

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

**The Dental Gold Guide  
June 2016**

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## **ONE: INTRODUCTION**

### **1.1 Dental specialty training in the UK**

There are over 400 specialty trainees in the 13 dental specialties recognised by the General Dental Council (GDC) in training at any one time in the UK. This guide is to help those who propose to enter training, those in training and those who quality manage and administer training, to ensure a consistent approach irrespective of where that training takes place.

The guidance in this document is applicable UK wide but there are important national variations in terminology and implementation.

Since June 2012 Health Education England (HEE) has had the responsibility in England of supporting the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

NHS Education for Scotland (NES) has responsibility for developing and delivering education and training for the healthcare workforce to enable excellence in health and care for the people of Scotland. The Northern Ireland Medical and Dental Training Agency (NIMDTA) and the Wales Deanery have similar roles.

### **1.2 Roles and responsibilities**

The GDC is the regulator for the dental profession and is responsible for setting the standards for dental specialty training, approving curricula and for the quality assurance of such training. It also assesses suitability for specialist listing (including award of Certificates of Completion of Specialist Training (CCSTs)) and manages the specialist lists.

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

Postgraduate Deans/Directors (PGDDs), working for HEE, NES, NIMDTA or the Wales Deanery, are responsible for the quality management of specialty training programmes and posts, appointment of trainees, trainers and training programme directors (TPDs), the regular review of trainees and for the recommendation of the award of CCSTs to the GDC.

Employing organisations will employ specialty trainees and issue their terms and conditions of employment. HEE, NES, NIMDTA and the Welsh Deanery do not normally employ trainees and therefore this Guide is not a guide to employment. It is a guide to training.

Training providers (the universities, NHS boards and trusts/health boards) should provide well-supervised training to ensure both patient safety and the development of the dental workforce.

### 1.3 Standards for Specialty Education

Approval of specialty training programmes and posts rests with the PGDDs working for HEE, NES, NIMDTA or the Wales Deanery, who will seek advice when necessary from the SACs and JCPTD. Specialty training programmes must conform to the GDC [Standards for the Dental Team](#) and [Standards for Specialty Education](#).

### 1.4 Essentials for specialist listing

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

- be eligible for full GDC registration
- have successfully completed an approved programme (with National Training Number (NTN)) including all entry, training and assessment criteria
- hold the agreed qualification awarded by one of the Royal Colleges

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

The GDC has approved curricula for 13 dental specialties:

Specialty	Length of training to CCST	Post-CCST training	Exit qualifications
<a href="#">Dental and Maxillofacial Radiology</a>	4 years	No	DDMFR
<a href="#">Dental Public Health</a>	4 years (or 3 years with MPH/MDPH)	No	FDS(DPH)
<a href="#">Endodontics</a>	3 years	No	MEndo/MRD
<a href="#">Oral and Maxillofacial Pathology</a>	5 years	No	FRCPATH
<a href="#">Oral Medicine</a>	5 years (or 3 years with medical degree)	No	FDS(OM)
<a href="#">Oral Microbiology</a>	5 years	No	FRCPATH
<a href="#">Oral Surgery</a>	3 years	2 years	MOralSurg FDS(OS)
<a href="#">Orthodontics</a>	3 years*	2 years*	MOrth FDS(Orth)
<a href="#">Paediatric Dentistry</a>	3 years*	2 years*	MPaedDent FDS(PaedDent)
<a href="#">Periodontics</a>	3 years	No	MPerio/MRD
<a href="#">Prosthodontics</a>	3 years	No	MPros/MRD
<a href="#">Restorative Dentistry</a>	5 years	No	FDS(RestDent)
<a href="#">Special Care Dentistry</a>	3 years	No	MSCD

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

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

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

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

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

[The Royal College of Pathologists](#)

[The Royal College of Radiologists](#)

## TWO: SETTING UP A TRAINING POST

Before setting up a new training post the following need to be considered:

- The workforce demand for the post
- The physical capacity and the educational capacity for the post
- Funding
- Appropriate approval/advice
- Quality Management and Quality Assurance

### 2.1 The workforce demand for the post

Workforce groups exist across HEE, NES, NIMDTA or Wales deanery, the aim of which is to collect data on the need for specialty training posts in the 13 dental specialties. The workforce data considered should inform the number of posts necessary to ensure a supply of trained specialists at both pre- and, where appropriate, post-CCST level. For new posts this is particularly important although in time evidence of need might also be required for replacement posts.

