.

4.9 A range of issues will be covered in the educational contract including arrangements for study leave. For example, in the generic standards for training, Domain 6 (Support and development of trainees, trainers and local faculty) sets out that:

(i) trainees must be made aware of how to apply for study leave and be guided as to what courses would be appropriate and what funding is available
(ii) trainees must be able to take study leave up to the maximum permitted in their terms and conditions of service
(iii) the process for applying for study leave must be fair and transparent, and information about a deanery-level appeals process must be readily available.

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1 Throughout this document ‘Postgraduate Dental Deans’ refers to Postgraduate Dental Deans and Directors
Managing specialty training programmes

4.10 Postgraduate Dental Deans will implement a range of models to manage their specialty training programmes overall. The models will vary but will rely on senior staff involved in training and managing training in the specialty providing advice and programme management.

4.11 Whichever model is used, these structures will seek advice and input from the relevant SAC, Royal College/Faculty or their delegated representatives on specialty training issues, including such areas as the local content of programmes, assessments of trainees, remedial training requirements and training the trainers.

Training Programme Directors (TPDs)

4.12 The day to day management of specialty training is carried out by deanery appointed Training Programme Directors (TPDs)

4.13 TPDs have responsibility for managing specialty training programmes. They should:

(i) participate in the local arrangements developed by the Postgraduate Dental Dean to support the management of the specialty training programme(s) within the deanery or across deanery boundaries; TPDs will normally chair the Specialty Training Committee (STC), however it is up to the local deanery and STC to determine their preferred arrangements

(ii) work with Specialty Advisory Committees (SACs) or delegated College/Faculty representatives (e.g. National, Regional and Specialty Advisors) and national College/Faculty training committees to ensure that programmes deliver the specialty curriculum and enable trainees to gain the relevant competences, knowledge, skills, attitudes and experience

(iii) take into account the collective needs of the trainees in the programme when planning programmes

(iv) provide support for clinical and educational supervisors within the programme

(v) contribute to the annual assessment outcome process in the specialty

(vi) help the Postgraduate Dental Dean manage trainees who are running into difficulties by supporting educational supervisors in their assessments and in identifying remedial placements where required

(vii) ensure, with the help of deanery administrative support, that employers are normally notified at least three months in advance of the name and relevant details of the trainees who will be placed with them. From time to time, however, it might be necessary for TPDs to recommend that trainees be moved at shorter notice.

4.14 TPDs also have a career management role. They will need to:

(i) ensure that there is a policy for careers management which covers the needs of all trainees in their specialty programmes and posts

(ii) have career management skills (or be able to provide access to them)
(iii) play a part in marketing the specialty, where there is a need to do so, to attract appropriate candidates e.g. coordinating taster sessions during foundation training, career fair representation, or liaison with Royal Colleges/Faculties.

Educational and clinical supervision

4.15 Healthcare organisations should explicitly recognise that supervised training is a core responsibility, in order to ensure both patient safety and the development of the dental workforce to provide for future needs. The commissioning arrangements and educational contracts/agreements developed between Postgraduate Dental Deans and educational providers should be based on these principles and should apply to all healthcare organisations that are commissioned to provide postgraduate dental education.

4.16 Postgraduate Dental Deans, with the Royal Colleges/Faculties and the NHS, should develop locally-based specialty trainers to deliver educational and clinical supervision and training in the specialty. In doing so there will need to be clear lines of accountability to employers so that these educational roles are fulfilled and properly recognised.

4.17 Educational and clinical supervisors should demonstrate their competence in educational appraisal and feedback and in use of workplace based assessments.

4.18 Postgraduate Dental Deans will need to be satisfied, in consultation with their employing organisations, that those involved in delivering training have the required competences. They should be subject to the same training requirements as set out for educational and clinical supervisors (paragraphs 4.22-4.29). This includes TPDs, educational supervisors, clinical supervisors and any other agent who works on behalf of Deaneries or employers to deliver or manage training. All of these individuals must receive training in equality, diversity and human rights legislation which is kept up to date (refreshed at least every three years) and which meets deanery requirements for such training. Monitoring of the delivery and standard of such training will be part of the quality assurance arrangements (Box 2 – Standards of Training). Such training can be undertaken through a range of training modalities e.g. facilitated programmes, on-line learning programmes or self-directed learning programmes. Trainers involved in appraisal and assessment of trainees must also be trained in these areas.

4.19 All trainees must have a named clinical and educational supervisor for each placement in their specialty programme or each post. In some elements of a rotation, the same individual may provide both clinical supervision and education supervision, but the respective roles and responsibilities should be clearly defined.

4.20 In line with developing standards, educational supervisors should be specifically trained for their role. There should be explicit and sufficient time in job plans for both clinical and educational supervision of trainees.

4.21 It will be essential that trainees in specialty training have an understanding of human rights and equality legislation. They must embed in their practice behaviours which ensure that patients and carers have access to health care that:

(i) is equitable
(ii) respects human rights
(iii) challenges discrimination
(iv) promotes equality
(v) offers choices of service and treatments on an equitable basis
(vi) treats patients/carers with dignity and respect.


**Educational supervision**

4.22 An educational supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a training placement or series of placements. The educational supervisor is responsible for the trainee’s Educational Agreement.

4.23 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:

(i) be adequately prepared for the role and have an understanding of educational theory and practical educational techniques e.g. have undertaken formal facilitated training or an on-line training programme or participated in relevant training the trainers programmes
(ii) be trained to offer educational supervision and undertake appraisal and feedback
(iii) undertake training in competence assessment for specialty training
(iv) be trained in equality and diversity
(v) provide regular appraisal opportunities which should take place at the beginning, middle and end of a placement
(vi) develop a learning agreement and educational objectives with the trainee which is mutually agreed and is the point of reference for future appraisal
(vii) be responsible for ensuring that trainees whom they supervise maintain and develop their specialty learning portfolio and participate in the specialty assessment process
(viii) provide regular feedback to the trainee on their progress
(ix) ensure that the structured report which is a detailed review and synopsis of the trainee’s learning portfolio (Appendix 4) is returned within the necessary timescales
(x) contact the employer (usually the medical director) and the Postgraduate Dental Dean should the level of performance of a trainee gives rise for concern
(xi) be able to advise the trainee about access to career management
(xii) be responsible for their educational role to the TPD and locally to the employer’s lead for postgraduate medical/dental education.
4.24 Educational supervisors also have responsibilities through their supervision of trainees to support the delivery of the educational contract which exists between employers that provide postgraduate training and postgraduate deaneries.

4.25 Educational supervisors are responsible both for the educational appraisal of trainees, and also for review of their performance based on the GDC’s ethical guidance document *Standards for dental professionals*. This links educational appraisal and performance review of trainees. The mechanism for this is described in paragraphs 7.25-7.29 and 7.36-7.50 and Appendix 5 is an example of the documentation that could be used for performance review, using the evidence provided through the Annual Review of Competence Progression (ARCP).

4.26 These important educational and review roles make it essential that there are unambiguous lines of accountability for educational supervisors into both educational programme arrangements through the TPD and also into the management structure of the trainee’s employer so that there is clarity about:

(i) who is providing educational supervision and their accountability

(ii) the clear link between the appraisal, assessment and planning of a trainee’s educational programme and their performance as a dentist

(iii) the transparency of the process ensuring that the trainee is aware of the information being shared with the employer

(iv) the arrangements for raising matters of clinical concern and professional performance about a trainee within the employing authority and with the postgraduate deanery in line with wider regulatory requirements, notably those set out in documents such as *Professional Standards in the NHS* and *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*.

4.27 Employers must ensure that educational supervisors have this role recognised within job planning arrangements.

*Clinical supervision*

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

4.29 All clinical supervisors should:

(i) understand their responsibilities for patient safety

(ii) be fully trained in the specific area of clinical care

(iii) offer a level of supervision necessary to the competences and experience of the trainee and tailored for the individual trainee
(iv) 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

(v) 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

(vi) consider whether it is appropriate (particularly out of hours) to delegate the role of clinical supervisor to another senior member of the healthcare team. In these circumstances the individual must be clearly identified to both parties and understand the role of the clinical supervisor. The named clinical supervisor remains responsible and accountable overall for the care of the patient and the trainee.

(vii) be appropriately trained to teach, provide feedback and undertake competence assessment to trainees in the specialty

(viii) be trained in equality and diversity and human rights best practice
Section 5: The Structure of Training

5.1 Specialty training will be provided through specialty training programmes and posts approved by the deanery against GDC approved curricula. Entry to specialty training is normally designated as ST1.

5.2 Once an applicant has taken up a place in a specialty training programme, the whole of which has been prospectively approved by the deanery, they will have the right to train in that specialty and, subject to satisfactory progress, achieve a Certificate of Completion of Specialist Training (CCST\textsuperscript{2}). This will render them eligible to apply for the relevant Specialist List(s).

5.3 A flow diagram of possible career pathways is shown in Figure 1. (NB: the size of the boxes on the diagram does not relate to the number of trainees actually working within that level).

5.4 Entry into specialty training can only be achieved through open competition.

Specialty Training

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

Filling gaps in training programmes

5.6 It is inevitable that there will be gaps to fill in training programmes as a result of people taking time out of programme; leaving programmes at variable rates after completion of training and variations in when appointments to programmes may occur. Guidance on managing medical vacancies is available on the NHS Employers website ‘Managing medical vacancies’

5.7 Vacancies or gaps in training programmes can be filled by locums where there is a service requirement to do so.

5.8 These will be specified as “Locum Appointments for Training” (LAT) or “Locum Appointments for Service” (LAS), depending on whether training is offered through the placement or whether the locum is employed solely for service purposes.

\textsuperscript{2} The GDC Specialist List Regulations currently state that dentists must hold CCSTs (rather than CCTs) in order to join the Specialist Lists. Until such time as legislation changes, CCST is used throughout this guide.
It is anticipated that those exiting 3-year specialty training programmes will normally need to obtain post-COST experience before obtaining a consultant appointment. This is already the case for Orthodontics and Paediatric Dentistry.

Dental Core Training Posts (DCTs) replace SHO/DF2 and Career Development Posts (CDP). DCT year 1 posts are training posts for those exiting Dental Foundation Training (VT) and are designed to give trainees experience of hospital and/or salaried services. DCT years 2 and 3 replace CDP posts 1 and 2 and are essentially training posts providing taster experience in one of the dental specialties or Oral and Maxillofacial Surgery. It is accepted that more service delivery will be possible in these posts; they will enable graduates to consolidate their experience in a range of dental specialties and OMFS. They also provide, along with DFT (VT) and DCT1, 4 years of clinical experience that is required for entry to staff grade appointments.

Dental graduates wishing to pursue a career in Oral and Maxillofacial Surgery will undertake a variable period of postgraduate training within dentistry before applying for entry to Medical School. Normally, it is expected that they will have completed Dental Foundation Training (VT) and DCT 1 and have obtained a Dental Membership of one of the Royal Colleges.

Medical graduates who study dentistry will need to complete medical FY1, at least, in order to become GMC registered. For those wishing to pursue a career in Oral and Maxillofacial Surgery, achievement of medical FY1 and FY2 competences must have been demonstrated. In addition, and ideally, Dental Foundation Training and DCT 1 competences should also have been demonstrated. It is likely, however, that such trainees may not have undertaken DFT training in general dental practice.

Dually qualified graduates wishing to undertake specialty training in Oral Medicine will be required to have completed Dental Foundation Training and DCT 1 competences and, at least, medical FY1 competences. However, such trainees would be well advised to complete Medical Foundation Training so, that in the event of not being able to enter Oral Medicine, they still have the ability to apply for medical specialty training.

Dually qualified applicants for oral and maxillofacial surgery will need to have completed Medical FY2 before applying for ST1 posts and hold fully registrable medical and dental qualifications.
The employer and the deanery should consult on the filling of both types of locum posts in order to fill gaps or vacancies in training programmes/posts where these are required for service provision. Where posts are required for service, then employers should appoint but only after deaneries have identified how long a post is going to be left vacant.

Dentists filling a gap as either a LAT or LAS will not be allocated a training number since these can only be obtained through competitive appointment to a specialty training programme. Appointment to a LAT or a LAS post carries no future entitlement to appointment into a specialty training programme leading to a CCST.

**Locum Appointments for Training (LAT)**

LAT posts must be competitively appointed using the appropriate specialty national person specification. A deanery nominated representative from the specialty and normally from outside the employing authority must sit on the appointment panel.

These appointments are only permissible when a previously occupied StR placement falls vacant. This may occur because there is a gap between a trainee leaving and the next recruitment round or as a result of maternity or carer leave.

Occupancy of a StR locum placement or series of such placements is not in itself sufficient to qualify for recommendation of a CCST. In order to obtain a CCST, trainees must have been appointed to a training programme intended to lead to the award of a CCST and have successfully completed that training programme.

The award of a CCST follows progressive movement through a formal deanery approved training programme that has SAC support. Trainees must have fulfilled the requirements of that programme.

Trainees who are appointed to LAT posts should register with the appropriate SAC and must have, in addition to appropriate clinical supervision, a named educational supervisor. The educational supervisor should meet them early in their appointment to plan the training opportunities available in the placement which will allow them to gain competences in the specialty. Suitable assessments, comparable to those undertaken by trainees in specialty training programmes should be undertaken. They should obtain a structured report from their educational supervisor at the end of their LAT placement, summarising their assessments and achievements.

A LAT must therefore contribute demonstrably towards progress through a training programme before it can count towards achieving a CCST. The period of training and the training content must be identified in advance and form the basis of recruitment.

The training period will need to be reviewed through the ARCP process. The ARCP outcome should be available to the deanery where the trainee eventually enters a formal training programme and a copy sent to the relevant SAC.

Appointments to LATs are governed by the following considerations:

(i) Applicants must have complied with the entry requirements for entry to the relevant specialty. This would normally require satisfactory completion of
the foundation training year and further broad-based training such as that which may be obtained from periods in dental core training.

(ii) Occupation of a LAT does not confer any special or priority right of entry to an StR training programme.

(iii) LAT appointees hold contracts as StR and are subject to StR pay and terms and conditions.

(iv) LAT appointees do not hold NTNs as they have not been appointed to a substantive StR post.

(v) LAT appointments are made in open competition.

Locum Appointments for Service (LAS)

5.19 Locum appointments for service (LAS posts) may be appointed by employers in consultation with the deanery and are usually short-term service appointments.

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

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

The Specialist Lists

5.22 The GDC is responsible for awarding CCSTs. Award of the CCST takes place through the following process:

(i) the deanery will retain the outcome documents from the annual assessment process as part of the minimum data set required by GDC for quality assurance purposes

(ii) when a trainee is within four months of completion of their specialty programme the Postgraduate Dental Dean may recommend to the GDC the award of a CCST currently using form REC 1, following a satisfactory ARCP 6 and satisfactory completion of the relevant exit examination

(iii) the GDC will then contact the trainee and provide the relevant application form for requesting the award of CCST

(iv) if the GDC accepts the Postgraduate Dean’s recommendation and receives a valid application form, it will issue the CCST

Applying for consultant posts

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

5.24 Once a dentist has been entered on the specialist list they may be eligible to take up a substantive, fixed term or honorary consultant post in the NHS. However, in some specialties, a period of post-CCST training is required for such appointments.

Acting up as consultant

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

Locum consultant appointments

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

5.27 In both situations above (5.27 and 5.28), CCST holders in Paediatric Dentistry and Orthodontics, currently must have completed 18 months (pro-rata) in a post-CCST appointment before applying for these options.

Applying for specialist posts

5.28 CCST holders completing three year training programmes may be eligible to apply for specialist posts. For those who wish to become consultants, it is likely that they will need to undertake a period of post-CCST training.
Section 6: Becoming a Specialty Registrar

Recruitment into specialty training

6.1 The NHS and the UK Health Departments promote and implement equal opportunities policies. There is no place for discrimination on grounds of sex, marital status, race, religion, sexual orientation, colour, disability or age. Advertisements for specialty training programmes will include a clear statement on equal opportunities including the suitability of the post for part-time/job share working. Appointment processes must conform to employment law and best practice in selection and recruitment.

6.2 The GDC has set out the *Principles for Entry into Specialty Training* (Box 3)

6.3 The recruitment process into specialty training in England is overseen by Health Education England Advisory Group for Dentistry (formerly the MEE Dental Programme Board). This advisory group (HEEAG) provides advice to HEE and its Multi-Professional Advisory Board (MPAB), and any changes will be reflected in new guidance. In Scotland, recruitment into specialty training is managed through NHS Education for Scotland (NES)

(i) Interview panels will generally include a mix of people as outlined below, although there may be variations:

**In England, Wales and Northern Ireland**

- Dean of Postgraduate Dental Education or nominated deputy
- A lay chair or lay representative
- College adviser or nominated deputy at the suggestion of the SAC, often the SAC liaison member
- A university representative or nominated deputy (when appropriate i.e. lecturer, ACF and ACL posts)
- Training Programme Director (TPD)
- Chair of the Specialty Training Committee (usually the TPD)
- Consultant representation from the training programme(s)
- A senior management representative (i.e. Clinical Director or nominated deputy)
- Representation from human resources

**In Scotland**

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

The appointment committee will have support from Human Resources

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

Box 3: Principles for Entry to Specialty Training

1. The GDC requires applicants to specialty training to have completed a broad based training programme such as that undertaken during UK Foundation Training

2. The selection process must be demonstrably fair to all candidates.

3. The selection process must be through open competition and must be designed to identify the candidates most likely to complete the programme successfully

4. A mandatory requirement for entry to specialty training is that candidates must be able to demonstrate the competences required at the end of the Foundation programme either by successfully completing that programme or by demonstrating that they have gained those competences in another way

5. Other evidence that may be sought or presented as part of the selection process may include evidence of excellence in terms of attributes such as motivation, career commitment etc, but no requirement for the completion of a particular post

6. Any trainee accepted onto a programme leading to the award of a CCST will be able to continue in specialty training to award of a CCST so long as the trainee passes all necessary assessments at each stage of progression and does not give other cause for concern, and the trainee wishes to continue in the training programme

7. Entry to specialist training programmes may be at different stages. A candidate must demonstrate any competences required for the level of entry as defined by the Person Specification for the programme based on the curriculum requirements approved by the GDC for that specialty

Offers of employment

6.4 A dentist in training will have a training agreement with the postgraduate deanery that entitles them to continue in a training programme subject to satisfactory progress. They will also be offered an employment contract for the placement they will be working in. Some training programmes will involve more than one employer so trainees may have a series of contracts of employment through a training programme. Employers participate in selection processes for training but these are normally administered by deaneries.

