Foreword

These guidelines were commissioned by The Committee of Postgraduate Dental Deans and Directors UK.

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Contents

Preface i
Introduction 1
Method 3
How the Guidelines are Organised 4
Setting out the Domains 6
The Guidelines 9
References 19
Appendix I 21
Preface

The UK public and the dental profession quite rightly expect a high quality of care to be provided for dental patients. Rigorous and quality assured systems of education, training, registration and regulation for dentists and dental care professionals (DCPs) have long been in place and continue to evolve, to ensure that this happens.

The education and training of dentists and DCPs is a hugely important job that is carried out by many members of the dental and related professions. While there are many examples of excellent practice in dental education and a number of specific training courses to support dental educators in these roles, there are currently no agreed UK-wide standards, guidelines or competences that define the training, knowledge, skills and behaviours expected of dental educators.

The core business of COPDEND and its members - individual Dental Deans and Directors - is the planning, commissioning, delivery and quality management of educational programmes for dental professionals to support the dental workforce in the delivery of dental services. Deaneries and others employ or fund a considerable number of dental educators (these include dental and CPD tutors, advisers, lecturers, trainers, educational and clinical supervisors) whose roles include the commissioning and direct delivery of training and education programmes and yet there are currently no common agreed standards for these key individuals to demonstrate or aspire to. The Committee of Postgraduate Dental Deans and Directors (COPDEND) has recognised that in order to ensure proper quality assurance systems for postgraduate dental education, UK wide standards need to be developed.

COPDEND has commissioned Guidelines for Dental Educators: a framework for developing standards for educators of the dental team as the first stage in defining agreed standards for dental educators. We hope it will enable dental educators to have greater clarity about their roles and development needs and those responsible for managing and delivering postgraduate dental education to better understand what they need from their educators to deliver high quality education and training.

Helen Falcon, November 2008
Postgraduate Dental Dean, NHS Education South Central
Vice Chair, COPDEND
Introduction

This document provides a framework of guidelines for educators of post-qualification dental team members in the UK. It marks the completion of a specific piece of work commissioned by COPDEND, and developed by Dr Alison Bullock and Dr Vickie Firmstone, Centre for Research in Medical and Dental Education at the University of Birmingham in liaison with COPDEND and the project steering group.

The development of these guidelines has been informed by literature review, documentary analysis of different dental educator roles across the UK, relevant guidelines from the Postgraduate Medical Education and Training Board (PMETB) and other professional bodies, and extensive consultation with the profession. Specific attention has been given to the 2001 Hesketh et al’s Framework for Developing Excellence as a Clinical Educator, PMETB’s Generic Standards for Training (2006) and their Standards for Trainers (2008); The Faculty of General Dental Practice (UK) the Royal College of Surgeons of England’s Guidelines for Standards in the Development of Leadership and Management in the Dental Health Sector (2008); the Royal College of General Practitioners (RCGP) and the Committee of General Practice Education Directors’ (COGPED) Standards for GP Specialty Training (2008); the NHS Institute for Innovation and the Academy of Medical Royal College’s Medical Leadership Competency Framework (2008); and the Department of Health’s Job Evaluation Handbook (2004) developed in response to the Agenda for Change.

Who are the dental educators?
Dental educators are employed full or part-time, in a variety of different roles to support members of the dental team. Some have been in post for many years, have a wealth of experience; others are new to role. Such roles include, for example: dental tutors; VT advisers and trainers; DCP tutors (nurses; technicians; therapists; hygienists); providers of ‘training the trainers’ programmes; managers and leaders of dental education; training programme directors; and consultant educational supervisors and trainers.

The educator role is often only one aspect of a busy clinical post. These guidelines are about recognising good practice and helping to develop the educator role, but in focussing on this one aspect we would not wish to underplay the significance and importance of an educator’s wider responsibilities.

What is the purpose of these guidelines?
These are guidelines for dental educators working with post-qualification members of the dental team. They are not designed to impose standards for the educational environment or requirements of the trainee. They are designed to establish a framework of good practice which can be used in the employment, development and management of different dental educator roles. They could be used as the first stage in defining agreed standards.