Demand will be determined by the need of the local population and advice should be sought from dental public health groups and commissioners and providers of service as appropriate.

### 2.2 Capacity for the post

The relevant curriculum approved by the GDC must be referred to in order to ensure that any training requirements particular to the specialty in question are available at the proposed site of training. This may include laboratory facilities and access to specialised equipment e.g. microscopes, Cone Beam CT facilities. Library facilities, access to IT and adequate office space are generic requirements for all dental training posts. PGDDs will also need to be assured of the adequacy of dental chair allocation, theatre allocation etc. along with a sufficient number of trained support staff.

Educational capacity i.e. supervision by appropriately trained individuals at specialist or consultant level is required and PGDDs will need to ensure that all educational and clinical supervisors have sufficient time in their job plan and the necessary resources to carry out their educational/training duties. It is a requirement that all trainees have a named educational supervisor. It is expected that all clinical and educational supervisors have the necessary qualifications and skills to train at this level. See [Chapter 5](#) and [COPDEND Standards for Dental Educators](#).

Recommended trainer: trainee ratios will vary from specialty to specialty and will depend on the type of activity being undertaken on each session. Both numbers of NTN holders and other students/trainees will need to be taken into account. The weekly timetable will need to be scrutinised and approved by PGDDs with all sessions having a named clinical supervisor. The number of hands-on clinical sessions, new patient consultant clinics, theatre sessions, admin and research etc. are prescribed in the GDC approved curricula for each specialty and the programme must comply.

Similarly, there must be sufficient patient load to ensure the required number of procedures and workplace based assessments, at the appropriate level, can be undertaken by the trainee and that the case mix is varied. If the case mix will not give



all the experience required, consideration must be given to utilisation of more than one unit to ensure the curriculum can be fulfilled.

It is a GDC standard that a dentist should work with another appropriately trained member of the dental team at all times.

### 2.3 Funding

There are three main sources of funding for dental specialty training posts recognised by HEE, NES, NIMDTA or the Wales Deanery:

- HEE, NES, NIMDTA or the Wales Deanery funded
- NHS Trust or Board/University/other provider funded
- Self-funded (trainee receives no salary for the duration of the post)

For all enquiries relating to NIHR posts (in England), please visit the [NIHR website](#).

#### **HEE, NES, NIMDTA or the Wales Deanery funded posts**

A number of posts are funded within each specialty nationally and the level of funding is dictated by the Terms and Conditions for StR training. Commissioning of new training posts will require funding to be identified for the duration of the post, including the period of grace.

#### **NHS trust or board/university/other provider funded posts**

An NHS trust/health board or university provider, in order to support dental specialty training, may fund a training post if they have a need for the service in the future. The level of funding required is dictated by Terms and Conditions for StR training. From the trainee's perspective the source of the funding will make no difference to the training they receive. The quality of training and the management of the training are irrespective of the source of funding. However, the sources of funding must be clearly identified on any database held by the PGDD.

#### **University programmes with NTN**

Some specialties, typically Periodontics, Prosthodontics and Endodontics have curricula approved by the GDC that are delivered as university based programmes. A PGDD may choose to award NTN to such trainees, subject to the PGDD quality managing the programmes and the trainees. All posts with an NTN, regardless of source of funding, must adhere to all the requirements in this guide. Trainees on these programmes will pay university fees, as do other trainees who choose to work towards a university qualification during their specialty training programme.

### 2.4 Approval of the post and programme

Approval of dental specialty training programmes and posts rests with PGDDs working for HEE, NES, NIMDTA or the Wales Deanery. It is expected that PGDDs will seek advice from the relevant SAC for new or lapsed posts.