6.5 An allocation offer for a training programme following the selection process is not an offer of employment. This can only be made by an employer who will need to ensure that the candidate who has been allocated meets the requirements of employability.
6.6 Once an allocation offer has been made by the deanery or its employing agent or in Scotland by NHS Education for Scotland (NES) and the applicant has accepted it:

(i) the employing organisation should be informed of the applicant’s details by the deanery/NES

(ii) the employing organisation should contact the applicant to confirm the pre-employment process and set out the requirements for completion of satisfactory pre-employment checks such as Criminal Record Bureau enhanced disclosures, Occupational Health clearance and GDC fitness to practice

(iii) employers will also require two recent references from clinical supervisors and previous employers

(iv) offers of employment will be subject to satisfactory pre-employment checks and references

(v) the issue of contracts of employment remain the responsibility of the employing organisation as is now the case for Specialist Registrars and trainees.

Further guidance is available from the *NHS Employment Check Standards* (NHS Employers, September 2012)

6.7 If an applicant is selected and offered a placement on a training programme by the deanery or NES, the employing organisation ultimately has the right to refuse employment but it must be able to offer robust reasons for this. Examples will include failed CRB or Occupational Health checks, unresolved fitness to practice issues, or if the checks highlight falsification of evidence on the part of the applicant. Under such circumstances, the relevant Postgraduate Dental Dean will take every measure to ensure that an appropriate placement is found, where possible, but ultimately, if an employing organisation willing to offer employment - and training through it - cannot be identified, then the offer of a training programme to the applicant will be withdrawn.

**National Training Numbers (NTNs)**

6.8 National Training Numbers (NTNs) will only be awarded to trainees in specialty training programmes which, subject to satisfactory progress, have an end point of the award of a CCST.

6.9 The allocation of a training number has two main purposes:

(i) educational planning and management: to enable Postgraduate Dental Deans to keep track of the location and progress of trainees who have been selected into specialty training programmes

(ii) workforce information: to document, within each country and within specialties, how many trainees are in each specialty training programme at any time and to provide indicative evidence as to when their training is likely to be completed

6.10 A CCST can only be awarded to a trainee who has been allocated an NTN by open competitive appointment to a training programme approved as leading to the award of a CCST and who has successfully completed that programme.
Following appointment to a specialty training programme an NTN will be allocated by a deanery to a candidate who has successfully competed for entry into a specialty training programme on a substantive (but not a locum) basis. This includes trainees employed by Universities, such as lecturers, Academic Clinical Fellows or Academic Clinical Lecturers.

The NTN is unique to the trainee for the period the trainee holds the number in that specialty. The NTN will be changed for a given trainee if that trainee is subsequently appointed competitively to a different specialty programme.

Subject to progress, a trainee will hold an NTN until training is completed (including the period of grace).

The NTN is issued by the Postgraduate Dental Dean when the trainee is accepted into a training programme. It will be held so long as the trainee is in specialty training or is out of programme on statutory grounds or for out of programme activity which has been agreed with the Postgraduate Dental Dean.

Deferring the start of a specialty training programme

The start of training may only be deferred on statutory grounds (e.g. maternity leave, ill health), or to enable the trainee to complete research for a registered higher degree which they have already commenced or for which they have already been accepted at the time of being offered their clinical placement. Trainees appointed to specialty training or to post-CCST training posts cannot defer the start of their fixed term appointment for the purpose of undertaking a higher degree.

Who does not qualify for a National Training Number?

Dentists undertaking training through the following types of appointments are not eligible for an NTN as a result of such appointments:

(i) Locum Appointments for Training (LAT)
(ii) Locum Appointments for Service (LAS)
(iii) sponsorship programmes (e.g. the Tier 5 Medical and Dental Training Initiative)

Registering with the Postgraduate Dental Dean

The Postgraduate Dental Dean will issue an NTN to each trainee entering specialty training. The trainee should register with the Postgraduate Dental Dean using the registration form Form R (Appendix 1) which is obtained from and returned to the Postgraduate Dental Dean. This procedure should be completed within one month of appointment. This will:

(i) trigger issuing of the NTN
(ii) ensure the trainee is registered on the Postgraduate Dental Dean's database and the appropriate SAC informed
(iii) initiate the Annual Review of Competence Progression (ARCP) through which progress in training is monitored so long as the trainee remains in training
(iv) allow the deanery to provide the SAC with new starter information (Appendix 3)
(v) enable the Postgraduate Dental Dean to confirm for the new employer the relevant details of the new trainee and their NTN
(vi) record the date of entry into the programme.

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

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

6.20 Before an NTN is issued trainees will be required to indicate formally that they accept the Conditions of taking up a specialty training post or post-CCST training post (Appendix 2) In addition, trainees awarded an NTN should:

(i) be engaged in activities approved by and agreed with the Postgraduate Dental Dean, if not currently taking part in the training programme, which are compatible with their training programme, (e.g. research or agreed leave of absence for a career break). If time out of the training programme is agreed, the trainee must ensure that the Postgraduate Dental Dean/TPD is informed of their proposed plans/timescale to return to the training programme
(ii) ensure that their educational supervisor and TPD are aware of their absence from the training programme for e.g. maternity or prolonged sick leave. The Postgraduate Dental Dean’s office and employer must be made aware of plans for prolonged absence
(iii) agree to engage in the training and assessment process e.g. participate in setting educational objectives, appraisal, attend training sessions, ensure that documentation required for the assessment process is submitted to time and in the appropriate format
(iv) be committed to make steady progress in completing their training programme
(v) not undertake locum activities which compromise their training or make them non-compliant with European Working Time Regulations
(vi) be aware that if they are employed outside the NHS and cease to pursue their research or other activity which the Postgraduate Dental Dean has agreed is required for retention of the NTN, they must inform the deanery at once. The Postgraduate Dental Dean will then decide whether it is appropriate for them to retain their NTN

6.21 Failure to comply with these requirements may result in the removal of the NTN by the Postgraduate Dental Dean. The arrangements for appealing against the loss of a NTN are described in paragraphs 6.31-6.32.
Maintaining a training number: continuing registration

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

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

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

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

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

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

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

When is a training number given up?

6.28 The training number will be given up when a trainee:
is erased or suspended from the dental register (whether permanently or temporarily) or where restrictions are applied to their ability to practice where normally such measures are incompatible with continuing in a dental specialty training programme

(ii) has completed their training and achieved CCST including any period of grace

(iii) is assessed as not being suitable for completing training

(iv) permanently relinquishes their place in a training programme

(v) decides not to complete the training programme agreed with the Postgraduate Dental Dean

(vi) does not comply with the requirements for registering or maintaining their registration with the Postgraduate Dental Dean. Deaneries should make reasonable efforts to contact trainees who have not submitted documentation before withdrawing their NTN

6.29 A trainee dismissed by an employer as a result of conduct and capability procedures will normally be deemed by the Postgraduate Dental Dean to be unsuitable to continue in the specialty training programme training and will have their training number removed and their place on the programme terminated.

6.30 In all cases where the NTN is removed, the Postgraduate Dental Dean will inform the trainee in writing of the reasons for this decision. The trainee will have the right of appeal (paragraphs 7.153 – 7.156). Relevant employing organisations need to be party to any decisions for removal of an NTN from a trainee in their employ since normally this will also mean that their employment contract will be terminated. However, the decision for the NTN to be removed rests with the Postgraduate Dental Dean. This must be done fairly and must satisfy the requirements of employment law.

6.31 It is open to those who have had their training numbers removed, or have given them up voluntarily, to re-apply for competitive entry to specialty training at a later date should circumstances change. Entry in such cases would be by competition with other applicants. (For those resigning from specialty training see paragraph 8.9)

How is a training number constructed?

6.32 Each training number is an alpha-numeric code (see Appendix 11 for a list of codes). It contains four elements:

(i) three letters which identify the deanery, e.g. "WMD" (West Midlands Deanery)

(ii) three digits for the specialty or core specialty in which the CCST training programme is being undertaken e.g. 062 Orthodontics; (Scotland uses different specialty codes for some specialties)

(iii) three digits to identify the individual holder ("the individual identifier" element); e.g. 324 and

(iv) a single letter suffix which enables identification of the following:
N: current NTN holders who remain on current SpR training curricula. Trainees appointed to the new specialty training grade will be awarded an NTN.

P: for trainees appointed to a post-CCST training programme or Fellowship, or on run-through post-CCST programmes, a suffix ‘P’ should be added to the NTN e.g. NTN(P)

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

6.33 It is essential that the deanery maintains clear and up to date records documenting the programme that a trainee is undertaking as reflected by the NTN. If there is any change to this during the course of a trainee’s training the deanery must inform the relevant SAC. Where trainees wish to pursue a CCST in a different specialty, that is, to transfer to a different training programme – whether in the same or a different deanery – a new training number will only be awarded in competition with others seeking entry to the training programme.

Arrangements for the Defence Dental Services

6.34 The Defence Dental Services (DDS) will continue to train 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 follow, as closely as possible, the pattern required for NHS trainees as well as meeting the needs of the DDS.

6.35 Candidates for consideration for Specialty Registrar (StR) status will be selected by the DDS from officers who satisfy the entry criteria for the grade and meet the person specification for entry into specialty training in the relevant specialty. The Defence Postgraduate Medical Deanery will liaise with a civilian deanery to identify a suitable training position that does not impinge on NHS training requirements. When identified, a selection board will be convened that will include representatives from the host deanery, 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 for entry into specialty training in the relevant specialty.

6.36 Successful candidates for specialty training will be selected as required by the DDS. Those appointed as StR will be awarded a DPMD National Training Number (NTN) by the Defence Postgraduate Dental Dean (the prefix of which remains TSD). They will hold this number until completion of specialty training but those who choose to leave the Armed Forces through premature voluntary retirement (PVR) will be required to relinquish their DPMD NTN. If they wish to continue their specialty training as a civilian, they will have to seek an appropriate vacancy within a civilian deanery for which they will have to compete. For those who retire early not by choice but for medical reasons or other reasons beyond their control, but who would still be able to continue their dental training as a civilian, DPMD will endeavour to arrange an inter-deanery transfer subject to availability of vacancies within appropriate training programmes in civilian deaneries. However, they will still be required to relinquish their DPMD NTN and secure a civilian NTN instead. DDS StRs will occupy posts and programmes approved by the deanery and their progress will be monitored as required by the GDC approved curriculum and assessment strategies. This will include attendance annually or as required at an assessment panel for their specialty convened by the host deanery or DPMD as
appropriate. Host deanery assessment panels will normally be attended by the
Defence Postgraduate Dental Dean or a nominated representative. DPMD
assessment panels will normally include external representation.

6.37 Following the successful completion of a full programme of specialty training and
receipt of a CCST and/or Specialist Registration, any Service dental officer
seeking accreditation as a DDS consultant will be presented to an Armed
Services Consultant Approval Board for confirmation of NHS equivalence and
suitability for consultant status.

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

6.38 This guidance is based on Principles underpinning the new arrangements for
flexible training (NHS Employers, 2005). Full guidance is available at the
websites listed below. Advice may also be obtained from the local Postgraduate
Dental Dean.

England and Northern Ireland: ‘A new approach to flexible medical training’
Scotland: NES ‘Flexible Training’
Wales: ‘Less than full time training’

6.39 Less than full-time training shall meet the same requirements in specialty training
as full-time training, from which it will differ only in the possibility of limiting
participation in dental activities by the number of hours worked per week.

6.40 All trainees can apply for less than full-time training either at the point
of application for entry into specialty training or at any time once they have been
accepted into specialty training. As for all other applicants wishing to enter into
specialty training, competitive appointment into specialty training is required but
must not be affected or influenced by the applicant’s wish to be considered for
less than full-time training. The aims of less than full-time training are to:

(i) retain within the workforce dentists who are unable to continue their
training on a full-time basis
(ii) promote career development and work/life balance for dentists in training
(iii) ensure continued training in programmes on a time equivalence (pro-rata)
basis
(iv) maintain a balance between less than full-time training arrangements, the
educational requirements of both full and part-time trainees and service
need
(v) trainees will normally be required to undertake no less than 50% of full-
time training

6.41 As far as possible, Postgraduate Dental Deans will seek to integrate less than full-
time training into mainstream full-time training by:

(i) developing permanent less than full-time training posts in appropriate
specialties
(ii) using slot/job shares where it is possible to do so
(iii) using full-time posts for part-time training where it is possible to do so
ensuring equity of access to study leave

6.42 Where such arrangements cannot be made, the Postgraduate Dental Dean may consider the establishment of personal, individualised supernumerary posts, subject to training capacity and resources.

6.43 A post that is approved for training is also considered to be approved for training on a less than full-time basis.

Eligibility for less than full-time training

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

Category 1

Dentists in training with:

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

Category 2

Dentists in training with:

➤ unique opportunities for their own person/professional development, e.g. training for national/international sporting events
➤ religious commitment – involving training for a particular role which requires a specific time commitment
➤ non-dental professional development such as management courses, law courses, fine arts courses, etc.

6.45 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. Postgraduate Dental Deans, or Associate Deans with responsibility for less than full time trainees, should view enquiries about less than full-time training sympathetically and will need to confirm that an application is well founded on an individual basis. Where Postgraduate Dental Deans believe that an application is not well founded they should consult their colleagues appropriately to ensure a consistent approach before making a final decision.
Applying for less than full-time training

6.46 Trainees will:

(i) reflect the same balance of work as their full-time colleagues

(ii) normally move between posts within rotations on the same basis as a full-time trainee

(iii) not normally be permitted to engage in any other paid employment whilst in less than full-time training

Academic training, research and higher degrees

6.47 All of the specialty training curricula require trainees to understand the value and purpose of research and to develop the skills required to critically assess research evidence. In addition, some trainees will wish to consider or develop an academic career and may wish to explore this by undertaking a period of training in either research or education during their clinical training. The following web links provide important advice on pursuing an academic clinical career.

Academy of Medical Sciences (http://www.academicmedicine.ac.uk)
National Institute for Health Research (http://www.nihr.ac.uk)
Wales Clinical Academic Track – Specialty Training in Wales
NIMDTA Academic Training Opportunities
Scotland Academic Training

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

- **Option 1**: compete for opportunities to enter either deanery approved integrated combined academic and clinical programmes or a University post. Trainees who are appointed to such posts will need to meet the clinical requirements for appointment if they are not already in specialty training, as well as the academic requirements

- **Option 2**: take time out of their deanery specialty training programme once admitted into specialty training to undertake research or an appropriate higher degree (Out of Programme for Research OOPR paragraphs 6.55 – 6.56 and 6.68 – 6.73), with the agreement of the Postgraduate Dental Dean. Trainees will continue to hold their NTN during this time out of their clinical programme.

Option 1: Integrated combined academic and clinical programmes

6.49 Each of the four UK countries has developed or is in the process of developing their own arrangements for these integrated academic and clinical posts. Further details are available from the relevant websites.

6.50 Trainees already holding an NTN who are subsequently selected for such an integrated academic/clinical programme will have their NTN converted to an NTN (A) or receive an NTN (A) in the appropriate specialty.
6.51 Trainees appointed to such programmes who require an NTN will be allocated an
NTN (A) from the outset.

6.52 Trainees in integrated, combined programmes will be assessed through a joint
academic and clinical annual assessment process as described in paragraphs

6.53 If it is recommended at any point, either through the annual assessment process
or by the academic supervisor that such trainees should leave the academic
programme, but should still continue with their clinical training, then trainees will
be facilitated back into the clinical training programme by the Postgraduate Dental
Dean, given due notice. The NTN (A) will revert to an NTN in the appropriate
specialty.

Option 2: Taking time out of programme to undertake research

6.54 The trainee will need to seek the agreement of the Postgraduate Dental Dean to
take time out of programme to undertake research or an appropriate higher
degree. NTN (A)s are not allocated to trainees who take time out of programme
for research. Trainees taking time out of programme for research purposes will
retain their NTN as long as they have the agreement of the Postgraduate Dental
Dean to do so. The process for this is described in paragraphs 6.68 – 6.73
(OOPR).

6.55 A trainee may request deferral for up to three years before starting a specialty
training programme if they have been accepted to a higher degree programme
(e.g. PhD, MClinDent, MSc) at the time of being offered their clinical placement or
if they are already undertaking research for a registered degree when their clinical
placement is due to start.

Taking time out of programme (OOP)

6.56 There are a number of circumstances when a trainee may seek to spend some
time out of the specialty training programme to which they have been appointed.
All such requests need to be agreed by the Postgraduate Dental Dean in writing,
so trainees are advised to discuss their proposals as early as possible. Time out
of programme (OOP) will not normally be agreed until a trainee has been in a
training programme for at least one year, unless at the time of appointment
deferral of the start of the programme has been agreed, e.g. for statutory reasons
or to undertake a higher degree. A trainee whose annual review of progress is
deemed unsatisfactory or with unmet objectives identified at their ARCP will not
normally be granted a period of OOP. The purpose of taking time out of a
specialty training programme is to support the trainee:

(i) in undertaking prospectively approved clinical training which is not
available locally and not part of the trainee’s specialty training programme

(ii) in gaining clinical experience which is not a requirement of the curriculum
but which may benefit the trainee (e.g. working in a different health
environment/country) or help support the health needs of other countries
(e. g. Médecins Sans Frontières, Voluntary Service Overseas, supporting
global health partnerships) See Crisp Report

(iii) in undertaking a period of research
If out of programme time is agreed the relevant section of the out of programme (OOP) document (Appendix 7) must be signed by the Postgraduate Dental Dean. The trainee should give their Postgraduate Dental Dean and their employer (current and/or next) as much notice as possible. Three months is the minimum period of notice required so that employers can ensure that the needs of patients are appropriately addressed.

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

6.59 Deaneries may seek specialty specific advice from SACs as necessary in relation to less than full-time training, academic training or time out of programme.

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

6.60 The deanery must prospectively approve the clinical training out of programme if it is to be used towards the trainee’s CCST award. This will include, for example, undertaking an approved training post in a different training programme in the UK, but could also include overseas posts which are not part of an approved training programme in any way and which have prospective training approval.

6.61 Trainees will also be able to take time out of programme and credit time towards training as an "acting up" consultant if this has been prospectively approved by the deanery. Trainees acting up as consultants or specialists will need to have appropriate supervision in place and approval will only be considered if the acting up placement is relevant to gaining the competences, knowledge, skills and behaviours required by the curriculum (see paragraph 5.27).

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

6.63 Trainees may retain their NTN whilst undertaking a clinical approved training opportunity, as long as the OOPT has been agreed in advance by the Postgraduate Dental Dean and trainees continue to satisfy the requirement for annual review. OOPT will normally be for a period of one year in total but exceptionally, can be up to two years.

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

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

6.65 Trainees may seek agreement for out of programme time to undertake clinical experience which has not been approved by the deanery and which will not contribute to award of a CCST. The purpose of this is to:

(i) enhance clinical experience for the individual so that they may experience different working practices or gain specific experience in an area of practice

(ii) support the recommendations in *Global health partnerships: the UK contribution to health in developing countries (2007)* See Crisp Report

(iii) take time out of programme to gain experience as a Locum Consultant which cannot be credited towards the award of CCST

6.66 The request to take time out for such experience must be agreed by the Postgraduate Dental Dean. The OOP document should be used to make the request and should be returned on an annual basis to the deanery whilst the trainee is out of programme. OOPEs will normally be for one year in total, but can be extended for up to two years with the agreement of the Postgraduate Dental Dean.