These guidelines can be used in:

- clarifying expectations of different dental educator roles;
- informing future training for dental educators;
- appraisal and shaping plans for professional development;
- organisational planning (mapping dental educator provision);
- agreeing standards and defining competencies for different dental educator roles.
The guidelines demonstrate the diversity of dental educator roles. Clarifying expectations can help in attracting new educators. The intention is that these guidelines are sufficiently flexible to clarify expectations for the breadth of dental educator roles; this includes those involved in a direct face-to-face training with learners, those ‘training the trainers’, as well as those involved in managing dental educator teams and leading strategies for dental education and training. It is worth noting that unlike the *Job Evaluation Handbook (Agenda for Change)*, these guidelines draw attention to specific *education* elements, and can be used to add meaning to the factors and levels of the Agenda for Change job profiles as they apply to dental education posts in the NHS.

An important use of the guidelines is in the identification of development needs. Using the guidelines to inform further training can support and stimulate existing educators. We note that individuals new to a dental educator role may not yet meet all role expectations but may develop over time and with appropriate further training. In the early implementation of these guidelines, we suggest that a pragmatic approach is adopted and the framework used to set aspirations.

At an organisational level, the guidelines can inform the composition of dental educator teams, resource implications and strategic planning.
Method

The draft guidelines have been developed over a three phase process between January and November 2008.

The first phase entailed the collation of documents through literature searching and contact with organisations across the UK. These included the UK dental deaneries, medical and dental faculties of the royal colleges, professional and specialist organisations and PMETB. A first draft of the guidelines was based on the focused analysis of job descriptions, key reports, policy documents and research literature. This exercise was repeated by mapping further documents against the emerging draft guidelines. Our aim was to ensure the guidelines are relevant for dental educators working in primary or secondary care settings, and with different professional groups (including dentists and DCPs). This phase also entailed close scrutiny of standards developed by PMETB and others.

The purpose of the second phase was to gain feedback on the emerging guidelines. Detailed feedback was received at two meetings of the project steering group which led to further review and revision. This draft was taken to a meeting of COPDEUK in May 2008. Feedback was received directly from approximately 40 participants following small group discussion and by completion of individual questionnaires. Participants used the diagram in Appendix I to map job roles. To gain wider feedback, an online survey was launched on the COPDEND website for one month in May/June 2008. Considerable efforts were made to alert a wide cross section of dental and medical educators across the UK. Completed questionnaires were received from over 50 individuals.

In the third phase the draft report was issued for a two month consultation period from 1 August 2008. The Guidelines for Dental Educators were posted on the COPDEND website as well as widely distributed via email (to over 75 individuals/organisations). Fourteen individuals/organisations responded. All responses were carefully considered and revisions made. The final document was published in November 2008.

Selection of organisations was informed by Franklin and Smith (2005).
How the Guidelines are Organised

The proposed guidelines are organised into eight domains:

- educational theory and best practice;
- learning and teaching in the workplace;
- learning and teaching away from the workplace;
- assessing the learner;
- guidance for personal and professional development;
- quality assurance;
- management of education and training; and
- professionalism.

In applying this framework it is appropriate to look across all the domains to consider their relevance for any given dental educator role.

Within each domain, the guidelines are organised into four distinct zones.

**Zone 1: dental educators know**
This zone includes the knowledge components related to each domain.

**Zone 2: with the dental team as learners, dental educators do**
Zone 2 outlines the principal activities dental educators do in a direct, face-to-face educational role with learners within the dental team.

**Zone 3: with dental educators as learners, dental educators do**
Zone 3 defines activities undertaken by dental educators for the development of other dental educators. It captures the advisory, supportive, overseeing or training activities which are undertaken by some dental educators.

**Zone 4: dental educators lead**
This zone comprises the leadership endeavour related to each domain. The activities listed are strategic, and reflect the appropriate culture, infrastructure, and innovation required to define a clear direction for dental education at a regional and/or national level.