A programme consists of a series of placements which may be in a range of training environments involving more than one provider and a number of trainees. PGDDs working for HEE, NES, NIMDTA or the Wales Deanery approve training programmes in all 13 dental specialties, but training in every specialty is not necessarily available in all areas. PGDDs delegate management of programmes to TPDs who will be from the relevant specialty.

A post refers to the placement held by a particular trainee, and a number of posts may make up a programme. Specialty training programmes and posts must conform to the [training standards set by the GDC](#). The PGDD should collate the outcomes of the training programmes and these should be available for each specialty and shared with the relevant SAC.

In advising on a programme or post, the SAC will expect the minimum standards set out in the curriculum. The timetable will need to be submitted to check compliance with the curriculum, and every session must have a named clinical supervisor who has the required skills and experience. Each trainee must have a named educational supervisor who may be responsible for a number of trainees in his/her specialty. As a rule, the educational supervisor is a specialist/consultant who can fulfil the commitments as listed in [5.3](#).

Normally all aspects of the curriculum will be delivered by the providers (trusts/health boards, universities) in a particular area on behalf of HEE, NES, NIMDTA or the Wales Deanery. In exceptional circumstances trainees may need to spend part of their training time in neighbouring regions.

## **2.5 Quality Management and Quality Assurance of dental specialty posts and programmes**

PGDDs working for HEE, NES, NIMDTA or the Wales Deanery are required to have robust quality management processes in place to manage the delivery of training and to ensure progress of trainees within the training. Patient safety needs to be the priority for all those who manage or are involved in training programmes (see [Chapter 7](#)).

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

## THREE: APPOINTING A TRAINEE

### 3.1 Recruitment

- Entry into specialty training can only be achieved through open competition
- All specialty training posts should start in September to align with dental core training
- Multiple agencies are involved in the recruitment process: PGDDs working for HEE, NES, NIMDTA or the Wales Deanery, the employer/provider, the relevant SAC and STC and, for academic appointments, the University

### 3.2 Process for recruitment

Posts should be discussed and agreed by the relevant Specialty Training Committee. For new posts, advice would normally be sought from the relevant SAC. Depending on the specialty and the type of post, recruitment will be through national processes or run locally.

### 3.3 National recruitment

National recruitment for dental specialty training is undertaken for a number of specialties. The relevant SAC has agreed to national recruitment in principle, with involvement of the specialty [Lead Dean](#). A national recruitment working group oversees the process for the particular specialty and the Medical and Dental Recruitment and Selection (MDRS) programme Dental recruitment sub-group oversees all dental recruitment.

It is for PGDDs working for HEE, NES, NIMDTA or the Wales Deanery to decide whether to participate in the national process.

### 3.4 Local recruitment

For all other dental specialties, the process is managed by PGDDs working for HEE, NES, NIMDTA or the Wales Deanery.

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

### 3.5 Academic appointments

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

For those specialties involved in national recruitment, trainees applying for academic posts **must go through the national recruitment process as well as any local, academic selection process**. This is to ensure that they meet the benchmark for appointment as a specialty trainee. Ideally the national recruitment process should be completed after the local, academic selection.

### 3.6 Person specification

A person specification is a profile of the skills and aptitudes required of the trainee. It lists the criteria that will be used in selecting candidates. The criteria should include: qualifications and academic achievements, experience, skills and abilities, academic/research skills, teaching skills, commitment to specialty, personal skills, behaviours and attitudes and any physical requirements. National person specifications are available on the COPDEND website (insert link).

### 3.7 Essential criteria for entry to specialty training

A mandatory requirement **of the GDC** for entry to specialty training is that candidates must be able to demonstrate the competences required at the end of dental foundation/vocational training either by successfully completing that training or by demonstrating that they have gained those competences through an equivalence process.

Trainees must also be on the GDC register at the time of taking up the training post. This could include temporary registration. However, trainees must have full GDC registration to be awarded a CCST (see box below).