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

6.67 Trainees should be encouraged and facilitated to undertake research where they have an interest in doing so.

6.68 Once prospective approval of the posts and programmes has been obtained the deanery may seek advice from the SAC to confirm whether this research has contributed in any way to the individual’s training. For periods of research taking up to six months, trainees may not need to go out of programme. The deanery may seek SAC advice as to whether there has been sufficient maintenance of clinical skills such that there is no detriment to the clinical training programme.

6.69 Time taken out for research purposes is normally for a higher degree, e.g. a PhD, or Master’s degree and will not normally exceed four years. Trainees in their final year of training will not normally be granted OOPR.

6.70 Trainees who undertake OOPR must submit the relevant section of the OOP document to the home deanery’s annual review panel. This will ensure that the trainee keeps in touch with the deanery and registers each year to renew their commitment to the training programme. It requests permission to retain their NTN and provides information about the trainee’s likely date of return to the programme, as well as the estimated date for completion of training. It is the responsibility of the trainee to make this return annually.

6.71 Many individuals undertaking such research retain a clinical element that will allow them to maintain their existing competences whilst out of programme, although at least 50% of time must be spent in approved clinical training if it is to
be attributable to a CCST. The trainee should seek advice from their TPD to ensure that the proposed clinical element is appropriate. Advice will be sought from SACs when necessary.

6.72 If there is prospective approval for the OOPR to contribute to the CCST, then formal assessment documentation must be submitted annually to the review panel. Deaneries may seek advice from SACs as to the relevance of such experience to the training programme.

Time out of programme for career breaks (OOPC)

6.73 Specialty training can require trainees to commit up to five years of training in some specialties. For trainees with outside interests, this may influence their choice of specialty or career. The opportunity to take time out of a training programme with the guarantee of being able to return at an agreed time and resume training may make some specialties, and indeed a dental career in general, more attractive. Requests for career breaks should therefore be sympathetically considered.

6.74 A planned OOPC will permit a trainee to:

(i) step out of the training programme for a designated and agreed period of time to pursue other interests, e.g. domestic responsibilities, work in industry, developing talents in other areas
(ii) take a career break to deal with a period of ill health, secure in the knowledge that they can re-join the training scheme when they are well enough to continue.

6.75 The chance to take a career break for any of these reasons may make the difference between a trainee staying in dentistry or leaving permanently, thereby wasting the public and their personal investment in dental training to date.

Who is eligible to apply for an OOPC?

6.76 OOPC can be taken with the agreement of the Postgraduate Dental Dean, who will consult as necessary with those involved in managing the training programme. Limiting factors will include:

(i) the ability of the programme to fill the resulting gap in the interests of patient care
(ii) the capacity of the programme to accommodate the trainee’s return at the end of the planned break
(iii) evidence of the trainee’s on-going commitment to and suitability for training in the specialty.

6.77 If all requests for a career break within a programme cannot be accommodated, priority will be given to trainees with any of the following:

(i) those with health issues
those who have caring responsibilities for dealing with serious illness in family members that cannot be accommodated through less than full-time training

those who have childcare responsibilities that cannot be accommodated through less than full-time training options

at the discretion of the Postgraduate Dental Dean, those with a clearly identified life goal which cannot be deferred.

Planning and managing an OOPC

6.78 The following apply to the planning and management of career breaks during specialty training:

(i) OOPC may be taken after a specialty training programme has been started, but not normally until at least one year of the programme has been successfully completed

(ii) OOPC is not an acceptable reason for deferring the start of a programme. In such cases, the trainee should defer making an application until ready to begin training

(iii) career breaks are breaks without pay and time out of dentistry will not be recognised in increments to salary. Trainees should take expert advice from the deanery or from their professional associations on their statutory rights in relation to career breaks

(iv) the needs of the service must be considered in agreeing a start date

(v) the duration of the OOPC will normally be limited to two years since there are good educational and training reasons for this but may be longer in exceptional circumstances which must be agreed with the Postgraduate Dental Dean in writing.

(vi) trainees wishing to take longer OOPC will normally need to relinquish their NTN and re-apply in open competition for re-entry to the same specialty or to a new specialty

(vii) a replacement NTN to fill the gap in a programme left by a trainee undertaking a OOPC may be made available but the Postgraduate Dental Dean will need to ensure that the programme can accommodate any newly appointed trainees, as well as the subsequent return of the trainee who has undertaken the OOPC

(viii) the trainee should give at least six months notice of their planned return to work. Although the returning trainee will be accommodated in the next available suitable vacancy in their specialty, it may take time for a suitable placement to arise

(ix) there is no guarantee that the return date will be within six months of a trainee indicating their wish to return to training. If there are likely to be problems accommodating the trainee back into the programme, the trainee should be advised at the outset of the OOPC

(x) a period of refreshment of skills and updating may be necessary before the trainee returns formally to the programme. This will be at the discretion of the Postgraduate Dental Dean, following consultation with the TPD. Arrangements for how this will be achieved will be subject to local agreement
although trainees on career breaks will be encouraged to keep up to date through attending educational events, there is no entitlement to study leave funding for this. Arrangements will be subject to local agreement. Since this is not prospectively approved training, it cannot be attributed to award of a CCST. Therefore, 3 months credit as identified in OOP career breaks, will not be awarded.

trainees must complete Form R and the relevant section of the OOP on an annual basis and submit this to the annual assessment outcome panel in order to continue to register their interest in staying in the programme. This should include an update of the date of their intention to return to the programme to facilitate the planning process.

In the future trainees will also have to consider the effect of a career break on their ability to maintain their registration with the GDC (e.g. maintaining CPD activity).

Movement between Deaneries (Inter-Deanery Transfers)

6.79 Requests for an inter-deanery transfer will only be considered where there has been a significant change in a trainee's situation which could not have been foreseen at the time of appointment to their current post.

6.80 Whilst it is possible for trainees to move between deaneries (inter-deanery transfers) there is no automatic entitlement or right for this to take place. Trainees will be expected to show they have well-founded reasons for wishing to move. Movement is at the discretion of the Postgraduate Dental Dean. The arrangements for transfer apply to both full-time trainees and trainees working less than full-time.

6.81 It is important that trainees give at least three months notice to their current Postgraduate Dental Dean that they are seeking a transfer (Appendix 8).

6.82 Start dates for posts will be agreed between transferring/receiving deaneries and trainees.

6.83 Deaneries will accept transfer requests within the first year of appointment to the current post but the transfer itself would not be considered appropriate, unless in very exceptional circumstances, until after 12 months in the appointed post. Trainees requesting transfer must meet one or more of the criteria for transfer detailed in the process document e.g. significant life event, caring responsibilities, committed relationship.

6.84 Owing to the longitudinal nature of Orthodontic treatment and the continuous nature of training, it is important to note that a transfer to another deanery will result in a later CCST date and therefore a lengthening of training time.

6.85 Inter-Deanery Transfers are not appropriate for:

(i) educational or training reasons: Deaneries should provide a full range of programmes and placements for the specialties in which they offer training, or have formal arrangements for doing so which are not dependent on ad-hoc transfer arrangements.
(ii) **secondment to a different deanery**: such moves would be planned to fit in with the agreed training programme and training availability. Trainees would keep their original training number

(iii) **rotation between Deaneries as part of a planned training programme**: this arrangement applies in some specialties and across some deaneries because of local arrangements

(iv) **undertaking research in a different deanery**: trainees given permission by their Postgraduate Dental Dean to take time out of a programme to undertake research will retain their training number, even if research takes place in a different deanery. Trainees will have no entitlement to transfer subsequently to the deanery in which they have been doing their research but will need to go through either the inter-deanery request process (and meet the requirements of eligibility) or through a competitive process.

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

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

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

**Right of appeal**

6.88 Where a trainee is refused an inter-deanery transfer, the trainee may lodge an appeal. The trainee will have 28 days from the date of notification in which to state, in writing, their reasons for appeal. The appeal process will be similar to that used in removing an NTN (see paragraphs 7.153 – 7.156).
Section 7:  
Progressing as a Specialty Registrar

Competences, experience and performance

7.1 The curricula approved by the GDC for specialty training programmes define the standards of knowledge, skills and behaviours which must be demonstrated in order to achieve progressive development towards the award of the CCST.

7.2 Competences, knowledge, skills and behaviours take time and systematic practice to acquire and to become embedded as part of regular performance. Implicit therefore in a competence based programme of training must be an understanding of both the minimum level of frequency and experience and the time required to acquire competence and to confirm performance in the specialty.

7.3 All specialty curricula approved by the GDC will specify the expected duration of training (which must be at least as long as any European requirement).

7.4 This is important for two reasons:

(i) to define a full programme of prospectively approved training which entitles an individual who successfully completes it, award of the CCST (see paragraph 2.4 and Appendix 10)

(ii) to make sense of a competence defined programme of educational progression within a framework of time required to ensure that the competences gained are sustainable and part of everyday practice.

7.5 The assessment frameworks for specialty training must not deliver just “snapshots” of skills and competences, but must deliver a programme of assessment which looks at the sustainability of competences and the clinical and professional performance of trainees in everyday practice.

7.6 The new emphasis on work place assessments aims to address this through assessing performance and demonstration of the standards and competences in clinical practice. It means that trainers and trainees must be realistic about undertaking these assessments and that employers must ensure that appropriate opportunities are provided to enable this to happen. Clearly, educational and clinical supervisors must make time available in their job plans for the process.

7.7 Trainees gain competences at different rates, depending on their own abilities, their determination, and their exposure to situations that enable them to develop the required competences. Training times may vary for a number of reasons:

(i) It is important that deaneries, trainers, trainees and employers are clear as to what is acceptable progress within specialty training. This will enable reasonable limits for remediation to be set and so that trainees are aware of the boundaries within which remediation can and will be offered.

(ii) It is possible that some trainees may acquire competences faster than anticipated within the relevant curriculum leading to a recommendation for a reduction in time taken to achieve a CCST.
In addition, some trainees may have gained appropriate competences prior to being appointed into a specialty training programme; it may be that in conjunction with advice from the relevant SAC, some remission of training can be agreed. Accreditation of such training may reduce the training period; however, where the training programme to CCST is of only three years duration, the overall period of training must not be less than three years, including the accredited period of prior learning in order to comply with the current GDC regulations and EU legislation. In Post-CCST Orthodontic training, accreditation of prior learning will not be accepted as the two year programme is designed to allow the trainee exposure to more complex cases where the longitudinal nature of treatment is an important element of the training.

**Annual Review of Competence Progression (ARCP) for CCST trainees, post-CCST trainees and those in LAT appointments: appraisal, assessment and annual planning**

7.8 Structured postgraduate dental training is dependent on having curricula which clearly set out the standards and competences of practice, an assessment strategy to know whether those standards have been achieved and an infrastructure which supports a training environment within the context of service delivery.

7.9 The three key elements which support trainees in this process are *appraisal, assessment* and *annual planning*. These three elements are individual but integrated components of the training process. Together they contribute to the Annual Review of Competence Progression (ARCP).

7.10 Assessment is a formally defined process within the curriculum in which a trainee’s progress in the training programme is assessed and measured using a range of defined assessment tools, along with professional and triangulated judgements about the trainee’s rate of progress. It results in an *outcome* following evaluation of the written evidence of progress and determines if the trainee is to progress. A satisfactory *outcome* confirms that the required competencies have been achieved.

7.11 Appraisal (sometimes known also as formative assessment) provides a complementary approach which focuses on the trainee and his or her personal and professional needs (educational appraisal) and how these relate to performance in the workplace and relate to the needs/requirements of the employer (workplace based appraisal or structured learning event [SLE]).

7.12 All trainees must have a formally appointed educational supervisor who should provide, through constructive and regular dialogue, feedback on performance and assistance in career progression. Ordinarily such a dialogue should not inform the assessment process.

7.13 The educational supervisor will be responsible for bringing together the structured report which looks at the evidence of progress in training and also for undertaking workplace based assessments or SLEs with their trainees. The combination of evidence and professional judgement by the educational supervisor contributes to the final report.
7.14 The educational supervisor is the crucial link between the educational and workplace based assessment processes since the educational supervisor’s report provides the summary of the assessment evidence for the annual review process. The outcome from the annual review underpins and provides evidence for the workplace based appraisal process which is designed to reassure employers that the performance of trainees in postgraduate specialty training is satisfactory.

7.15 During their appraisal discussion with their educational supervisor, trainees must be able to discuss their concerns and errors without fear that they will be penalised. Patient safety issues must be identified by clinical incident reporting, unless it is repetitive poor practice. However, where it is in the interests of patient safety or of the trainee, then the trainee must be informed that the relevant element of the appraisal discussion will be raised through appropriate clinical governance/risk management reporting systems with the director/lead of dental education in the healthcare organisation and the Postgraduate Dental Dean.

Educational appraisal (also known as formative assessment)

7.16 The purpose of educational appraisal is to:

(i) help identify educational needs at an early stage by agreeing educational objectives which are SMART (Specific, Measurable, Achievable, Realistic, Timebound)

(ii) provide a mechanism to receive the report of the annual assessment outcome panel and to discuss these with the trainee

(iii) provide a mechanism for reviewing progress at a time when remedial action can be arranged and monitored

(iv) assist in the development in postgraduate trainees of the skills of self-reflection and self-appraisal that will be needed throughout a professional career

(v) enable learning opportunities to be identified in order to facilitate a trainee’s access to these

(vi) provide a mechanism for giving feedback on the quality of the training provided

(vii) make training more efficient and effective for a trainee.

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

7.18 Appraisal is a continuous process. As a minimum, the educational element of appraisal should take place at the beginning, middle, and end of each section of training. These sections of training are normally marked by the ARCP process. However, appraisal can be undertaken more frequently and this should be the case where a previous assessment outcome has identified inadequate progress or there are specific educational objectives which require enhanced supervision.

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

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

7.21 Regular feedback should be provided by the educational supervisor regarding
progress in training as part of the appraisal meetings. This should be a two way
process, and in the context of an effective professional conversation. Trainees
should feel able to discuss the merits or otherwise of their training experience.

7.22 Records should be made of these regular appraisal meetings and shared
between trainee and educational supervisor. There is normally no need for these
records to be seen by anyone else but they do form a contemporaneous record of
progress that can be used to inform other reports and systems. The notes, or a
summary of them, should be stored with the trainee’s educational portfolio. Such
records can include workplace based assessments or structured learning events
(SLEs).

7.23 The educational appraisal process is the principal mechanism whereby there is
the opportunity to identify concerns about progress as early as possible. Examples of some early warning signs which should alert the educational
supervisor that intervention may be required are:

(i) Failure to participate in undertaking workplace based assessments;
(ii) issues raised in multi-source feedback;
(iii) complaints/concerns from either staff or patients;
(iv) significant or unexplained absences.

7.24 These concerns should to be brought to the attention of the trainee during
appraisal meetings. Account should be taken of all relevant factors which might
affect performance (for example, health or domestic circumstances) and should
be recorded in writing. An action plan to address the concerns should be agreed
and documented between the educational supervisor and trainee. If concerns
persist or increase, further action should be taken and this should not be left to
the annual assessment process. Direct contact should be initiated with the TPD,
deanery lead for doctors in training with difficulties and employer, alerting them to
these concerns.

Assessment and the ARCP

7.25 In accordance with GDC requirements, the SACs will develop assessment
strategies that are blue-printed against the CCST specialty curricula approved by
the GDC. Curricula documents are available on the GDC website.

7.26 This section deals with the elements of the annual review of competence that are
designed to review evidence and arrive at a judgement, know as an outcome,
about progress. It does not address the important processes of educational
workplace based appraisal and programme planning that should respectively
precede and follow from the formal ARCP process (Figure 2).
1. Learning agreement:
   - aims & intended learning outcomes
   - based on specialty curriculum
2. Advice on portfolio
3. Regular feedback (2 way)
4. Personal Development Plan
5. Trainer’s structured report

ARCP
A. Evidence
   1. Assessment of performance e.g.
      - workplace based assessments and observational methods
        E.g. mini-CEX, DOPS, video, CBD
      - examinations
      - structured report
   2. Assessment of experience, e.g.
      - portfolio/log book
      - audit
      - research
      - critical incidents
B. Annual Competence Review
   ➢ Appropriately constituted panel considers evidence

Outcome

Educational supervisor and/or TPD meet with trainee to
- review competence outcome with trainee
- plan next part of training
The RITA process has been replaced by an assessment process for specialty training - the Annual Review of Competence Progression (ARCP).

**Box 4: Principles of Assessment**

**Quality Assurance, quality management and assessment systems guidance**  
(adapted from PMETB (now GMC), Revised, December 2006)

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

**7.28** Assessment strategies will vary between curricula but will contain a variety of elements. These include items from the following non-exhaustive list:-

- (i) well-constructed and “fit-for-purpose” professional examinations which explicitly map back to the curriculum
- (ii) Directly Observed Procedures (DOPS);
- (iii) case note reviews
- (iv) Case Based Discussion (CBD)
- (v) Multi-source Feedback (MSF)
- (vi) assessments in clinical skills facilities
- (vii) assessments in clinical examination (Mini CEX)
- (viii) other documented evidence of progress against standards set out in the curriculum

Workplace based assessments may in the future be sub-grouped into:

- (i) reflect the learning agreement and objectives developed between the trainee and his/her educational supervisor
- (ii) be supported by evidence from the workplace based assessments (WPBAs) planned in the learning agreement
- (iii) take into account any modifications to the learning agreement or remedial action taken during the training period for whatever reason.
A summary of the assessments undertaken along with a summary of the outcomes of these assessments should be collated for each period of training. This will be provided as part of the educational supervisor's report to the ARCP panel (see 7.34)

7.29 Log-books, audit or quality improvement reports, research activity and publications document other sorts of experience and attainment of skills which trainees may need to demonstrate. They are not, in and of themselves, assessment tools, but are a valid record of progress. Information about these areas should be retained in a specific specialty professional learning portfolio which all trainees must maintain in order to record their evidence about training and their performance in training. The portfolio will also form the basis of the educational and workplace based assessment process and the annual planning process. Increasingly, portfolios are being developed by specialties through the colleges and faculties to be maintained electronically, forming part of an electronic learning platform. Clinical logbooks presented at annual review should be anonymised in terms of patient identification. Ideally, e-logbooks should be developed for each specialty such that an annual summary of activity can be produced in addition to the full log of activity. SACs provide guidance on what is required in a trainee portfolio.

7.30 Trainees should familiarise themselves with the relevant specialty curriculum, assessment arrangements and other documentation requirements needed for the assessment of their progress (and the supporting appraisal and planning processes) at the start of the training programme. When changes are made to the assessment system or expectations for trainees, it is the responsibility of JCPTD, through the SACs, to notify trainees and trainers of the new requirements.