**What is the relationship between zones?**
The zones act as an organising device for the activities related to different dental education roles. Individuals may be appointed to perform activities of a certain zone in any given domain(s) and not be expected to progress through each zone over time. However, arguably zone 1 is a prerequisite for any dental educator role. We anticipate that zone 2 captures the majority of dental educator roles – these are the people who are working face-to-face with the dental team learners. Zone 3 captures the trainers of the trainers, the advisory and support activities for other dental educator colleagues and ‘overseeing’ functions. Zone 4 is about strategic leadership and development. The zones could inform the career or professional development of dental educators. Thus a dental tutor wishing to further develop their career might wish to move into training other dental educators and take on a leadership role. On the other hand we note that a leader of dental educators might be expected to have experience of the face-to-face educator role and advisory activities.
By way of summary, the guidelines include:

- 8 domains
- 4 zones
- 79 statements organised into the four zones. Zone 1 (27 statements), zone 2 (26 statements), zone 3 (10 statements), zone 4 (16 statements)

Seventy nine statements is a considerable number, but there is no expectation that any one educator role would be looking to address all of them. Indeed, these guidelines do not require engagement with either all statements within a zone or all elements within a statement. We anticipate that different roles will draw more heavily on some domains and within them, some zones more than others. The exception is zone 1 where it is expected that dental educators would be working towards knowledge and understanding of all statements within their domains of activity. We recommend a ‘core for all’ by which we mean zone 1, the knowledge and understanding that underpins the activity of zones 2, 3 and 4 within each domain. However, the level of ‘knowledge’ (zone 1) required is different for different jobs. For example, someone in a leadership role would need to have an overview ‘knowledge’ of the content of specific programmes or curricula, whereas a trainer would be expected to have a more detailed knowledge. Also, in recognition of the importance of underpinning professional values for all dental educator roles, we would argue that zone 2 of domain 8, “professionalism”, should become part of the ‘core for all’.

Statements within zones 2, 3 and 4 provide indications of the key activities at these levels. It is recognised that there are sometimes a number of elements within a statement (for example, zone 3 domain 2 advising and training and overseeing). Separation would be needed if these guidelines were developed into measurable standards or competencies and this is something that could be undertaken if this was desired by the profession or deemed useful at a local level to suit own needs and purposes. However, in doing so an increased emphasis on measurability should not be at the expense of the overall aim of supporting and developing dental educators. It was clear from the consultation process that the imposition of a rigid framework would not be welcomed by those who argued that it could stifle innovation and discourage initiative and individuality.
Setting out the Domains

In this section, we provide a brief indication of the focus within the different domains. Our purpose is to give a flavour of the detail set out on pages 8-15. You will note the interdependence of some of the domains; this is intentional. This means, for example, that a trainer supporting learners in the workplace should consider not only domain 2 (learning and teaching in the workplace) but also domain 1 (education theory and best practice), domain 4 (assessing the learning), domain 8 (professionalism) and possibly others.

1. Educational theory and best practice
This domain sets guidelines for dental educators to:

- Understand educational theory and use it to inform practice.

Suggested topics that dental educators should ‘know’ about include good practice, theory and evidence related to adult learning, curriculum design and programme planning, modes of educational delivery, and inter- and multi-professional learning. This list is not intended to be exhaustive.

It is appropriate for dental educators to have an understanding of the principles of adult learning given that the focus of their work is with adults. A working knowledge of curriculum design and planning is valuable and relevant to those in an educational role. With the expanding range of modes of educational delivery, the dental educators of today should be familiar with the variety of these, including blended approaches as appropriate. The current shift towards mandatory continuing education for all members of the dental team increases the likelihood of learning in inter- or multi-professional groups.

We see educational theory as underpinning dental educator activity, equipping dental educators with the understanding and skills to deliver effective dental education and training. Those in a leadership role promote the application of educational theory by supporting best practice and commissioning and leading research and development.

2. Learning and teaching in the workplace
This domain sets guidelines which aim to:

- Maximise opportunities for learners to acquire relevant experience in the workplace.

We use the phrase ‘workplace’ inclusively, and refer in this domain to all education undertaken in primary and secondary care settings, for example, dental practices, hospital outpatient clinics, wards, theatres, PCT salaried service clinics, patients’ homes etc. This also includes workplace tutorials.