7.31 Trainees should also familiarise themselves with the requirements of the GDC’s Standards for dental professionals. They must:

(i) maintain a portfolio of information and evidence, drawn from their clinical practice
(ii) reflect regularly on their standards of practice in accordance with GDC guidance
(iii) take part in regular and systematic clinical audit or quality improvement
(iv) respond constructively to the outcome of audit, appraisals and the ARCP process,
(v) undertake further training where required
(vi) engage with systems of quality management and quality improvement in their clinical work and training (e.g. by responding to requests for feedback on the quality of training, such as the National Trainee Survey).

7.32 The trainee’s educational supervisor must ensure that the trainee:

(i) is aware of the trainee’s responsibility to initiate workplace based assessments
(ii) is aware of the requirement to maintain an up-to-date educational portfolio
(iii) considers the need to address areas identified in the trainee’s educational portfolio including undertaking and succeeding in all assessments of knowledge (usually examinations) and performance in a timely fashion based on the recommended timescale set out in the specialty curriculum

(iv) is supported in preparing for those assessments

7.33 If genuine and reasonable attempts have been made by the trainee to arrange for workplace based assessments to be undertaken but there have been logistic difficulties in achieving this, the trainee must raise this with their educational supervisor immediately since the workplace based assessments must be available for the annual assessment outcome panel. The educational supervisor should raise these difficulties with the programme director and between them, must facilitate appropriate assessment arrangements within the timescales required by the assessment process.

7.34 The educational supervisor is responsible for completing a structured report for the ARCP panel. This report must:-

(i) reflect the learning agreement and objectives developed between the trainee and their education supervisor
(ii) be supported by evidence from the workplace based assessments planned in the learning agreements
(iii) take into account any modifications to the learning agreement or remedial action taken during the training period for whatever reason
(iv) provide a summary comment regarding overall progress during the period of training under review

This report must be discussed with the trainee prior to submission to the panel. The report and any discussion which takes place following its compilation must be evidence based, timely, open and honest.

7.35 If there are concerns about a trainee’s performance, based on the available evidence, the trainee must be made aware of these. Trainees are entitled to a transparent process in which they are assessed against agreed standards, told the outcome of assessments, and given the opportunity to address any shortcomings. Trainees are responsible for listening, raising concerns or issues promptly and for taking the agreed action. The discussion and actions arising from it should be documented. The educational supervisor and trainee should each retain a copy of the documented discussion.

Collecting the evidence

7.36 Each specialty is required by the GDC to map its assessment processes against the approved curriculum and the GDC’s Standards for dental professionals. A structured report should be prepared by the trainee’s educational supervisor (Appendix 4) and should reflect the evidence which the trainee and supervisor agreed should be collected to reflect the learning agreement for the period of training under review. The purpose of the report is to provide a summary of progress including collation of the results of the required in-work assessments, examinations and further experiential activities required by the specialty curriculum (e.g. logbooks, publications, audits). Educational supervisors should familiarise themselves with the GDC’s guidance as well as the relevant specialty
curriculum and requirements for assessment. Trainees should familiarise themselves with the relevant curriculum and assessment programme and it is strongly recommended that they also take note of the GDC’s guidance. The GDC guidance is available at:-

7.37 The trainee’s educational supervisor may also be his/her clinical supervisor (particularly in small specialties and small training units), although wherever possible this should be avoided. Under such circumstances, the educational supervisor could be responsible for some of the workplace assessments, for producing the structured report, as well as for providing educational appraisal for the trainee.

7.38 Great care will need to be taken to ensure that these roles are not confused and indeed, under such circumstances, the trainee’s educational supervisor should discuss with the TPD and, if necessary, the Postgraduate Dental Dean, a strategy for ensuring that there is no conflict of interest in undertaking educational appraisal and assessment for an individual trainee.

7.39 Deaneries will make local arrangements to receive the educational portfolio from trainees and will give them at least six weeks notice of the date by which it is required so that trainees can obtain all required components. The educational portfolio must be available at least two weeks before the date of the ARCP panel. Trainees will not be “chased” to provide access to their educational portfolio by the required date but should be aware that failure to do so will result in the panel failing to consider their progress. As a consequence, the trainee will not be able to document attained competences or progress in the specialty for the period under review. Failure to comply with the requirement to present evidence is dealt with in paragraphs 7.76, 7.79 and 7.81. In time it is anticipated that annual assessment panels will receive the evidence, which is largely but not exclusively the structured report, electronically. This is dependent on the development of e-portfolios for each specialty to support training.

7.40 Trainees must submit, as part of their documentary evidence for each annual review, an updated Registration Form (Form R), giving accurate demographic details for use on the deanery database.

7.41 It is up to the trainee to ensure that the documentary evidence which is submitted (including their educational portfolio) is complete. This must include all required evidence, even that which the trainee may view as negative. All assessments of performance should be included in the evidence available to the ARCP panel and be retained in the trainee’s educational portfolio so that they are available for discussion with educational supervisors during educational appraisal sessions.

7.42 Where the documentary evidence submitted is incomplete or otherwise inadequate so that a panel cannot reach a judgement, no decision should be taken about the performance or progress of the trainee. The failure to produce timely, adequate evidence for the panel will result in an incomplete outcome (Outcome 5) and will require the trainee to explain to the panel and deanery in writing the reasons for the deficiencies in the documentation. The trainee will also be required to provide the relevant evidence within a specified time. The fact that outcome 5 has occurred will remain as a part of the trainee’s record but once the relevant evidence has been submitted then a new outcome will be added according to the evidence evaluated by the assessment panel.
7.43 Following an Outcome 5 if the relevant evidence is not provided then the Outcome 5 decision becomes the final decision and the period under review cannot be counted towards training. The Postgraduate Dental Dean should then consider if this is a breach of paragraphs 6.21-6.22.

7.44 It may be necessary for the TPD to provide an additional report, for example detailing events that led to a negative assessment by the trainee’s educational supervisor. It is essential that the trainee has been made aware of this and has seen the report prior to its submission to the panel. This is to ensure that the trainee is aware of what had been reported, and it is not intended that the trainee should necessarily agree the report’s content. Where the report indicates that there may be a risk to patients arising from the trainee’s practice, this risk needs to be shared with the Postgraduate Dental Dean and the current employer. The trainee needs to be made aware that this is the case.

7.45 The trainee may submit, as part of their evidence to the ARCP panel, a response to the trainer’s report or to any other element of the assessment documentation for the panel to take into account in their deliberations (see Appendix 4). Whilst it is understood that for timing reasons such a document will only be seen by the ARCP panel in the first instance, it should be expected that the contents of any document will be followed up appropriately. This may involve further consideration by the training programme director, the deanery or the employer.

7.46 The ARCP panel is only constructed to look at matters of educational performance and judge progression. However, the evidence provided to the panel may relate to other issues and concerns, such as clinical safety or perceived undermining within the local education provider (LEP). Whilst the Panel is not in a position to investigate or deal with allegations of this nature, it will bring such matters to the attention of the Deanery in writing immediately following the panel for further consideration and investigation by the employing organisation as necessary. Panels must take such allegations very seriously. All Deaneries and employers of specialty trainees will have policies on managing allegations of inappropriate learning and working environments. Trainees must ensure they are familiar with these educational and clinical governance/risk management arrangements and follow these policies, including reporting their concerns. LEPs must make such policies known to trainees as part of their induction.

What is the purpose of the annual review?

7.47 The ARCP provides a formal process which uses the evidence gathered by the trainee, relating to his/her progress in the training programme. It should normally be undertaken on at least an annual basis for all trainees undertaking specialty training and will enable the trainee, the Postgraduate Dental Dean and employers to document that the competences required are being gained at an appropriate rate and through appropriate experience. The process may be conducted more frequently if it needs to deal with performance and progression issues outside of its annual meeting. It is not in itself a means or tool of assessment but has been designed to fulfil the following functions:

(i) provide an effective mechanism for recording the evidence of the trainee’s performance within the training programme or in a recognised training post (post-CCST training post [formerly FTTA] and locum appointment for training [LAT])
(ii) provide a means whereby the evidence of the outcome of formal assessment, (e.g. agreed WBAs and other assessment strategies), including examinations which are part of the assessment programme, are coordinated and recorded to provide a coherent record of a trainee’s progress

(iii) provide a mechanism for the overview of out of programme experience and record its contribution where approved to progress

(iv) provided adequate documentation has been presented, to make judgements about the competences acquired by a specialty trainee and their suitability to progress to the next stage of training if they are in a training programme

(v) provided adequate documentation has been presented, to make a judgement about the competences acquired by a trainee in a post-CCST training post or LAT and to document these accordingly

(vi) provide a final statement of the trainee’s successful attainment of the curricular competences for the specialty and thereby the completion of the training programme. This will enable the Postgraduate Dental Dean to recommend the trainee to the GDC for award of the CCST

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

7.48 The ARCP process is applicable to:

(i) all specialty trainees (including those in less than full time training and trainees in academic programmes) whose performance through a specialty training programme must be assessed to demonstrate progression

(ii) trainees in combined academic/clinical programmes, e.g. those in Academic Clinical Fellowships, Academic Lectureships, Clinician Scientist appointments

(iii) trainees who are out of programme with the agreement of the Postgraduate Dental Dean (see paragraphs 6.57-6.79)

(iv) trainees in post-CCST training posts

(v) trainees in Locum Appointments for Training (LATs).

7.49 Trainees who are successful in competing for a training opportunity (e.g. LAT appointment) will also have their progress assessed through the annual assessment process.

The ARCP Panel

7.50 The panel has two objectives:
to consider and approve the adequacy of the evidence and documentation provided by the trainee, which at a minimum must consist of a review of the trainee’s educational portfolio including a structured report from the educational supervisor, documenting assessments (as required by the specialty curriculum) and achievements. The panel should provide comment and feedback where applicable on the quality of the structured educational supervisor’s report or assessor’s documentation;

(ii) provided that adequate documentation has been presented, to make a judgement about the trainee’s suitability to progress to the next stage of training or confirm training has been satisfactorily been completed.

Composition of the ARCP Outcome Panel

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

(i) Postgraduate Dental Dean or their deputy
(ii) TPD who is normally the Chair of the Specialty Training Committee
(iii) the College Dental Faculty Specialty Adviser relevant to each country

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

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

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

The panel could also have a representative from an employing organisation in order to enable employers to be assured that the trainees they employ are robustly assessed and are safe to deliver care in their service.

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

7.53 If either the lay member or the external trainer has concerns about the outcomes from the panel, these will be raised with the Postgraduate Dental Dean for further consideration. The Postgraduate Dental Dean may decide to establish a different panel to consider further the evidence that has been presented and the outcomes recommended.

7.54 Where an outcome panel is being held for a clinical lecturer on a training programme or an individual undertaking an Academic Clinical Fellowship or Lectureship or as a Clinician Scientist, the panel should also include two
academic representatives, one from the specialty in the employing University and one outside the specialty. These panel members should specifically take a view about the evidence of academic progress which is submitted.

7.55 All members of the panel (including the lay member and those acting as external members) must be trained in equality and diversity issues. This training should be kept-up-to date and should be refreshed every three years.

7.56 Consultant supervisors should declare an interest if their own trainees are being considered by a panel of which they are a member and should withdraw temporarily from the process whilst their trainee is being considered.
How the panel works

7.57 The full panel will be convened by the deanery. The panel will normally be chaired by the chair of the specialty training committee or one of the TPDs or Associate Deans/Directors. The external member of the panel need only attend as required to fulfil his/her responsibilities as outlined above and so may only be required towards the end of the process, especially in large specialties.

7.58 The process is a review of the documented and submitted evidence that is presented by the trainee and as such the trainee should not normally attend the panel. However, deaneries may wish to have trainees present on the day to meet with the panel after their discussion of the evidence, and agreement as to the outcome. This is to discuss the next steps and their future training requirements.

7.59 For practical and administrative reasons, some deaneries or specialties may wish to discuss other issues e.g. the trainee’s views on their training or planning of future placements on the same occasion as the annual panel meets. However, the review of evidence and the judgement arising from the panel must be kept separate from these other issues. Trainees must not be present at the panel considering the outcomes except for the circumstances described in the next paragraph.

7.60 Where the TPD, educational supervisor or academic educational supervisor has indicated that there may be an unsatisfactory outcome through the ARCP process (Outcomes 2, 3 or 4) the trainee will be informed prior to the panel of the possible outcome and must meet with the panel but only after the panel has considered the evidence and made its judgement.

7.61 The purpose of the trainee meeting with the panel after it has reached its decision is to discuss the recommendations for focused or additional remedial training if these are required. If the panel recommends focussed training on the acquisition of specific competences (Outcome 2) then the timescale for this should be agreed with the trainee.

7.62 If additional remedial training is required (Outcome 3), the panel should indicate the intended outcome and proposed timescale. The details of how a remedial programme will be delivered will be determined by the TPD and the Postgraduate Dental Dean. The remedial programme will be planned within the context of available resources, taking into account the needs of other trainees in the specialty and in related programmes, and must be arranged with the full knowledge of the employer to ensure clinical governance aspects are addressed. In addition, it may be appropriate to seek advice from the relevant SAC.

7.63 This additional training must be agreed with the trainee, trainers and with the employer. Full information about the circumstances leading to the additional training requirement must be transmitted by the deanery to the employer, including the reason for the remediation. The information transmission will be shared with the trainee but agreement to it being shared with the new employer and trainers is a requisite of joining and continuing the training programme.

7.64 The panel should systematically consider the evidence as presented for each trainee against the specialty curriculum assessment framework and make a judgement based upon it so that one of the outcomes is agreed.
Details of placements, training modules etc. completed must be recorded on the ARCP form (Appendix 5), including where trainees continue to hold a training number but are out of the programme with the agreement of the Postgraduate Dental Dean. An ARCP outcomes form is required for all trainees, even where they do not complete a review (Appendix 5, Annex 2).

At the ARCP the CCST date which is set by the Postgraduate Dental Dean’s specialty training committee, should be reviewed, taking into account such factors as statutory leave; continuous health-related absence where arrangements have been made to for the ‘clock to stop’; a change to or from less than full-time training; leave of absence from the programme to pursue research; career breaks in training, or delays in achieving the competences as set out in the specialty curriculum, for whatever reason. The expected date for the successful completion of training is important information, since it is required for planning subsequent recruitment into the specialty training programme and for keeping an overview of the available workforce in the specialty. Where potential changes to the CCST date are proposed, for example, to take into account prior education and training, maternity or other leave, deaneries may wish to seek advice from the relevant SAC.

Outcomes from the ARCP

The initial outcome from the ARCP may be provisional until quality management checks have been completed. The outcome recommended by the panel (Appendix 5) for all trainees will be made available by the Postgraduate Dental Dean to the:

(i) **Relevant SAC.** These outcome documents form part of the minimum data set needed to satisfy the requirements necessary to make a recommendation of the award of a CCST

(ii) **Training Programme Director (TPD).** The TPD will receive three copies of the outcomes form:

- one copy should be sent to the trainee’s educational supervisor. This should be used to form the basis of the further educational appraisal and workplace based appraisal that the educational supervisor undertakes on behalf of the employing authority. It is the educational supervisor’s responsibility to raise any areas of clinical governance linked concern about the trainee’s performance as documented by the annual review with the Medical Director (or their nominated officer) as part of the workplace based appraisal process. If the review has been undertaken shortly before rotation to a new placement has occurred, the documentation should be forwarded by the TPD to the Medical Director at the institution where the trainee is due to start. Local arrangements may require documentation to be forwarded to the Clinical/Dental Director.

- the second copy should be given to the trainee who must sign it and return it to the deanery within ten working days. The trainee should retain a copy of the signed form in their educational portfolio. The deanery will retain the signed copy in the trainee’s file. Where electronic systems for assessment/annual reviews are used, digital signatures will be acceptable

- the third copy will be retained by the TPD. The TPD (and/or the trainee’s educational supervisor) should arrange to meet with the trainee to discuss
the outcome and to plan the next part of their training (paragraphs 7.121 – 7.124) and document the plan fully.

(iii) **Medical Director** - one copy should be sent to the Medical Director of the current employer.

(iv) **The GDC** - as part of good quality management, deaneries should retain aggregated ARCP outcomes in readiness for the GDC QA programme.

7.68 Each trainee will need to update Form R (Registering for Postgraduate Training) annually (Appendix 1). This holds the up-to-date demographic data on the trainee. The annual return of Form R with any corrections and updates to the deanery plus the signed annual outcome will enable the trainee to renew their registration on an annual basis with the deanery and the Surgical Royal Colleges.

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

**ARCP Outcomes**

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

**Satisfactory Progress**

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

*Unsatisfactory* or insufficient evidence – trainee required to meet with the panel

* Supplementary evidence required (Appendix 5, Annex 1)

7.72 **Outcome 2: Development of specific competences required – additional training time not required.** The trainee’s progress has been acceptable overall but there are some competences which have not been fully achieved and need to be further developed. It is not expected that the rate of overall progress will be delayed or that the prospective date for completion of training will need to be extended or that a period of additional remedial training will be required. Where such an outcome is anticipated, the trainee should appear before the panel. The panel will need to specifically identify in writing the further development which is required. The documentation will be returned to the TPD and educational supervisor, who will make clear to the trainee and the employer/s what must be done to achieve the required competences and the assessment strategy for these. At the next annual assessment of outcome it will be essential to identify and document that these competences have been met.

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

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

7.74 Outcome 4: Released from training programme with or without specified competences. The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress. The panel should ensure that any relevant competences which have been achieved by the trainee are documented. The trainee will be required to give up their National Training Number, but may wish to seek further advice from the Postgraduate Dental Dean about future career options, including pursuing a non-training but service focused career pathway.

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

Recommendation for completion of training

7.76 Outcome 6: Gained all required competences; will be recommended as having completed the training programme and for award of a CCST. The panel will need to consider the overall progress of the trainee and ensure that all the competences of the curriculum have been achieved and the final college examination passed prior to recommending the trainee for completion of the training programme to the GDC.
### Outcomes for trainees in LAT appointments

**Outcome 7.1: Satisfactory progress in or completion of the LAT placement**

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

**Outcome 7.2: Development of specific competences required – additional training time not required**

The trainee’s progress has been acceptable overall; however, there are some competences not fully achieved, which the trainee needs to develop either before the end of their current placement or in a further post to achieve the full competences for this year of training. The rate of overall progress is not expected to be delayed, nor the prospective date for completion of training extended, nor is a period of additional remedial training required as this is a fixed term post. Where such an outcome is anticipated, the trainee should appear before the panel. The panel will need to specifically identify in writing the further development required. The documentation will be returned to the TPD and educational supervisor, who will make clear to the trainee and the employer/s what must be done to achieve the required competences and the assessment strategy for these. At the next review of progression it will be essential to identify and document that these competences have been met. Failure to complete the competences in time will mean this period of training cannot be formally recognised.