Those employed to deliver dental education within a workplace setting face potentially the most challenging and rewarding environment in which education is delivered. To be effective, they need to manage the competing demands of the learner(s), the patients, their colleagues, and the expectations of the education programme. In their teaching and supervisory role, they should discuss, plan and review the learner’s progress, facilitating the trainee taking increased professional responsibility, and provide opportunity for them to acquire the relevant clinical experience.

Trainers of other dental educators and leaders are engaged in supporting and influencing the strategic development of learning and teaching in the workplace.
3. Learning and teaching away from the workplace
In this domain the focus of the guidelines is for dental educators to:

- Plan, prepare and deliver content to meet programme objectives outside the clinical context.

This domain recognises the wide variety of environments in which dental education takes place away from the workplace. The variety of places includes classrooms, lecture theatres, and simulation labs; different formats include electronic, at a distance and hands-on; and variation in mode of delivery is evidenced by, for example, small group activity and the lecture. Guidance within this domain reflects the importance of understanding the match between the learning environment, the content and other features (such as learner characteristics) to achieve best learner engagement.

Finding ways to facilitate learner engagement is central to the effectiveness of the educational activity and the impact on patient care. Trainers of other dental educators and leaders are engaged in supporting and influencing the strategic development of learning and teaching which takes place in settings away from the workplace.

4. Assessing the learner
This domain sets guidelines for dental educators to:

- Assess the learner against clear criteria, using appropriate tools and providing constructive feedback.

The relationship between assessment and learning is widely recognised: it can both drive and inform learning. For this reason the guidelines include the role of both summative and formative assessment. In addition, with the proliferation of assessment tools, particularly in the foundation curriculum, recognition is given to the use of appropriate assessment tools with learners.

Key to the educational use of assessment is constructive feedback, given by the dental educator so that learners progress, knowing what they need to develop further.

Trainers of other dental educators support them in their assessment roles. Leaders shape the strategic development and implementation of assessment processes and systems.

5. Guidance for personal and professional development
In this domain the focus of the guidelines is for dental educators to:

- Guide learners on personal and professional development, referring to other sources of information as appropriate.

In the context of professional requirements for initial and continuing education, the place of reflective practice is recognised. These guidelines acknowledge the role that dental educators have in providing one-to-one educational support and guidance within a wider culture that promotes personal and professional development. Educators need to be equipped with knowledge about the range of agencies, information sources, tools and techniques to help them respond to the needs of different types of learners and also to manage their own learning needs effectively. To achieve this, support is provided by other dental educators in a training, advisory or leadership role.
6. Quality assurance
This domain sets guidelines for dental educators to:

- Evaluate educational practice and provision as part of local or national quality assurance systems.

At heart, quality assurance is about maintaining high quality provision. In the case of dental education this includes the need for dental educators to participate in the evaluation of their educational work within the context of national and local QA frameworks.

In their relationship with learners, dental educators are uniquely placed to encourage the profession to evaluate their own practice with a view to the maintenance and improvement of high quality dental care. This needs to be supported by leadership in the strategic development of quality assurance systems.

7. Management of education and training
In this domain the focus of the guidelines is for dental educators to:

- Manage the development and the operational elements of dental education, with sensitivity to issues of equality, diversity and opportunity.

Good management is needed for the effective delivery of dental education and for making sure that management systems and processes are in place and followed: an obvious example is recruitment procedures. For the education system to work well, there is a place for the good planning and management of both dental education programmes and dental educators themselves. This requires knowledge of what constitutes effective management, leadership and team-work.

Activity in this domain includes the management of resources, educator input, recruitment and selection. Central to the notion of ‘good’ management is the upholding of principles of equality, diversity and opportunity and this is highlighted in the guidelines. To achieve this, dental educators can provide advice and management training. Leaders of dental educators ensure that local and national priorities are well managed.

8. Professionalism
Professionalism underpins the work of all dental educators. The guidelines in this domain highlight the GDC’s Standards for Dental Professionals and recognise the importance of patient safety and the maintenance of high quality dental care. This domain promotes diversity and equality of opportunity for learners, highlights the responsibility of dental educators as role models, and emphasises ethical conduct. Emphasis is given to dental educators’ own reflection on their strengths and weaknesses, and the adoption of a respectful, positive attitude.