**Outcome 7.3: Inadequate progress by the trainee**

The trainee has not made adequate progress for this period of training to be formally recognised towards a CCST. However, if the trainee wishes to attain the described competences, they will be required to repeat this period of training, not necessarily in the same post or with the same employer or deanery.

**Outcome 7.4: 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 trainee will have to supply the panel with a written account within five working days of the panel meeting as to why documentation was not provided. However, the panel does not have to accept the explanation given by the trainee and can require the trainee to submit the required documentation by a designated date. This evidence will then be considered by the panel. Failure to do so will mean that the period of training cannot be counted towards a CCST.

The outcome should be sent to the trainee’s educational supervisor for that year of training who should arrange a follow-up meeting even if the end of the appointment

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<td>required. The documentation will be returned to the TPD and</td>
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<td>educational supervisor, who will make clear to the trainee</td>
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<td>and the employer/s what must be done to achieve the required</td>
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<td>competences and the assessment strategy for these. At the</td>
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<td>next review of progression it will be essential to identify</td>
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<td>and document that these competences have been met. Failure</td>
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<td>to complete the competences in time will mean this period</td>
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<td>of training cannot be formally recognised.</td>
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<tr>
<th>Outcome 7.3</th>
<th>Inadequate progress by the trainee</th>
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<tr>
<td></td>
<td>The trainee has not made adequate progress for this period</td>
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<td>of training to be formally recognised towards a CCST.</td>
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<td>However, if the trainee wishes to attain the described</td>
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<td>competences, they will be required to repeat this period of</td>
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<td>training, not necessarily in the same post or with the same</td>
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<td>employer or deanery.</td>
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<tr>
<th>Outcome 7.4</th>
<th>Incomplete evidence presented</th>
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<tbody>
<tr>
<td></td>
<td>The panel can make no statement about progress or otherwise</td>
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<td>since the trainee has supplied either no information or</td>
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<td>incomplete information to the panel. The trainee will have</td>
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<td>to supply the panel with a written account within five</td>
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<td>working days of the panel meeting as to why documentation</td>
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<td>was not provided. However, the panel does not have to</td>
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<td>accept the explanation given by the trainee and can require</td>
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<td>the trainee to submit the required documentation by a</td>
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<td>designated date. This evidence will then be considered by</td>
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<td>the panel. Failure to do so will mean that the period of</td>
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<td>training cannot be counted towards a CCST.</td>
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year has been reached. Where this is not possible, the educational supervisor should send a copy of the outcome to the trainee so that the trainee can retain a copy of the outcome in their portfolio. The deanery will also keep a copy on record.

Outcomes for trainees out of programme or in post-CCST training

7.78 **Outcome 8: Out of programme for research, approved clinical training or a career break (OOPR/OOPT/OOPC).** The panel should receive documentation from the trainee on the required form (Appendix 7) indicating what they are doing during their out of programme (OOP) time. If the trainee is out of programme on a deanery approved training placement that will contribute to the competences of the trainee’s programme, then an OOPT document as well as in-work assessments etc demonstrating the acquired competences should be made available to the panel in the usual way. If the purpose of the OOP is research, the trainee must produce a research supervisor’s report along with the OOPR indicating that appropriate progress in research is being made in achievement of the higher degree. Finally, if a trainee is undertaking a career break, a yearly OOPC notification form should be sent to the panel, indicating that the trainee is still on a career break with their indicative intended date of return. Where such experience is gained outside the UK, it is recognised that external QA and deanery QM is not possible. It will be for the deanery to decide on the value of this training and its contribution to competences in conjunction with the relevant SAC.

7.79 **Outcome 9: Outcomes for trainees in post-CCST training.** Trainees in post-CCST training will undertake regular in-work assessments and maintain documentary evidence of progress during this appointment. This evidence will be considered by the ARCP panel and will result in one of the following outcomes:-

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<tr>
<th>Outcome 9.1</th>
<th>Satisfactory progress in or completion of the placement</th>
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<td>The trainee has established that they have acquired and demonstrated the competences expected of a trainee undertaking a placement of this type and duration and at the level specified</td>
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<tr>
<th>Outcome 9.2</th>
<th>Development of specific competences required – additional training time not required</th>
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<td>The trainee's progress has been acceptable overall; however, there are some competences not fully achieved, which the trainee needs to develop either before the end of their current placement or in a further post to achieve the full competences for this year of training. The rate of overall progress is not expected to be delayed, nor the prospective date for completion of training extended, nor is a period of additional remedial training required. Where such an outcome is anticipated, the trainee should appear before the panel. The panel will need to specifically identify in writing the further development required. The documentation will be returned to the TPD and educational supervisor, who will make clear to the trainee and the employer/s what must be done to achieve the required competences and the assessment strategy for these. At the next review of progression it will be essential to identify and document that these competences have been met. Failure to complete the competences in time will mean this period of training cannot be formally recognised.</td>
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| Outcome 9.3 | Inadequate progress by the trainee |
The trainee has not made adequate progress for this period of training to be formally recognised in order to be signed up to take the ISFE or other relevant examination. However, if the trainee wishes to attain the described competences, they will be required to repeat this period of training, not necessarily in the same post or with the same employer or deanery.

Outcome 9.4 **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 trainee will have to supply the panel with a written account within five working days of the panel meeting as to why documentation was not provided. However, the panel does not have to accept the explanation given by the trainee and can require the trainee to submit the required documentation by a designated date. This evidence will then be considered by the panel. Failure to do so will mean that the period of training under review cannot contribute to the training necessary to be signed up for the ISFE or other relevant examination.

The outcome should be sent to the trainee’s educational supervisor for that year of training who should arrange a follow-up meeting even if the end of the appointment year has been reached. Where this is not possible, the educational supervisor should send a copy of the outcome to the trainee so that the trainee can retain a copy of the outcome in their portfolio. The deanery will also keep a copy on record.

**Additional or remedial training**

7.80 Whilst the ARCP panel must recommend the outcome for an individual trainee on the basis of the submitted evidence it must also take into account any mitigating factors on the trainee’s part such as ill health or domestic circumstances [e.g. ill health in a family member] during which time the training time with respect to progress may have been suspended. Suspending training is a decision that should be taken outside of the ARCP process. Deaneries should ensure that they have a process for obtaining suitable evidence around such circumstances (e.g. occupational health advice) and for deciding on whether or not to temporarily suspend training. This may mean that a shorter period of time than expected has been available in which to make progress and the panel decision should take this factor into consideration. Such suspensions of training time will also require an adjustment to the expected CCST date.

7.81 The panel should also consider aspects within the training environment such as changing circumstances or the supervision available in determining its specific recommendations with respect to the additional time which may be required. This includes considering if any training time should be discounted. Whilst these factors should be taken into account in planning future training for the individual trainee, they in and of themselves should not change the outcome arrived at based on the available evidence received by the panel for the period of active training.

7.82 The panel may identify the need for additional training time (Outcome 3) which extends the indicative CCST date. This has important implications overall for the use of training and educational resources, since it means that an individual trainee with delayed progress requires more of the training resource than other
trainees at the same level of training. Opportunity costs for other trainees in the programme and, critically, for those who want to gain entry into the specialty are considerable.

7.83 However, because it is recognised that trainees may gain competences at different rates for a number of reasons, trainees will be able to have additional aggregated training time of normally up to one year within the total duration of the training programme unless, exceptionally, this is extended at the discretion of the Postgraduate Dental Dean, but with an absolute maximum of two years additional training during the total duration of the training programme. This does not include additional time which might be required because of statutory leave such as ill health or maternity leave. Assuming that the trainee complies with the additional programme that has been planned, this enables reasonable time for the trainee, but does not unduly disadvantage other trainees. If the trainee fails to comply with the planned additional training, he/she may be asked to leave it and the training programme before the additional training has been completed. In the case of University employees, this would need to be done in liaison with the University.

7.84 Remedial training may be required as a result of a recommendation from the GDC or other body e.g. NCAS. When remedial training is requested, the Postgraduate Dental Dean will establish a specific educational agreement with the relevant LEP, which will cover all aspects of the placements, including detailing the training required, clinical limitations on practice and any measures in place from the regulator. This will ensure that the trainee receives the training that has been identified, as respecting the clinical governance/risk management arrangements of the LEP.

7.85 To enable the effective delivery of such additional training, information will need to be made available to the relevant LEP. Where the trainee refuses to allow this information that is in the interests of patient safety to be shared, the offer of remedial training will be withdrawn. Trainees will be provided with a copy of any such information and retain the right to challenge its accuracy.

7.86 For trainees the outcome of any additional or remedial training will be reviewed by the annual review panel for the specialty which may seek to take further and external advice from other senior clinicians in the specialty. The panel will decide if the outcome of the additional training is that the trainee can continue in their specialty training programme, requires further additional training, or if they have not met or cannot meet the standards required. If it is decided that the trainee is unable to meet the standards, this will lead to the recommendation that the trainee leaves the programme. The trainee will be provided with documentary evidence of the competences that they have achieved. Following such a recommendation, the Postgraduate Dental Dean will advise the trainee that their NTN has been withdrawn. The Postgraduate Dental Dean will also notify the employer that the individual is no longer in specialty training and that, following statutory guidance, their contract of employment may be withdrawn. The relevant SAC will also be informed that training has ceased.

Quality Assurance of ARCPs

7.87 Since decisions from the panel have important implications for both the public and for individual trainees there should also be external scrutiny of its decisions from two sources:
(i) a lay member to ensure consistent, transparent and robust decision-making on behalf of both the public and trainees. The lay member should ideally review the outcomes and evidence supporting these and any recommendations from the panel about concerns over progress. Lay members will be appointed from a list compiled by the postgraduate deanery. Lay participants will have been trained to undertake this work.

(ii) an external adviser from within the specialty but from outside the specialty training programme, who should review the outcomes and any recommendations from the panel about concerns over performance. The external trainer could be a member of the SAC nominated panel of external advisers. Deaneries may set up reciprocal arrangements to facilitate this where there is only one training programme in a specialty within a deanery. Deaneries should work with the relevant Royal College to help identify senior members of the profession to support this work.

The role of the Postgraduate Dental Dean in the ARCP

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

7.89 The Postgraduate Dental Dean should maintain a training record folder for each trainee in which completed ARCP outcome forms are stored. For security purposes a photograph of the trainee should be incorporated within this record. The record, including previous outcome forms and supporting documentation must be available to the panel whenever the trainee is reviewed. The Postgraduate Dental Dean’s staff will provide administrative support for the panel. In time, the training record may be physical or stored electronically with suitable measures to maintain its integrity.

7.90 On entry to the training programme the Postgraduate Dental Dean will:

(i) send a copy of Form R to the trainee along with the appropriate letter outlining the Conditions of taking up a specialty training post or post-CCST training post (Appendix 2), reminding them of their professional obligations, including active participation in the assessment and review process. The return of the completed Form R and letter registers the trainee with the Postgraduate Dental Dean

(ii) provide new starter information to the relevant SAC (Appendix 3)

(iii) place a further copy in the trainee’s deanery folder to enable the deanery database to be updated.

7.91 At the end of each annual review process the Postgraduate Dental Dean will:

(i) forward three copies of the outcome document to the trainee’s Training Programme Director (TPD) (see paragraph 7.95)

(ii) forward a copy of the completed annual report outcome document to the relevant SAC

(iii) place a copy in the trainee’s deanery folder
7.92 Where concerns about a trainee have been raised with the Postgraduate Dental Dean – either following an outcome from the annual review process or through some other mechanism - the Postgraduate Dental Dean (or named deputy) should liaise directly with the Medical Director and the educational lead (e.g. Clinical Tutor or Director of Medical Education) where the trainee is employed/working to investigate and consider whether further action is required. Local arrangements may be such that it is the Clinical/Dental Director who is informed. In the case of University employees, the Dental School/University must also be informed.

7.93 When an Outcome 4 recommendation is made the Postgraduate Dental Dean will consider that recommendation and write to the trainee with their decision. This will be done either ten days after the original decision is made or at the completion of the appeal process (7.131) whichever is later. The effective date for the removal of the training number is the date of the panel decision issuing an Outcome 4.

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

7.94 The TPD is responsible for ensuring that the trainee and his/her current educational supervisor receive a copy of the annual outcome document within ten working days after they are received by the TPD.

7.95 If the outcome is satisfactory and is as anticipated then the TPD and/or educational supervisor should meet with the trainee to plan and document the next stage of training, unless this has already been agreed. If the trainee is due to rotate and change training units, this meeting could take place with the trainee’s new educational supervisor.

7.96 If the outcome is not satisfactory then the TPD and educational supervisor should arrange to meet with the trainee. A meeting time should have already been agreed prior to the annual panel since the trainee, TPD and educational supervisor will have been aware of the possibility/likelihood of an adverse outcome from the panel.

7.97 The purpose of this meeting is to discuss the further action which is required as a result of the panel’s recommendations. The TPD should arrange to have deanery support staff present to document the agreed arrangements. A copy of the outcome documentation and the plan to support further action should be given to the trainee and should also be retained in the trainee’s file at the deanery. It is important to note that this meeting is not about the decision taken by the panel, but is about planning the required action which the panel has identified must be taken in order to address the areas of competence/experience that require attention.

What is required of the trainee?

7.98 On appointment to a specialty, or to a post-CCST training programme, trainees must fully and accurately complete Form R and return it to the deanery with a passport size photograph. The return of Form R confirms that the trainee is signing up to the professional obligations of the programme and to the importance of the administrative arrangements underpinning training. Form R will need to be updated (if necessary) and signed on an annual basis to ensure that the trainee
re-affirms his/her commitment to training and thereby remains registered for their training programme.

7.99 Trainees will also need to complete and sign the appropriate *Conditions of taking up a specialty training post or post-CCST training post* (Appendix 2) which reminds them of their professional responsibilities, including the need to participate actively in the assessment process. These obligations relate to professional and training requirements and do not form any part of the contract of employment. A copy of the signed form must be sent to the Postgraduate Dental Dean by the trainee.

7.100 Return of Form R signals that the trainee has registered with the deanery for specialty or post-CCST training. It initiates the annual assessment outcome process; and triggers the allocation of a training number where appropriate. All trainees will be required either to confirm the content of Form R or update it prior to their attendance at the annual review panel. In the interim, it is the responsibility of the trainee to inform the Postgraduate Dental Dean of any changes to the information recorded on Form R. Trainees must ensure that the deanery has an up-to-date email address at all times and is one which the trainee regularly checks. Accurate information is needed not only for the deanery but also to support the requirements of the relevant SAC.

7.101 For those dental trainees who are also qualified in Medicine (e.g. Oral Medicine) and registered with the GMC, there are additional requirements in relation to revalidation. These trainees will need to be supported through the medical deanery trainee revalidation process.

**Annual review of competence progression for trainees undertaking joint clinical and academic training programmes (University Lecturer, NIHR ACF/ACL posts or equivalent)**

7.102 Some trainees will undertake joint clinical and academic training programmes. Appointment to such programmes will involve allocation of a National Training Number (NTN [A]). Trainees in such programmes will have to complete both the full training programme leading to a CCST and meet the requirements of the academic programme.

7.103 Individuals undertaking academic training must have an academic supervisor who will normally be different from the trainee’s clinical educational supervisor.

7.104 The academic supervisor is responsible for drawing up an academic training programme with the trainee, and a realistic/achievable timetable with clear milestones for delivery. Training goals relating to generic academic competencies and specific academic goals appropriate to the trainee should be explicitly identified. These targets will be summarised within the overall personal development plan for the trainee, which should be agreed within a month of commencing work and annually thereafter.

7.105 On entry to the training grade, the academic supervisor should agree explicitly with the trainee the criteria for assessing their academic progress. This should be within the framework of a general statement about the standards expected of the trainee if they are to make satisfactory progress throughout the programme and should reflect the fixed time period of the combined programme. The educational supervisor and academic supervisor should be certain that clinical and academic objectives are complementary. Both supervisors and the trainee should be aware
of the trainee’s overall clinical and academic requirements. There should be close liaison between the academic training community to ensure adequate academic governance mirrors the deanery scrutiny of clinical progress.

Recording academic and clinical progress – academic assessment

7.106 At the start of the academic placement/start of specialty training, and annually thereafter, the academic trainee must meet with both their clinical and academic supervisors to agree objectives for the coming year. Regular meetings with the academic supervisor should take place through the year to review progress, and decisions taken should be agreed and documented for later presentation to the academic assessment panel.

7.107 An annual assessment of academic progress must be undertaken, and ideally should take place at least one month before the joint academic/clinical annual review panel convenes. Those present at this assessment should include the trainee and educational supervisor together with the director of the academic programme, and other members of the academic unit as appropriate.

7.108 The academic supervisor is required to complete the Report on Academic Progress form (Appendix 6), which needs to be agreed and signed by the trainee for submission to the annual panel. The form must include details of academic placements, academic training modules and other relevant academic experience, together with an assessment of the academic competences achieved.

7.109 The report and any supporting documentation should be submitted to the annual panel as part of the evidence received by it. The annual review panel for academic trainees, in addition to the membership described above (paragraph 7.52) should also include two academic representatives who have not been involved in the trainee’s academic programme.

7.110 The trainee should not attend the panel unless there are concerns about either or both clinical or academic progress. Plans for academic trainees to meet with the panel should only be made if the TPD or the academic supervisor indicates that Outcomes 2, 3 or 4, for either clinical or academic components (or both), are a potential outcome from the panel. The ARCP outcome is a global assessment of progress, dependant on either report to assess achievement.

7.111 Since the assessment process jointly assesses academic and clinical progress, the trainee must also submit evidence of clinical achievement as per the process defined in paragraphs 7.103 - 7.105. The clinical educational supervisor’s report must indicate that the “pro rata” rate of acquisition of clinical competences has been satisfactory, given the time commitment available for clinical training.

7.112 The outcome of this joint process should be recorded using the outcome documentation as described above, which allows for both clinical and academic outcomes to be recorded. The academic report should be attached to the outcome document.

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

7.113 Trainees who are undertaking full-time research as out of programme research must have their research programme agreed with their academic supervisor. This
should form part of the documentation sent to the Postgraduate Dental Dean requesting an OOPR.

7.114 The trainee must submit an OOPR return to the panel (Appendix 7), along with a report from their research supervisor. Ideally, academic trainees who are on OOPR should have a formal assessment of academic progress as described above for joint clinical and academic programmes, with similar documentation presented as part of the process. The report must indicate whether appropriate progress in the research has taken place during the previous year and must also indicate that the planned date of completion of the research has not changed.

7.115 Both the trainee and the supervisor must remain aware that normally up to a maximum of three years are agreed as time out of programme for research. If a request to exceed this is to be made, such a request must be made at least one year prior to the extension commencing so that it can be considered by the joint clinical and academic ARCP panel; the request must come from the research supervisor who must offer clear reasons for the extension request. Adequate governance structures must be in place to allow for discussion between academic institution and deanery on such requests.