This domain sets guidelines for dental educators to:

- Adopt a professional approach to their educational role modelling best practice and ensuring their own behaviour meets or exceeds professional norms and expectations.

There are strong positive arguments for having a distinct domain for professionalism: it has its own ‘know, do and lead’ elements and it sends a clear signal about the importance of professionalism in dental educational roles. It is also our recommendation that zone 2 is part of a ‘core for all’.
The Guidelines

DOMAIN 1: Educational Theory and Best Practice

Domain descriptor: understand educational theory and use it to inform practice.

Zone 1: Dental educators know

- Understand the principles of learning theories (e.g. adult learning; behaviourism; cognitivism; and socio-cultural theories of learning).
- Know about different approaches to curriculum and educational programme planning (e.g. outcomes based; competencies; objectives; process approach).
- Are familiar with the good practice related to different modes of educational delivery (e.g. lecture, small group, one-to-one, workplace based, hands-on, simulations, e-learning, and blended) and the responsibility learners have for their own learning.
- Understand the principles of inter- and multi-professional education and recognise when a differentiated approach to learning is required.

Zone 2: With the dental team as learners, dental educators do

- Use skills in critical thinking to draw on educational theory, published evidence and insights from best practice to inform educational delivery (e.g. encourage active participation, focus learning on real patient cases).

Zone 3: With dental educators as learners, dental educators do

- Advise or train other dental educators in the application of educational theory, published evidence and best practice to inform educational delivery.

Zone 4: Dental educators lead

- Promote the application of educational theory to dental education and support best practice.
- Seek to provide evidence for the improvement of dental education and training by commissioning or leading research and development into the application of educational theory and best practice.
DOMAIN 2: Learning and Teaching in the Workplace

Domain descriptor: maximise opportunities for learners to acquire relevant experience in the workplace.

Zone 1: Dental educators know

Know that high quality, safe patient care always has priority.

Know the content of the learner’s programme/curriculum, the required professional and clinical standards, and expected outcomes.

Zone 2: With the dental team as learners, dental educators do

Whilst putting the patient first, maximise opportunities to acquire relevant experience though case mix, treatments, clinical environment and contributions from the wider workplace team.

Discuss, plan and review individual learner’s developing practice using reflective tools as appropriate.

Teach and supervise learners, foster a workplace environment conducive to learning and encourage increasing professional responsibility.

Model good clinical behaviour and professional attitudes, including keeping up-to-date with clinical skills and published evidence.

Zone 3: With dental educators as learners, dental educators do

Advise, train or oversee other dental educators in the delivery of workplace-based education and training.

Zone 4: Dental educators lead

Lead the strategic development of workplace-based dental education and training through liaison with service commissioners, providers, patients and their representatives and by implementing new and improved approaches.

Constructively and sensitively challenge poor practice in the delivery of patient care arising from education and training in the workplace and work with others to improve patient and learner experience and outcomes.
DOMAIN 3: Learning and Teaching Away from the Workplace

Domain descriptor: plan, prepare and deliver content to meet programme objectives outside the clinical context (e.g. in a lecture/classroom or lab, electronically, etc).

Zone 1: Dental educators know

Know the content of the learner’s programme/curriculum, the required professional and clinical standards, and expected outcomes.

Understand ways to facilitate learner engagement (e.g. appropriate use of equipment, hand-outs, learning environment, timings, integration of audio-visual).

Understand the match between modes of delivery, content, the learner group and intended outcomes.

Zone 2: With the dental team as learners, dental educators do

Devise course/programme outlines in line with curriculum requirements to meet learners’ needs, ensuring outcomes are fit for purpose and support improvement in education, patient care and public health.

Prepare appropriate learning resources and educational materials (e.g. audio-visual aids, hand-outs, study guides).

Adopt an appropriate mode to fit the content, learner group and intended outcomes, making best use of educational materials and informed by best practice.

Ensure learners are aware of the aims, objectives, content and arrangements for courses/programmes, to enable maximum benefit and compliance with GDC CPD requirements.