7.116 The panel should seek appropriate advice from academic and clinical colleagues if they are in doubt about whether a recommendation to extend the normal three years out of programme should be made.

7.117 The panel should issue an out of programme outcome, recommending continuation of the OOPR or its termination and the date for this.

7.118 The time spent out of programme in research is attributable towards a CCST programme only if it has been prospectively approved and can be counted as part of a GDC approved curriculum. The purpose of documenting performance during OOPR is therefore both to assess progress towards meeting the approved curricular requirements and to ensure that progress is made so that return to the clinical training programme is within the agreed timescale.

Annual review of competence progression for trainees in less than full time training

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

Annual planning

7.120 Once the outcome for a trainee is known, trainees must meet with their educational supervisor and/or TPD to plan the next phase of their training.

7.121 The plan for the trainee’s next phase of training should be set within the context of the objectives that must be met during the next phase of training and must reflect the requirements of the relevant specialty curriculum.
The appraisal and planning meetings should be coordinated to ensure that the trainee’s objectives and review outcomes drive the planning process, rather than the reverse.

Once the plan for the trainee’s next phase of training has been agreed, this should be documented within the trainee’s learning portfolio.

Appeals of annual review of competence progression outcomes

It should never come as a surprise to trainees that action through the ARCP process is under consideration since any performance and/or conduct shortcomings should be identified and discussed with them as soon as it is apparent that they may have an effect on progress.

As identified in paragraph 7.61 the ARCP panel will wherever reasonably practicable meet with all trainees who are judged on the evidence submitted to:

(i) require further development of identified, specific competences (Outcome 2);
(ii) require additional training because of inadequate progress (Outcome 3); and
(iii) be required to leave the training programme before its completion with identified competences or an identified and specified level of training (Outcome 4).

The purpose of the post-ARCP review meeting identified in 7.122 is to inform the trainee of the decision of the panel. The meeting should also plan the further action which is required to address issues of progress in relation to Outcomes 2 and 3 and to make clear to the trainee the competences with which they will leave the programme in relation to Outcome 4 or to explain the reason for removal of a NTN for another reason.

However, a trainee has the right to request a review and in some circumstances, an appeal if one of these outcomes is recommended by the annual review panel.

Reviews and appeals

A review is a process where an individual or a group who originally made a decision return to it to reconsider whether it was appropriate. This can be undertaken by virtual methods such as video-conferencing or teleconferencing where this can expedite the review. The review must take into account the representations of the person asking for the review and any other relevant information, including additional relevant evidence, whether it formed part of the original considerations or has been freshly submitted.

An appeal is a procedure whereby the decision of one individual or a group is considered by another (different) individual or group. Again, an appeal can take into account both information available at the time the original decision was made, newly submitted information and the representations of the appellant. Those involved in an appeal panel must not have played a part in the original decision or the review.

Review or appeal panels may decide at any stage that Outcomes 2, 3 or 4 are not justified. If so, the facts of the case will be recorded and retained by the
Review of Outcome 2

7.131 Outcome 2 usually involves closer than normal monitoring, supervision and feedback on progress to ensure that the specific competences which have been identified for further development are obtained, but does not require that the indicative date for completion of the training programme will change. The annual review panel will have explained to the trainee the evidential basis on which the decision was made and it will have been documented on the outcome form.

7.132 The trainee will have the opportunity to see all the documents on which the decision about the outcome was based. If the trainee disagrees with the decision they have a right to ask for it to be reviewed. Requests for such review must be made in writing to the chair of the ARCP panel within ten working days of being notified of the panel’s decision. The chair will then arrange a further meeting (which can be virtual) of panel which should take place within fifteen working days of receipt of such a request from a trainee. Trainees may provide additional evidence at this stage but this must be received at least five working days before the panel meets so that the panel is able to consider it in detail. After the review a further meeting with the trainee will also be arranged as far as is practicable with all members of the review panel.

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

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

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

(i) an extension of the indicative time to complete the training programme (Outcome 3) or

(ii) the trainee to leave the training programme with identified competences that have been achieved, but without completion of the programme (Outcome 4)

(iii) withdrawal of the trainee NTN as outlined in paragraph 6.31.

7.135 Appeal requests should be made in writing to the Postgraduate Dental Dean within ten working days of the trainee being notified of the decision. Postgraduate Dental Deans may determine local arrangements for receiving such requests.

7.136 The request should indicate the grounds, such as relevant evidence not being seen by the panel, improper procedure, mis-interpretation of facts.

7.137 On receipt of an appeal request the Postgraduate Dental Dean will arrange for a review of the original recommendation. For appeals against Outcome 3 and 4 this review will follow the process outlined in paragraph 7.143. The decision of the review panel will be communicated to the trainee. If the review panel modifies the
original decision of the ARCP panel then a further meeting with the trainee will be arranged as far as is practicable with all members of the ARCP panel.

7.138 Where the review panel has modified the decision of the original ARCP panel to an Outcome 2, this completes any appeal process. If the trainee wishes to continue with a review they should indicate this in writing within ten working days of being notified of the review panel’s decision.

7.139 Where the review panel does not alter the decision of the original ARCP panel or where the decision is modified but continues with a modified Outcome 3 or 4, or for other withdrawal of NTN decisions, the appeal process continues with two stages. Firstly, mediation can be undertaken, following which an appeal panel is convened. The mediation meeting can be omitted by mutual agreement.

Mediation

7.140 The initial step in the process is to bring the relevant parties together to see if this will mitigate against need for appeal. This can be a formally facilitated mediation process that involves discussion between the trainee and other relevant individuals such as the relevant SAC representative or Training Programme Director. The purpose of this meeting is to reach a common understanding of the situation to ensure that everyone is aware of any relevant issues or concerns and to identify an appropriate course of action.

7.141 Mediation can lead to recommendations with regard to training arrangements but it cannot change the underlying outcome decision from the ARCP panel. However, adjustments recommended by the mediation process may address all the concerns of the trainee. Therefore following mediation the trainee should be asked whether or not they wish to continue with the appeal process but the presumption should be that a formal appeal hearing will be required unless indicated otherwise.

Formal Appeal Hearing

7.142 A formal appeal hearing should normally take place within 15 working days of the completion of the mediation stage where practicable. Members of the original ARCP panel must not take part as members of the appeal panel. Trainees may support their appeals with further written evidence but this must be received at least 5 working days before the appeal panel meets so that the panel is able to consider it in detail. All documentation presented to the appeal panel must also be made available to the trainee.

7.143 If the ARCP decision is an Outcome 4 then it should be assumed that a formal appeal will be requested. The Postgraduate Dental Dean should always obtain written confirmation where the trainee declines an appeal hearing following an Outcome 4.

7.144 The Postgraduate Dental Dean will convene an appeal panel to consider the evidence and to form a judgement. It should consider representations and evidence from both the trainee and those who are closely involved with their training, such as the education supervisor or Training Programme Director.

7.145 The appeal panel should include:-

(i) the Postgraduate Dental Dean or a nominated representative as Chair
(ii) a SAC representative from outside the deanery

(iii) a senior clinician from within the same deanery area as the trainee and from the same specialty as the trainee

(iv) a senior clinician from within the same deanery area as the trainee but from a different specialty to the trainee

(v) a senior trainee from a different specialty

(vi) a lay representative

Membership of the panel should not include any of those involved in the original ARCP panel or those involved in any mediation steps. A representative from the Personnel or Human Resources Directorate of the employer or the deanery must be available to advise the Chair on, for example, equal opportunities matters. Administrative support should also be available to record the proceedings of the appeal.

7.146 Trainees also have the right to be represented at the appeal, to address it and to submit written evidence beforehand. They may choose to be represented, for example, by a friend, colleague or a representative of their professional body but it is not recommended that this is by a family member. If a trainee wishes to be represented by a lawyer then legal representatives should be reminded that appeal hearings are not courts of law and the panel governs its own procedure including the questioning to be allowed of others by the legal representative.

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

7.148 Trainees should be notified in writing of the outcome of the appeal hearing. The appeal process described above is the final internal avenue of appeal.

7.149 Outcome documentation from the original annual review panel should not be signed off by Postgraduate Dental Deans and forwarded to the parties indicated in paragraph 7.92 until all review or appeal procedures have been completed.

7.150 It may be that the outcome of an appeal is to alter an earlier recommendation while still maintaining the view that progress has been unsatisfactory. For example, a decision to withdraw a trainee from a programme may be replaced by a requirement for an extension of training time in order to gain the required competences. In such cases, the outcome documentation should show only the position following the decision of the appeal panel.

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

Appeal against removal of a National Training Number

7.152 Following the appeal procedure, a decision which results in withdrawal from a training programme automatically involves the loss of the training number. There is no further appeal against this.

7.153 Where the Postgraduate Dental Dean indicates his/her intention to remove trainees currently employed in specialty training (including those with honorary contracts) from the specialty training programme because of non-compliance with the arrangements under which they hold the training number, the trainees have a right of appeal to a panel constituted as set out in the process above.

7.154 In some circumstances trainees will not be currently employed in the NHS or hold honorary contracts, e.g. working overseas or taking a break from employment. Where the Postgraduate Dental Dean, with advice from the SAC, Royal College or Faculty where appropriate, believes that the conditions under which such trainees hold the training number have been breached, and that the training number should be withdrawn, they will write to training number holders using a recorded delivery or similar service to tell them of their provisional decision.

7.155 The training number holder will then have 28 days in which to state in writing to the Postgraduate Dental Dean their reasons why the training number should not be withdrawn. Loss of the training number in this way will mean that the place reserved in a training programme is no longer available to the trainee.

Termination of a training contract

7.156 A trainee dismissed for misconduct will normally be deemed by the Postgraduate Dental Dean to be unsuitable to continue with the specialty training programme (please refer to paragraph 6.30).

7.157 When a training contract is terminated by the Postgraduate Dental Dean they must ensure:

(i) the trainee’s training number is removed

(ii) current and future employers within the trainee’s programme are notified
Section 8:
Being a Specialty Registrar and an employee

Accountability issues for employers, Postgraduate Dental Deans and trainees

8.1 Trainees in specialty and post-CCST training are both pursuing training programmes under the auspices of the Postgraduate Dental Dean and are employees in healthcare organisations or universities. In fulfilling both of these roles they incur certain rights and responsibilities.

8.2 A number of initiatives are in place to ensure that the accountability of doctors and other healthcare professionals is a key feature of their performance, professional conduct issues and professional behaviour. In addition the White Paper, *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century* sets out new arrangements for the future.

8.3 While the Postgraduate Dental Dean is responsible for managing the delivery of clinical training to postgraduate trainees this is always within the context of employing bodies. Trainees therefore clearly have an employment relationship with their individual employer and are subject to individual employing authorities’ policies and procedures. It is the view of COPDEND that Postgraduate Dental Deans should be involved from the outset where performance issues relating to trainees arise.

8.4 It is important therefore that employers are fully aware of the performance and progress of all dentists, including trainees in their employ. In addition, there must be a systematic approach to dealing with poorly performing trainees. In this context, the relationship between the employer and the Postgraduate Dental Dean must be clearly defined.

Roles and responsibilities

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

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

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

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

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

8.9 On those occasions where a specialty registrar chooses to resign of their own volition, the trainee must inform his/her employer in writing, complying with the length of notice set out in the trainee's employment contract. The resignation letter must be copied to the Training Programme Director and the deanery (where the deanery is not the employer).

Transfer of information

8.10 The basic structure of many specialty and post-CCST training programmes is a rotational experience which allows the trainee to develop and demonstrate competences in a range of clinical settings and environments. Trainees rely on the integrity of the training programme to support their growth and development within it. The ability to demonstrate competences and conduct appropriate to the level of training forms part of this continuum.

8.11 Trainees must maintain a learning portfolio which is specialty specific and which covers all aspects of their training. They must share this with their educational supervisors as they move through their rotational programme, as part of the ongoing training process. The transfer of educational information from placement to placement within the training programme is fundamental to the training process and is applicable to every trainee.

8.12 Trainees also have an important employee/employer relationship with their employing authority. In situations where an employer has had to take disciplinary action against a trainee because of conduct or performance issues, it may be that the employment contract ends before these proceedings are completed. It is in the trainee's interest to have the matter resolved, even if they move on to the next placement in the rotation. The Postgraduate Dental Dean will usually help to facilitate this.

8.13 It will be essential in such circumstances for the educational supervisor and director or lead for medical education (e.g. Clinical Tutor, Director of Medical and Dental Education) at the trainee's next placement to be made aware of the ongoing training and/or pastoral needs to ensure that these are addressed.

8.14 It is also essential, for the sake of patient safety and to support the trainee where required, that information regarding any completed disciplinary or competence issue and a written, factual statement about these, is transferred to the next employer. This should make reference to any formal action taken against the trainee, detailing the nature of the incident triggering such action, any allegations that were upheld, but not those that were dismissed, and the outcome of the disciplinary action along with any on-going or planned remedial training. Information about any completed disciplinary procedure which exonerated the trainee will not be passed on.

8.15 Under these circumstances the information should be transferred with the knowledge of the trainee and Postgraduate Dental Dean to the educational lead in the next employing authority. This also applies to existing, unexpired disciplinary warnings.

8.16 The workplace based (NHS) appraisal process should ensure that employers are aware of the progress and performance of all its employees who are in postgraduate training.
8.17 Where a trainee has identified educational or supervisory needs which must be addressed as a result of the disciplinary process, information concerning these will be transferred by the Postgraduate Dental Dean to the educational lead in the receiving employing authority or the TPD where the transfer is to another deanery whether for secondment or targeted training and assessment.

8.18 In all of these circumstances, the trainee has the right to know what information is being transferred and has the right to challenge its accuracy, but not to prevent the information being transferred, subject to the requirements of the Data Protection Act.

Managing concerns over performance during training

8.19 Managing concerns about the performance of trainees is a complex and evolving area. Specific guidance is available in documents such as *Maintaining High Professional Standards in a Modern NHS* and further proposals have been developed in *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*.

8.20 In all professions it is recognised that sometimes employees may encounter difficulties during their career. These may show themselves in various ways, e.g. in terms of conduct, competence, poor performance, ill health or dropping out of the system.

8.21 Although it is recognised that the cost of training dentists is high and that their retention is therefore often cost effective, it cannot be at the expense of patient safety which is of paramount importance.

8.22 Where personal misconduct is unconnected with training progress, employers may need to take action in accordance with guidance such as *Maintaining High Professional Standards in the NHS*. In all cases, the Postgraduate Dental Dean should be involved from the outset. Where such action results in dismissal of the trainee, the Postgraduate Dental Dean will inform the relevant SAC.

8.23 It is possible that disciplinary action initiated by one employing authority will not be completed before the trainee’s employment contract expires and the trainee moves on to the next employing authority in a rotational training programme.

8.24 The end of an employment contract does not have to mean the disciplinary process may not continue. Any warning or suspension notice would cease to have effect once employment with the issuing employing authority ends. However an enquiry may, if the employing authority is willing, still proceed all the way to a finding. The range of responses to a disciplinary finding will, however, be limited by the expiry of the employment contract. For example, the employing authority will not be able to dismiss an ex-employee or ask that a subsequent employer dismises him or her. Any proven offence must be recorded by the investigating employing authority and should be brought to the attention of the relevant Postgraduate Dental Dean to assess any impact on the training programme for the trainee.

8.25 The Postgraduate Dental Dean should be aware of any disciplinary action against a trainee, at the earliest possible stage, and act on the information accordingly. If a trainee is excluded when an employment contract ends, the Postgraduate Dental Dean may decide not to arrange for further placements to be offered until
the enquiry has concluded. The best course in these circumstances may be to arrange with the existing employer an extension of employment until the matter is resolved. An employment contract cannot, however, be extended purely to allow disciplinary action, such as suspension, without the employee's express consent.

8.26 If a trainee's practice is restricted for whatever reason when an employment contract ends, it would be reasonable for the Postgraduate Dental Dean to arrange further placements with appropriate restrictions until the enquiry had reached a finding.

8.27 Once a finding has been reached, the Postgraduate Dental Dean will need to consider whether it is appropriate to arrange further training placements and the terms of those placements. If it is not appropriate to arrange further placements because the findings preclude further training, removal from the training programme is the natural consequence. The appeal process related to such an event is outlined in paragraphs 7.153 – 7.156.

8.28 Misconduct should be taken forward in accordance with the employer’s agreed disciplinary procedures in line with local policies. Processes must be in accordance with those set out in the relevant national guidance on maintaining high professional standards. The Postgraduate Dental Dean must be involved from the outset.

8.29 The Postgraduate Dental Dean will seek assurance from the employer through the educational contract that trainees will be managed in accordance with best employment practice.

8.30 The Postgraduate Dental Dean (or other deanery staff) must not be involved as a member of a disciplinary or appeal panel in any disciplinary procedures taken by an employer against a trainee, but may provide evidence to the panel and advise on training and education matters if required.

8.31 Termination of a trainee's employment contract after due process will normally mean that specialty training is discontinued and the NTN is relinquished. In such circumstances the deanery that has issued the trainee’s NTN will review the employer's reports detailing the reasons for the termination of the contract of employment and consequent dismissal, and hence determine whether the circumstances warrant a termination of specialty training and withdrawal of the trainee’s NTN. Whilst the decision on this ultimately rests with the Postgraduate Dental Dean, a final decision will normally be reached after wider deanery consideration of the circumstances. This process may be undertaken by correspondence or by holding a meeting.

Poor performance and competence

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

8.33 On occasion a trainee might make or be involved in a serious, isolated clinical error. Such situations may lead to a formal inquiry and are stressful for all staff involved. The Postgraduate Dental Dean should be kept informed in writing at each stage of any such inquiry and should ensure that pastoral support is offered to the trainee throughout the process.

8.34 Where a trainee is expected to move to another training placement before the inquiry has been completed, the Postgraduate Dental Dean will ensure the continuing involvement of the trainee in the inquiry process.