Zone 3: With dental educators as learners, dental educators do

Advise, train or oversee other dental educators in planning, preparing and delivering education away from the workplace.

Zone 4: Dental educators lead

Lead the strategic development of dental education away from the workplace, implementing new approaches and sharing best practice through informal and formal communications (e.g. publications).

Promote, encourage and support the development of patient-centred learning and the appropriate use of inter-professional and multi-professional education.

Constructively and sensitively challenge poor practice in the delivery of education and training away from the workplace and work with others to improve learner experience and outcomes.
DOMAIN 4: Assessing the Learner

Domain descriptor: assess the learner against clear criteria, using appropriate tools and providing constructive feedback.

Zone 1: Dental educators know

Know the expected standards, assessment system or grading criteria.

Know about different formative and summative assessment instruments, their relationship to learning and their appropriate use (e.g. tools for identifying learning needs; workplace based assessments; assessments used outside the workplace; approaches to recording evidence).

Know the strengths and weaknesses of different assessment processes (e.g. systems of moderation, issues of reliability and validity, review and appeals processes).

Understand the principles of constructive feedback and how to use assessment results to inform future learning (including pathways for underperformers).

Zone 2: With the dental team as learners, dental educators do

Use appropriate assessment tools with learners, exchange constructive feedback, appropriately document outcomes and use assessment results to inform future learning.

Zone 3: With dental educators as learners, dental educators do

Advise, train or oversee other dental educators in assessment processes and/or how to exchange constructive feedback.

Zone 4: Dental educators lead

Lead the strategic development and implementation of assessment processes and systems, encouraging and supporting colleagues and learners to be actively engaged.
DOMAIN 5: Guidance for Personal and Professional Development

Domain descriptor: guide learners on personal and professional development, referring to other sources of information as appropriate.

Zone 1: Dental educators know

Know about current educational and professional requirements for initial and continuing registration (e.g. the GDC Lifelong Learning scheme, CPD for DCPs).

Understand the educational value of reflective practice and know about the current tools and skills required to support personal and professional development planning.

Are familiar with the range of agencies and sources of information about personal and professional development and how to access relevant information.

Know about local and national procedures related to clinical governance and poor performance.

Zone 2: With the dental team as learners, dental educators do

Provide one-to-one educational support and guidance to learners (e.g. by identifying learning needs, discussing CPD, providing informed careers advice and referring to other sources as appropriate) using a range of tools and skills (e.g. learning agreements, mentoring, personal development planning).

Comply with GDC and NHS standards and guidance in relation to clinical governance and poor performance matters, seeking and acting on appropriate advice and support (both for themselves and their learners).

Zone 3: With dental educators as learners, dental educators do

Advise, train or oversee other dental educators in how to support and guide different types of learners about personal and professional development.

Zone 4: Dental educators lead

Lead the strategic development and promote a culture of personal and professional development.

Whilst recognising that issues of patient safety are paramount, ensure that dental educators and learners are appropriately, transparently and fairly treated in matters of poor performance.
DOMA IN 6: Quality Assurance

Domain descriptor: evaluate educational practice and provision as part of local or national quality assurance systems.

Zone 1: Dental educators know

Know about course evaluation tools and understand the roles of audit, evaluation and research.

Know about local and national dental (and medical) quality assurance systems and processes (e.g. role of GDC, Deaneries and Dental Faculties of the Royal Colleges, PMETB and other professional bodies as applicable).

Are familiar with associated terminology (e.g. quality assurance, quality management, quality control, governance).

Zone 2: With the dental team as learners, dental educators do

Implement relevant local and national dental (and medical) quality assurance systems and processes.

Seek to improve on their own educational performance by reflection, feedback from peers and learners, participation in audit and/or evaluation and informed by learner progress, as appropriate.

Evaluate the educational programme (inputs, processes and outcomes) and record data for monitoring and audit purposes.

Encourage learners to participate in audit, evaluation or research.

Zone 3: With dental educators as learners, dental educators do

Advise dental educators on their performance by using appropriate evaluation tools, informed by learner progress and clinical governance requirements.