Poor performance and the GDC

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

Ill health

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

Section 9:

Appendices

Appendix 1 Registering for Postgraduate Specialty Training (Form R)
Appendix 2 Conditions of taking up a specialty training post or post-CCST training post
Appendix 3 New starter information form
Appendix 4 Educational Supervisor’s structured report
Appendix 5 Annual review of competence progression (ARCP) outcomes form

Annex 1: Supplementary information required for trainees who had an unsatisfactory review
Annex 2: Additional information required for trainees who did not have a review
Appendix 6  Report on academic progress
Appendix 7  Out of programme request and annual review document
Appendix 8  Application for an inter-deanery transfer
Appendix 9  Glossary
Appendix 10  Interim MOU between the GDC and the members of the Joint Committee for Postgraduate Training in Dentistry (JCPTD)
Appendix 11  NTN codes for dental specialities (UK)
Appendix 12  Protocol for making revisions to the guide
Appendix 13  Revisions to this edition of the guide
Registering for Postgraduate Specialty Training

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

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<th>Forename</th>
<th>Surname</th>
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<th>Email address (essential)</th>
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<tr>
<th>GDC registration number</th>
<th>GMC registration number (if applicable)</th>
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<tr>
<th>National Training Number (NTN) (to be completed by deanery on first registration)</th>
<th>I confirm (✓) that I have been appointed to a programme leading to award of a CCST, subject to satisfactory progress</th>
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<tr>
<th>Specialty award for CCST</th>
<th>Specialty 2 for award of CCST (if appointed to other certification programme i.e. monospecialty)</th>
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<tr>
<th>Royal College / Faculty assessing training for the award of CCST where trainee is undertaking a full prospectively approved programme</th>
<th>Date of entry to grade / programme (dd/mm/yy)</th>
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<tr>
<th>Initial appointment to programme (full or part time – express part-time as a % of full time training)</th>
<th>Provisional date from deanery for award of CCST (dd/mm/yy)</th>
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| I confirm (✓) that I have retained my NTN but that I am undertaking post-CCST training | |

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

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<th>Specialty Trainee</th>
<th>Date</th>
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<tr>
<th>Postgraduate Dental Dean</th>
<th>Date</th>
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Conditions of taking up a specialty training post or post-CCST training post
(This is NOT an offer of employment)

On accepting an offer to take up a specialty training post programme/post-CCST training post (delete as necessary) in the ___________________ Deanery, I agree to meet the following conditions throughout the duration of the programme:

- to always have at the forefront of my clinical and professional practice the principles in the GDC’s Standards for Dental Professionals for the benefit of safe patient care. (Trainees should be aware that the standards require dentists to keep their knowledge and skill up to date throughout their working life, and to regularly take part in educational activities that maintain and further develop their competence and performance)

- to ensure that the care I give to patients is responsive to their needs, that it is equitable, respects human rights, challenges discrimination, promotes equality, and maintains the dignity of patients and carers

- to acknowledge that as an employee within a healthcare organisation I accept the responsibility to abide by and work effectively as an employee for that organisation; this includes participating in workplace based appraisal as well as educational appraisal and acknowledging and agreeing to the need to share information about my performance as a dentist in training with other employers involved in my training and with the Postgraduate Dental Dean on a regular basis

- to maintain regular contact with my Training Programme Director (TPD) and the deanery by responding promptly to communications from them, usually through email correspondence

- to participate proactively in the appraisal, assessment and programme planning process, including providing documentation which will be required to the prescribed timescales

- to ensure that I develop and keep up to date my learning portfolio which underpins the training process and documents my progress through the programme

- to use training resources available optimally to develop my competences to the standards set by the specialty curriculum

- to support the development and evaluation of this training programme by participating actively in any national annual trainee survey and any other activities that contribute to the quality improvement of training

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

_________________________  ___________________________  __________
Trainee’s signature              Trainee’s name (printed)              Date
# Specialty Registrar

**New Starter Information Form**

*To be forwarded by the deanery to the relevant SAC as soon as possible after the trainee is appointed*

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Educational Supervisor’s Structured Report
Submission to the Annual Review of Competence Progression panel by the trainee’s current educational supervisor, summarising the trainee’s learning portfolio since the previous assessment

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<td></td>
</tr>
<tr>
<td>Dates of placement</td>
<td></td>
</tr>
</tbody>
</table>
## Workplace based assessments (WBAs) in current placement(s)
*(only successful WBAs should be included)*

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Dates</th>
<th>Number</th>
<th>Outcome</th>
<th>Summary of comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini CEx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOPs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CbD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSF (360 degree)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please describe)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Experiential outcomes

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

## Other outcomes

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Outcomes</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reported adverse incidents</td>
<td>Resolved/pending</td>
<td>No case to find/accountable</td>
</tr>
<tr>
<td>2. Complaints</td>
<td>Resolved/pending</td>
<td>No case to find/accountable</td>
</tr>
<tr>
<td>3. Other</td>
<td>Any further comments / observations</td>
<td></td>
</tr>
</tbody>
</table>

I confirm that this is an accurate description/summary of this trainee’s learning portfolio, covering the time period from __/__/_____ to __/__/_____.

---

Educational supervisor signature

Educational supervisor name (printed)

Date

Trainee signature

Trainee name (printed)

Date
## Annual Review of Competence Progression (ARCP) Outcomes Form

<table>
<thead>
<tr>
<th>Trainee Forename:</th>
<th>Trainee Surname:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty:</td>
<td>National Training Number:</td>
</tr>
</tbody>
</table>

### Gender: (please tick ✔)
- Male
- Female

<table>
<thead>
<tr>
<th>Date of entry to grade</th>
<th>Immigration status</th>
</tr>
</thead>
<tbody>
<tr>
<td>dd/mm/yy</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GMC and/or GDC no.</th>
<th>Year of Training: (1-8)</th>
<th>CCST Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GMC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Educational Supervisor completing the report

<table>
<thead>
<tr>
<th>Date of review:</th>
<th>Period covered</th>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Members of the panel:
(Lay, TPD, External, Academic, etc)

1. 2. 3. 4. 5. 6.

### Approved clinical training gained through the period:

Grade of training programme reviewed: ACF / ACL / Str / SpR / LAT / Post CCST or Other (please state)…………………………………………………

<table>
<thead>
<tr>
<th>Placement / Post / Experience</th>
<th>Date from:</th>
<th>Date to:</th>
<th>In / Out of Programme?</th>
<th>FT / PT (as % FT)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Documentation taken into account and shown to trainee (Insert ✔ as appropriate)

1. Structured report
2. Clinical Logbook
3. PDP with CPD Log
4. WBA Forms
5. Feedback Survey Form
6. Report on academic progress (where appropriate)

### RECOMMENDED OUTCOMES FROM THE PANEL

<table>
<thead>
<tr>
<th>Satisfactory Progress ✔</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Achieving progress and competencies at the expected rate</td>
</tr>
</tbody>
</table>

| Unsatisfactory Progress or Insufficient Evidence (also complete Supplementary Evidence section) |
| 2 Development of specific competences required – additional training time not required |
| 3 Inadequate progress by the trainee – additional training time required |
| 4 Released from training / academic programme with or without specified competences |
| 5 Incomplete evidence presented – additional training time may be required |

### Recommendation for completion of training

6 a. Gained all required competences and outcomes (clinical)
b. Gained all required competences and outcomes (academic)
c. Gained all required competences and outcomes (non-clinical)

### OUTCOMES FOR TRAINEES IN LAT APPOINTMENTS

<table>
<thead>
<tr>
<th>Satisfactory Progress ✔</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 Satisfactory progress in or completion of the LAT post</td>
</tr>
</tbody>
</table>

| Unsatisfactory Progress (also complete Supplementary Evidence section) |
| 7.2 Development of specific competences required – additional training time not required |
| 7.3 Inadequate progress by the trainee – additional training time required |
| 7.4 Incomplete evidence presented |
## OUTCOMES FOR TRAINEES OUT OF PROGRAMME
(evidence of progress must be provided)

| 8. | OOPE (Experience) | OOPR (Research) | OOPC (Career Break) |

## OUTCOMES FOR TRAINEES IN POST-CCST APPOINTMENTS

### Satisfactory Progress
- ✔ Satisfactory progress in or completion of post-CCST training

### Unsatisfactory Progress (also complete Supplementary Evidence section)
- 9.1 Development of specific competences required – additional training time not required
- 9.2 Inadequate progress by the trainee – additional training time required
- 9.4 Incomplete evidence presented

<table>
<thead>
<tr>
<th>Signed by:</th>
<th>(Panel Chair)</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed by</td>
<td>(Trainee)</td>
<td>Date:</td>
</tr>
<tr>
<td>Signed by</td>
<td>(PGDD)</td>
<td>Date:</td>
</tr>
</tbody>
</table>

## SUPPLEMENTARY EVIDENCE for trainees with UNSATISFACTORY OUTCOME
(trainee must be in attendance)

<table>
<thead>
<tr>
<th>Recommended Outcome:</th>
<th>Date from:</th>
<th>Date to:</th>
<th>In / Out of Programme?</th>
<th>FT / PT as %?</th>
</tr>
</thead>
</table>

Detailed reasons for recommended outcome (Annex 1 must also be completed):

1.
2.
3.

**Discussion with trainee**

Mitigating circumstances

Competences which need to be developed

Recommended actions

Recommended additional training time (if required)

<table>
<thead>
<tr>
<th>Signed by:</th>
<th>(Panel Chair)</th>
<th>Date:</th>
<th>Date of next review:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed by</td>
<td>(Trainee)</td>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Signed by</td>
<td>(PGDD)</td>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

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

By signing the form, the trainee is indicating that they understand and agree that the information will be shared with other parties involved in their training as outlined above.

The trainee signature on the form indicates that they understand the recommendations arising from the review. It does not imply they accept or agree with them and they can have the recommendation reviewed as well as the right of appeal as delineated in the Dental Gold Guide Section 7.
<table>
<thead>
<tr>
<th>Code</th>
<th>Insert</th>
<th>Reason for unsatisfactory outcomes</th>
<th>Explanatory notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>U1</td>
<td></td>
<td>Record Keeping and Evidence</td>
<td>Trainee failed to satisfactorily maintain their Royal College/Faculty E-Portfolio including completing the recommended number of Work Placed Based Reviews; Audits; Research; structured Education Supervisors report; in accordance with recommendations for that particular Year of Training in line with the Royal College/Faculty curriculum requirements.</td>
</tr>
<tr>
<td>U2</td>
<td></td>
<td>Inadequate Experience</td>
<td>Training post(s) did not provide the appropriate experience for the year of training being assessed in order to progress. As a result the trainee was unable to satisfy the Royal College/Faculty curriculum requirements for the year of training.</td>
</tr>
<tr>
<td>U3</td>
<td></td>
<td>No Engagement with Supervisor</td>
<td>Trainee failed to engage with the assigned Educational Supervisor or the training curriculum in accordance with the Royal College/Faculty requirements for that particular year.</td>
</tr>
<tr>
<td>U4</td>
<td></td>
<td>Trainer Absence</td>
<td>Nominated Educational Supervisor or Trainer did not provide the appropriate training and support to the Trainee because of their absence on a sabbatical; through illness or other reasons; and no nominated Educational Supervisor deputy took over to ensure that an appropriate level of training was maintained. As a result the trainee was unable to satisfy the Royal College/Faculty curriculum requirements for the year of training.</td>
</tr>
<tr>
<td>U5</td>
<td></td>
<td>Single Exam Failure</td>
<td>Trainee failed to satisfy the respective Royal College/Faculty examination requirements to progress to the next year of training.</td>
</tr>
<tr>
<td>U6</td>
<td></td>
<td>Continual Exam Failure</td>
<td>Trainee failed to pass the respective Royal College/Faculty examination within the allowable number of examination attempts following a number of re-sits and is therefore unable to progress any further in this Specialty.</td>
</tr>
<tr>
<td>U7</td>
<td></td>
<td>Trainee requires Deanery Support</td>
<td>Trainee has issues to do with their Professional personal skills for example: - behaviour / conduct / attitude / confidence / time keeping / communications skills etc and requires the support of the Deanery Performance Team.</td>
</tr>
<tr>
<td>U8</td>
<td></td>
<td>Other reason</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Insert</td>
<td>Reason for unsatisfactory outcomes</td>
<td>Explanatory notes</td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
<td>-----------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>N1</td>
<td></td>
<td>Trainee Sick Leave</td>
<td>Trainee on long term sickness or other health issues have impacted on ability to complete the year of training being reviewed.</td>
</tr>
<tr>
<td>N2</td>
<td></td>
<td>Trainee Maternity/Paternity Leave</td>
<td>Trainee cannot be reviewed whilst on maternity leave.</td>
</tr>
<tr>
<td>N3</td>
<td></td>
<td>Trainee not In Post Long Enough</td>
<td>Too soon to complete a meaningful Annual Review within the ARCP/RITA reporting period.</td>
</tr>
<tr>
<td>N4</td>
<td></td>
<td>Trainee fell outside annual reporting period</td>
<td>Annual GDC reporting period is 01 Aug 20xx to 31 July 20xx but trainee was not reviewed during these 12 months.</td>
</tr>
<tr>
<td>N5</td>
<td></td>
<td>Trainee Post CCST</td>
<td>Trainee already completed CCST and now in period of grace.</td>
</tr>
<tr>
<td>N6</td>
<td></td>
<td>Trainee Missed Review</td>
<td>Trainee did not attend the Review. i.e. Analysis from Deaneries is that where a review panel was not arranged until July at end of reporting year and trainee could not attend; for last minute family reasons, transport problems etc. Panel had to be rearranged in early August but outside of normal reporting period.</td>
</tr>
<tr>
<td>N7</td>
<td></td>
<td>Trainee Inter Deanery Transfer</td>
<td>Trainee left the programme early to take up a post in another Deanery.</td>
</tr>
<tr>
<td>N8</td>
<td></td>
<td>Trainee reviewed in other Deanery</td>
<td>Trainee working in another Deanery who completed ARCP.</td>
</tr>
<tr>
<td>N9</td>
<td></td>
<td>Trainee Contract Termination</td>
<td>Trainee left and had their NTN/DRN removed due to lack of progression without achieving competencies to a satisfactory level.</td>
</tr>
<tr>
<td>N10</td>
<td></td>
<td>Trainee Gross Misconduct</td>
<td>Trainee currently suspended from training either as a result of GDC Suspension or local Trust or other local disciplinary proceedings.</td>
</tr>
<tr>
<td>N11</td>
<td></td>
<td>Trainee Suspension</td>
<td>Trainee suspended for reasons other than gross misconduct.</td>
</tr>
<tr>
<td>N12</td>
<td></td>
<td>Other reason</td>
<td>Consider other reason.</td>
</tr>
</tbody>
</table>
# Report on Academic Progress

*This form supports the annual review outcome and should form part of the trainee’s permanent record*

<table>
<thead>
<tr>
<th>Deanery</th>
<th>Deanery approved training programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Specialty</td>
<td>NTN / NTN (A)</td>
</tr>
</tbody>
</table>

## Members of the panel

1. 
2. 
3. 
4. 
5. 
6. 

<table>
<thead>
<tr>
<th>Date of report</th>
<th>Period covered</th>
<th>from</th>
<th>to</th>
</tr>
</thead>
</table>

**Year of training (circle)**

1 2 3 4 5 Other *(please state)*

---

## Academic competences gained during the period *(full details of programme should be attached)*

---

## Experience gained during the period

<table>
<thead>
<tr>
<th>Placement / Post / Experience</th>
<th>Date from</th>
<th>Date to</th>
<th>In / Out of Programme?</th>
<th>FT / PT at 50% or 60%?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Significant academic outputs during the period

1. 
2. 
3. 

## Documentation taken into account and known to the trainee

1. 
2. 
3. 
4. 

## Recommendations

---

**Trainee signature**

**Date of next review if relevant**
Out of Programme Request and Annual Review Document

OOPT / OOPE / OOPR / OOPC

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>NTN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Address</td>
<td>for duration of OOP if granted</td>
</tr>
<tr>
<td>E-mail address</td>
<td></td>
</tr>
<tr>
<td>Specialty</td>
<td>Training Programme Director</td>
</tr>
<tr>
<td>Current year of training</td>
<td>Provisional CCST</td>
</tr>
</tbody>
</table>

Please indicate if you are requesting time out of programme for:-

<table>
<thead>
<tr>
<th>New request</th>
<th>Ongoing OOP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Prospectively deanery approved clinical training (OOPT)
- Clinical experience not prospectively approved for training (OOPE)
- Research for a registered degree (OOPR)
- Career break (OOPC)
- Have you discussed your plans to take time out of programme / continue your time out with your education supervisor and / or Training Programme Director? Yes No
- How long would you intend to take time out /still remain on your OOP?
- What will be your provisional date for completing training if you take/continue with this time out of programme?

If your request for time out of programme is agreed, you will be required to give your TPD and current/next employer 3 months’ notice of leaving the programme. Please state the date you wish to start your out of programme experience (which must take account of the 3 month notice period)

Date you plan to return to the clinical programme

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

- **OOPT** – attach details of your proposed training for which prospective deanery approval will be required if the training does not already have deanery approval (e.g. if it is part of a recognised training programme in a different deanery it will already be recognised training). For ongoing OOP this document should accompany the assessment documentation for ARCP

- **OOPE** – describe the clinical experience you are planning to undertake (e.g. overseas posting with a voluntary organisation). For ongoing OOP, a short report from your supervisor confirming that you are still undertaking clinical experience should accompany this for ARCP

- **OOPR** – attach your outline research proposal to this document and include the name/location of your research supervisor. For ongoing OOP, a report from the research supervisor needs to be attached to this document for ARCP

- **OOPC** – please give a brief outline of your reasons for requesting a career break whilst retaining your training number
I am requesting approval from the Postgraduate Dental Dean to undertake the time out of programme described above/continue on my current OOP whilst retaining my training number. I understand that:

a) Three years out of my clinical training programme will normally be the maximum time allowed out of programme. Extensions to this will only be allowed in exceptional circumstances that will need further written approval from the Postgraduate Dental Dean.

b) I will need to liaise closely with my TPD so that my re-entry into the clinical programme can be facilitated. I am aware that at least six months’ notice must be given of the date that I intend to return to the clinical programme and that the placement will depend on availability at that time. I understand that I may have to wait for a placement.

c) I will need to return an annual out of programme report for each year that I am out of programme for consideration by the annual review panel. This will need to be accompanied by an assessment report of my progress in my research or clinical placement. Failure to do this could result in the loss of my training number.

d) I will need to give at least 3 months’ notice to the Postgraduate Dental Dean and to my employer before my time out of programme can commence.

______________________________  ________________________________  __________________
Trainee signature  Trainee name (printed)  Date

______________________________  ________________________________  __________________
Educational supervisor signature  Educational supervisor name (printed)  Date

______________________________  ________________________________  __________________
TPD signature  TPD name (printed)  Date

**Approval by Postgraduate Dental Dean**

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

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

Signed  ________________________________  Date  __________________
# Application for an Inter-Deanery Transfer

Trainee to complete and return to current Postgraduate Dental Dean  
(Refer to Section 6 of Dental Gold Guide when completing this form)

<table>
<thead>
<tr>
<th>Name</th>
<th>NTN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Address</th>
<th>E-mail address</th>
<th>Contact Tel</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Date of appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year of training (circle)</th>
<th>Provisional CCST</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of most recent annual assessment</th>
<th>(all outcome forms to date must be attached)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Reasons of application

Give a *brief* outline of the reasons for your application.  
*(A more detailed explanation (one side A4) must also be attached to this application)*

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

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

- I may be required to be interviewed by the deanery to which I wish to transfer

In support of my application I attach:-

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

**Signature of trainee** ________________________________  **Date** ________________

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

**Signature of Postgraduate Dental Dean** ________________________________  **Date** ________________
Glossary

**ABFTD Advisory Board for Foundation Training in Dentistry** A sub-committee of the Joint Committee for Postgraduate Training in Dentistry

**ABSTD Advisory Board for Specialty Training in Dentistry** A sub-committee of the Joint Committee for Postgraduate Training in Dentistry

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

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

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

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

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

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

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

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

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

**Domain** The scope of knowledge, skills, competences and professional characteristics which can be combined for practical reasons into one cluster.