Through analysis of evaluation data, report to others, advising on areas for strategic development.

Encourage, train or oversee other dental educators in audit and/or evaluation.

Zone 4: Dental educators lead

Lead the strategic development and implementation of quality assurance systems for dental education taking account of identified needs, clinical governance requirements and quality standards, initiating action as appropriate.
DOMAIN 7: Management of Education and Training

Domain descriptor: manage the development and the operational elements of dental education with sensitivity to issues of equality, diversity and opportunity.

Zone 1: Dental educators know

- Have an overview of the context and management structure of dental education and training in the UK and locally.
- Understand what constitutes effective management, leadership and team-work.
- Are familiar with the skills needed for effective management of dental education and training (e.g. self-awareness, organisational skills, decision making, budgeting, commissioning).
- Know about current requirements and best practice for fair recruitment and selection processes for educational programmes.

Zone 2: With the dental team as learners, dental educators do

- Effectively manage resources for dental education including the development of proposals to meet curriculum requirements and the educational needs of learners, in liaison with others (e.g. providers, commissioners, medical/dental educators).
- Ensure programme organisation is sensitive to issues of equality, diversity and opportunity.
- Manage dental educator input (e.g. commissioning courses, arranging speakers, organising workplace based experience, training placements, managing budgets).
- Recruit and select learners for educational programmes, fairly and appropriately.
- Participate in local and/or national committees, organisations and discussion groups on dental education.

Zone 3: With dental educators as learners, dental educators do

- Advise, train or oversee other dental educators in the management of dental education and training (e.g. programme planning, fair recruitment).

Zone 4: Dental educators lead

- Oversee change and lead the strategic development of dental education and training taking into account local and national priorities, needs and resources, and sensitive to issues of equality, diversity and opportunity.
DOMAIN 7: Management of Education and Training (cont. d)

Fairly recruit, select, manage and lead dental educators ensuring they are properly supported in their role by workload management systems, resources, induction and professional development.

Lead the development of funding applications to support improvements in dental education and training.

Instigate or positively contribute to national and local policy development for education and training through participation in Deanery, NHS and professional committees and organisations.
DOMAIN 8: Professionalism

Domain descriptor: adopt a professional approach to their educational role, modelling best practice and ensuring their own behaviour meets or exceeds professional norms and expectations.

Zone 1: Dental educators know

Understand the relevant guidance related to ethical and professional conduct (e.g. GDC Standards for Dental Professionals).

Understand that others look to them to model good standards of professional behaviour.

Be aware of sensitive issues concerned with equity and diversity.

Zone 2: With the dental team as learners, dental educators do

Adopt a professional approach to their educational role and seek feedback to develop their own strengths and address weaknesses (e.g. through participation in personal development planning, appraisal, CPD).

Adopt a positive attitude to their educational role (e.g. are flexible, enthusiastic, motivate others, show respect for and interest in learners, promote the pursuit of high quality dental care; demonstrate commitment to the role).

Adopt an ethical approach in their educational role (e.g. are fair, non-discriminatory, show integrity, recognise their responsibilities to patients, colleagues, employers/commissioners, are aware of the boundaries of disclosure and confidentiality, appreciate diversity and equality).

Employ good communication skills and work well in teams (e.g. listen, respond appropriately, demonstrate clarity in verbal and written form, are accessible, approachable and cooperative with colleagues).

Demonstrate commitment to dental education through their own ongoing formal education, training and appropriate professional or academic qualifications.

Zone 3: With dental educators as learners, dental educators do

Advise or train other dental educators on the expected standards of professional behaviour and attitudes and how these could be achieved.

Zone 4: Dental educators lead

Lead on the development of a culture of professionalism in dental education.
References


RCGP and COGPED (27 February 2008 Version 4) *Draft Standards for GP Specialty Training*. 
Appendix I

Mapping Diagram

The diagram below can be used to map job roles against the domains. The circles are divided into eight to represent the eight domains and the domain names are indicated around the outer edge. The four circles represent the zones, with zone 1 being the inner core, though to zone 4 on the outer band. Appropriate shading of the segments will provide a visual representation of how a job role maps against the domains and zones.