**Diversity** Range of difference, variety (http://www.pegasus.nhs.uk/Resources/glossary.php)

**Diversity training** The process of educating professionals to work with people of widely differing cultural, social and religious backgrounds (http://www.pegasus.nhs.uk/Resources/glossary.php)
Appendix 9

**Educational agreement** A mutually acceptable educational development plan drawn up jointly by the trainee and their educational supervisor.

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

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

**Educational supervisor** A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a training placement or series of placements. The educational supervisor is responsible for the trainee’s educational agreement.

**Equality or Equal Opportunities** is the term used to describe ‘policies and practices that tackle inequalities, aiming to ensure that all staff are treated fairly, and that service users do not experience discrimination.

Public sector equality duties are unique pieces of equality legislation. They give public bodies legal responsibilities to demonstrate that they are taking action on race, disability and gender equality in policy-making, the delivery of services and public sector employment.

The duties mean that public bodies have to take action to deliver better outcomes for people of different racial groups, disabled people and men and women, including transsexual men and women. The duties require public bodies to take steps not just to eliminate unlawful discrimination and harassment, but also to actively promote equality.

The Health Departments, NHS and companies/persons working on their behalf should take into consideration the seven equality strands including age, disability, gender, gender identity, race, religion or belief and sexual orientation.

**NHS Single Equality Scheme**

**Equality and Human Rights Commission – Your Rights – Health and Social Care**

**Public Sector Equality Duty**

**FTTA Fixed Term Training Appointment** (see Post-CCST training)

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

**Health Education England Advisory Group (HEEAGs)** Currently (2013), there are seven HEEAGs for Dentistry, Medicine, Pharmacy, Clinical Science, Allied Health Care, Public Health and Nursing. HEEAGs replace the MEE Programme Board.

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

JCPTD Joint Committee for Postgraduate Training in Dentistry The body responsible for overseeing postgraduate training in dentistry (previously JCSTD which ceased in June 2010)

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

LAT Locum Appointment for Training An appointment to fill a gap in a training programme. LAT posts are recognised for training providing the trainee has achieved a satisfactory ARCP for the duration of the LAT post

LEP Local Education Provider

NTN National Training Number is the number allocated by the postgraduate deanery to trainees in specialty training programmes which, subject to satisfactory progress, have an end point of the award of CCST

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

OOPC Out of programme for a career break

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

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

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

PMMETB Postgraduate Medical and Education Training Board This was the competent authority for both medical hospital specialties and general practice from September 2005 to March 2010. It had responsibility in law for setting standards and quality assuring specialty, including medical GP, training in the UK. It was merged with the General Medical Council (GMC) in April 2010 when GMC acquired its legal responsibilities.

Post-CCST training A period of training provided after completion of CCST training to enhance clinical experience. As it is post-CCST, this programme is not quality assured by the GDC but quality managed by the Postgraduate Dental Dean in association with JCPTD and the relevant SAC. In Dentistry, currently these are two-year fixed-term post-CCST appointments in either Orthodontics or Paediatric Dentistry.

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

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

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

**SDEB Specialist Dental Education Board** is an advisory body of the GDC reporting to the GDC Education Committee on issues relating to the dental specialties. The SDEB has no delegated decision-making authority (see Appendix 10 Memorandum of Understanding).

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

**Specialty training** The designation of training after completion of foundation and Dental Core training, applying to trainees who have entered this training from October 2009 to undertake a specialty training programme approved by deaneries.

**StR Speciality Registrar** is the title given to trainees who are appointed into specialty training from October 2009 using the Dental Gold Guide.

**Training Programme Directors** have responsibility for managing specialty training programmes, including the ARCP process and providing careers advice (see Section 4 for further details).

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

**WPBA Workplace based assessments** The assessment of working practices that trainees may actually do in the workplace and that are predominantly carried in the workplace.
Appendix 10

Interim Memorandum of understanding between the General Dental Council (GDC) and the members of the Joint Committee for Postgraduate Training in Dentistry (JCPTD)

The purpose of the Memorandum

1. This Memorandum sets out the roles and responsibilities of each of the parties, replacing the Accord and the subsequent interim MOU between the GDC and members of the Joint Committee for Specialist Training in Dentistry (JCSTD). Following the dissolution of the JCSTD and the establishment of the JCPTD, this is an appropriate time to review the interim MOU. It will continue to be reviewed in light of the GDC’s Strategic Review of Education and subject to further regular review, to take account of developments which may influence specialist training and listing in dentistry.

2. The parties to the Memorandum are represented on the JCPTD, which has been established and will continue to have a role in overseeing and co-ordinating the provision of foundation and specialty training in dentistry. The work of the JCPTD will ensure appropriate standards of patient care through promoting and encouraging complementary working of its members in supporting the GDC to regulate and quality assure specialty training in dentistry.

The dental specialties

3. The General Dental Council is the regulatory body of the dental profession in the United Kingdom and is responsible for protecting patients and the public interest. It has powers to set up lists of registered dentists who meet certain conditions and have the right to use a specialist title. The specialist lists include dentists who have met requirements for entry to the lists and have the right to call themselves a specialist in a particular specialty by virtue of their listing in that specialty.

4. At present, the GDC recognises the following specialties:
   - Oral surgery
   - Orthodontics
   - Paediatric dentistry
   - Endodontics
   - Periodontics
   - Prosthodontics
   - Restorative dentistry
   - Dental public health
   - Oral medicine
   - Oral microbiology
   - Oral and maxillofacial pathology
   - Dental and maxillofacial radiology
   - Special care dentistry

5. The lists include registered dentists who are entitled to use a specialist title, but do not restrict the right of any dentist to practise in any particular field of dentistry or the right of any specialist to practise in other fields of dentistry.
Appendix 10

Introduction

6. The relationship the GDC wishes to have with the parties to this Memorandum is reproduced as Annex 1. This is taken from the GDC’s Specialist List Review Group Report (2005).

7. The JCPTD has constituent advisory boards which include the Advisory Board for Specialty Training in Dentistry (ABSTD) and the Advisory Board for Foundation Training in Dentistry (ABFTD). It will continue to be advisory to the Surgical Royal Colleges through the Joint Meeting of Dental Faculties (JMDF) and to have roles and responsibilities in supporting foundation and specialist training in dentistry.

8. The ABSTD, with its constituent Specialty Advisory Committees (SACs) will, through involvement in local quality management procedures, help to ensure consistency of arrangements for specialty training across the UK. Membership of the SACs makes provision for the involvement of Specialty Societies in the arrangements for specialty training in dentistry.

9. Postgraduate Dental Deans and Directors are responsible for the quality management of specialty training programmes and posts, the appointment of trainees and the annual review of progress of trainees in training. In addition, Postgraduate Deaneries (the Deaneries) are responsible for ensuring that training programmes and posts are quality managed to agreed standards. As set out in Annex 1, the Postgraduate Dental Deans and Directors make recommendations to the GDC for the award of a CCST (Certificate of Completion of Specialist Training).

10. Postgraduate Dental Deans and Directors have responsibilities for both dental workforce strategy and ensuring the delivery and quality management of dental postgraduate training programmes within and between varied service environments in the context of complex commissioning and contractual arrangements.

11. The Dental Faculties, through their involvement with the JCPTD, will advise on the curricula and assessment for specialty training, will contribute to the quality assurance of specialist training, quality managed in deaneries and will advise the GDC on the assessment of applications for specialist listing.

Roles and responsibilities of the GDC

12. The GDC is responsible for:

   a. Deciding suitability for specialist listing (including the award of CCST);

   b. The quality assurance of specialty training and specialist listing; and in due course

   c. Determining criteria for retention on the specialist lists, via revalidation.

13. In the framework for specialty training, the GDC sets principles for entry to specialty training as follows:

---

1 Postgraduate Dental Deans and Directors are currently integrated within the structures and functions of Strategic Health Authorities in England and in NHS Education for Scotland (NES). In Wales, the Deanery is accountable to the Welsh Assembly Government and in Northern Ireland the Dean is part of the Northern Ireland Medical and Dental Training Agency answerable to the Northern Ireland Department of Health, Social Services and Public Safety (DHSSPS).
• Candidates will be eligible for consideration for entry into a specialist training programme if they:
  o are registered with the GDC; and
  o can demonstrate that they have the required, broad-based training, experience and knowledge to enter the training programme.

14. The GDC will develop flexibility in the recognition of previous training, experience and qualifications towards specialty training, in consultation with the parties to the Memorandum and other relevant stakeholders.

15. The GDC will continue to seek the assistance of the parties to the Memorandum, whose respective roles will inform the development of curricula, and the coordination and quality management of training programmes so that the Council may continue to discharge its responsibilities outlined at paragraph 12.

Roles and responsibilities of the Specialist Dental Education Board (SDEB)

16. The GDC’s Specialist Dental Education Board (SDEB), reports to the GDC Education Committee, to consider issues relating to the dental specialties and provide the Education Committee GDC with expert advice. The SDEB has no delegated decision-making authority, but will advise the GDC Education Committee on the issues outlined below.

17. To fulfil its intended function, to include enhancing communications between the GDC and the parties to the Memorandum, while maintaining a clear distinction between the regulator and the providers, the SDEB will be responsible for:
   a. developing and refining a generic curriculum framework, to be used by the educational bodies in developing curricula for the individual specialties
   b. approving the curriculum developed by the educational bodies, for each specialty
   c. setting guidelines for the approval of specialty training programmes and posts
   d. establishing guidelines for the recognition of previous training, experience and qualifications towards the specialty training programme.
   e. developing a framework for the assessment of applications for equivalence of non-UK specialist training; to be used by the educational bodies in undertaking the assessments
   f. approving equivalence assessment of non-standard applications for specialist listing (assessment undertaken by the educational bodies)
   g. considering all other matters relating to specialty training and listing within the GDC.

18. The GDC will seek advice from the SDEB to assure itself through external input, of the quality management and delivery of specialty training programmes by the postgraduate deaneries.

Roles and responsibilities of the members of the JCPTD

The Dental Faculties

19. The Dental Faculties, through their involvement in the JCPTD and the SACs, will continue to exercise a practical role in postgraduate education and training. This role will include:
a. developing curricula, based on GDC requirements for training in the various dental specialties, and submitting curricula to the GDC for approval
b. liaison amongst the Dental Faculties, the Specialist Societies, the Dental Schools Council and the Postgraduate Dental Deans for the purpose of developing curricula for specialist training and related matters
c. devising appropriate assessments and examination regulations in the dental specialties
d. advising the GDC on applications for specialist listing based on claimed equivalence in accordance with the GDC guidelines
e. making recommendations to the GDC for the determination of entry qualifications
f. making recommendations to the GDC on the length and quality of training
g. making recommendation to the GDC on the recognition of previous training towards the specialist training programme.

20. All these activities would be carried out by the Dental Faculties under the authority of the parent College Councils and their Charters and with their partners through the JCPTD. The input of the Royal College of Radiologists and the Royal College of Pathologists with regard to the Additional Dental Specialties will continue to be recognised.

The Universities

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

The Specialist Advisory Committees (SACs)

22. The SACs will co-ordinate their activities through the ABSTD of the JCPTD. The SAC’s should continue to include members from the Specialist Societies, and will:

a. be the focus and location for the aspects of the work of the Dental Faculties described in paragraph 19
b. keep a national register of specialty trainees, including self-financed and sponsored trainees. The register will include information on the trainees start and anticipated completion dates and progress through specialty training.
c. collate and analyse information from an annual survey of trainees.
d. be available to the GDC and other parties to relevant Memoranda of Understanding to advise on principles of specialty training
e. alert the GDC and other stakeholders in specialist training in dentistry to trends and important changes in the practice of the respective dental specialties
f. advise the GDC on applications for mediated entry onto specialist lists based on claimed equivalence in accordance with the GDC guidelines

g. be available to the GDC to advise on matters pertaining to prior training and learning and equivalence for the purpose of mediated entry or accredited prior learning for the specialist lists

h. be available to the Deaneries to advise on matters pertaining to prior training and learning in relation to the duration of specialty training

i. keep a national register of those undertaking a programme of post-CCST training in preparation for eligibility to enter an ISFE where relevant to the specialty.

j. undertake arrangements, in co-operation with Postgraduate Deaneries, for the quality assurance of programmes of post-CCST training, as directed by the ABSTD and JCPTD.

k. Liaise with deaneries to ensure that trainee information is up to date

l. Be available to provide advice when requested on the development of new training programmes, changes or difficulties in existing programmes, trainees in difficulties or any other aspect of training in the specialty as requested

m. Maintain an SAC Panel from which deaneries may invite individuals to attend ARCP interviews

23. The constitutions of the SACs will be the subject of regular review to ensure that the membership of each committee is fit for purpose.

24. The Specialist Societies will continue to contribute to the provision of advice on the distinct specialties, and the further development of specialist training through the Societies’ representation on the SACs.

Roles and responsibilities of the Postgraduate Dental Deans and Directors

25. The GDC has a separate Memorandum of Understanding with the Committee of Postgraduate Deans and Directors (UK) (COPDEND).

26. Through COPDEND, the Postgraduate Dental Deans and Directors will be represented on the JCPTD. Individual Deans will have responsibility for the:

   a. approval and quality management of UK postgraduate training programmes in the dental specialties

   b. quality management of specialty training programmes, according to GDC requirements, and with external input

   c. appointment of trainers, trainees and training programme directors;

   d. conducting of assessments

   e. recommendation of the award of CCSTs to the GDC

27. Concerning self-financing and other non-NHS funded specialty training programmes aimed at the award of a CCST, the Postgraduate Deaneries will continue to explore with relevant stakeholders processes to provide support for the educational providers, with whom the trainees are contracted, in respect of appointments, programme provision, quality management and assessments to ensure commonality of standards required for the award of CCSTs.
Annex 1: Arrangements between the GDC and the partners to the Memorandum*

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

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

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

* Based on Annex D of the GDC’s Specialist Lists Review Group Report
### NTN Codes for Dental Specialties (England, Wales & Northern Ireland)

<table>
<thead>
<tr>
<th>Code</th>
<th>Specialty</th>
<th>Duration of training to CCST</th>
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</thead>
<tbody>
<tr>
<td>062</td>
<td>Orthodontics</td>
<td>3 years</td>
</tr>
<tr>
<td>063</td>
<td>Restorative Dentistry</td>
<td>5 years</td>
</tr>
<tr>
<td>064</td>
<td>Paediatric Dentistry</td>
<td>3 years</td>
</tr>
<tr>
<td>066</td>
<td>Oral Surgery</td>
<td>3 years</td>
</tr>
<tr>
<td>067</td>
<td>Endodontics</td>
<td>3 years</td>
</tr>
<tr>
<td>068</td>
<td>Periodontics</td>
<td>3 years</td>
</tr>
<tr>
<td>069</td>
<td>Prosthodontics</td>
<td>3 years</td>
</tr>
<tr>
<td>070</td>
<td>Special Care Dentistry</td>
<td>3 years</td>
</tr>
<tr>
<td>980</td>
<td>Dental Public Health</td>
<td>4 years</td>
</tr>
<tr>
<td>048</td>
<td>Additional Dental Specialties:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral Medicine</td>
<td>5 years (or shortened training for dually qualified graduates)</td>
</tr>
<tr>
<td>046</td>
<td>Oral and Maxillofacial Pathology</td>
<td>5 years</td>
</tr>
<tr>
<td>047</td>
<td>Oral Microbiology</td>
<td>5 years</td>
</tr>
<tr>
<td>045</td>
<td>Dental and Maxillofacial Radiology</td>
<td>4 years</td>
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### NTN Codes for Dental Specialties (Scotland)

<table>
<thead>
<tr>
<th>Existing Specialty name</th>
<th>Existing Ref</th>
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<tbody>
<tr>
<td>Prosthodontics</td>
<td>DD</td>
</tr>
<tr>
<td>Oral Microbiology</td>
<td>DA</td>
</tr>
<tr>
<td>Community Dentistry (Community Dental Practice)</td>
<td>D1</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>D3</td>
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<tr>
<td>Oral Medicine</td>
<td>D4</td>
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<tr>
<td>Orthodontics</td>
<td>D5</td>
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<td>Dental and Maxillofacial Radiology</td>
<td>DB</td>
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<tr>
<td>Restorative Dentistry</td>
<td>D6</td>
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<tr>
<td>Dental Public Health (Community Dental Health - MM)</td>
<td>D7</td>
</tr>
<tr>
<td>Oral and Maxillofacial Pathology</td>
<td>D9</td>
</tr>
<tr>
<td>Paediatric Dentistry</td>
<td>D8</td>
</tr>
</tbody>
</table>

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

1. The Dental Gold Guide will be reviewed on an annual basis to ensure correction and clarification of paragraphs if necessary and to reflect policy decisions taken since the previous publication.

2. The annual reviews will be undertaken by COPDEND

3. Individual stakeholders are invited to submit requests for changes/amendments to the COPDEND secretariat* giving reasons why the changes are necessary

4. Comments regarding changes and/or amendments must be received by the secretariat in April each year.

5. The COPDEND review group will meet, consider requests and write the relevant changes, subject to testing of impact of any additions.

6. Revised Guides will be published with a list of the latest amendments

7. The COPDEND review group could be requested to consider urgent amendments on an ad hoc basis.

*COPDEND secretariat can be contacted at Gail.Fletcher@thamesvalley.hee.nhs.uk Tel: 01865 740623
## Revisions to this edition of the guide

<table>
<thead>
<tr>
<th>Para No</th>
<th>Amendment</th>
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<tbody>
<tr>
<td>Figure 1</td>
<td>Changes to dental career pathways flow chart</td>
</tr>
<tr>
<td>Section 2</td>
<td>Changes to Section 2 to explain changes to the structure and responsibilities in the delivery of education and training from 1 April 2013 under the auspices of Health Education England</td>
</tr>
<tr>
<td>6.33</td>
<td>Changes to the composition and structure of NTN numbers for trainees in post-CCST training</td>
</tr>
<tr>
<td>6.41</td>
<td>Additional bullet point clarifying expectations in relation to the time commitment to less than full-time training</td>
</tr>
<tr>
<td>6.79</td>
<td>3 months credit for OOP no longer awarded</td>
</tr>
<tr>
<td>6.84</td>
<td>Inter-deanery transfer for Orthodontic trainees may lead to extension of training time</td>
</tr>
<tr>
<td>Section 7</td>
<td>Section restructured and re-worded to clarify the roles and expectations of the deanery and the trainee in the ARCP process (including appeals)</td>
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