#### Temporary Registration

Temporary registration allows dentists who are not eligible for full registration to practise dentistry in the UK if they have had the offer of a supervised post for training, teaching, or research purposes only, for a limited period.

An overseas qualified dentist can apply for temporary registration in specific approved posts if they hold a dental qualification from a university which is recognised by NARIC UK (the UK national agency for the recognition and comparison of international qualifications and skills) for the purposes of temporary registration.

Eligibility for certain training posts is dependent upon having a UK Border Agency visa. Advice should be sought from the National Advice Centre for Postgraduate Dental Education ([NACPDE](#)).

**Dentists with temporary registration can only practise under the supervision of a GDC registered consultant.**

Temporary registration is granted for approved posts in NHS hospitals, dental schools and other approved institutions. It is not currently granted for work in general or private practice, or in the **community/public dental services**.

Temporary registration directions are granted for a minimum of 180 days and a maximum of 365 days at a time. Temporary registration may be renewed, by means of applying, for **up to a maximum of 1826 days (5 years)**.

### 3.8 Job description

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

### 3.9 Recruitment panel

As a minimum, interview panels should normally include:

*In England, Wales and Northern Ireland:*

- PGDD or nominated deputy
- A lay representative (may be chair)
- College adviser or nominated deputy at the suggestion of the SAC, often the SAC external representative
- A university representative or nominated deputy (where appropriate eg. lecturer, ACF and ACL posts)
- TPD (who may be Chair of STC)
- Consultant representation from the training programmes
- Trust/Health board representative

*In Scotland\*:*

- A lay chair
- External assessor appointed by the Academy of Medical Royal Colleges and Faculties in Scotland
- PGDD or nominated deputy
- A university representative
- TPD 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 PGDD should be consulted and will be responsible for arranging this where necessary. A proper balance of membership should be carefully preserved.

### 3.10 Advert

Specialty training posts must be advertised nationally in a minimum of three places:

- Oriel (mandatory for England) or NES, NIMDTA or the Wales Deanery websites
- [NHS Jobs](#) or [SHOW](#) (Scotland's Health on the Web)
- Job Centre Plus

Before the advert is placed, the following should normally be in place/agreed:

- Date of interview
- Start date
- Confirmation of PGDD approval
- Person specification
- Job description
- Panel

### 3.11 Selection Process

The selection process must be demonstrably fair to all candidates.

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

All appointment processes must conform to employment law and best practice in selection and recruitment.

The following need to be agreed in advance of the advertisement of the post(s):

- Application form. This should reflect the skills and aptitudes listed in the person specification
- Long listing process. This is normally carried out by the Human Resources team, based on the essential criteria for the post.
- Short listing process. The need for this stage depends on the:
  - capacity to interview
  - number of posts
  - number of applicants
- Consideration should be given as to whether the shortlist score is carried forward to interview process

#### **Selection process format**

The format of the selection process will vary depending on specialty. As well as an interview, it may include a practical skills test, portfolio station, presentation or be in an OSCE (objective structured clinical examination) format and include a number of stations. How each component of the selection process is used in the final ranking should be discussed and agreed in advance.

#### **Panel calibration**

All panel members must have completed appropriate Equality and Diversity training within the past three years. Ideally panel members should be calibrated in advance of the selection process.

#### **Interviews and OSCE stations**

Questions and ideal responses (with positive and negative indicators) should be agreed in advance and should test the appropriate areas of the person specification. All candidates should be asked the questions testing the same competences. Score sheets should be developed with clear scoring system. Care should be taken with the security of the questions.

**Ranking candidates**

At the end of the recruitment process, the candidates should be ranked. In addition, decisions should be made as to whether any candidates are un-appointable, and the reasons why. The panel chair should ensure that there is agreed feedback available for candidates should they request it.

**Academic benchmarking**

The recruitment process should also apply to candidates seeking benchmarking for academic appointments (e.g. Academic Clinical Fellows, Clinical Lecturers, and Research Fellows). The requirements of this Dental Gold Guide must be adhered to for the award of an NTN to academic appointees.

**Preferencing**

If there are multiple posts available then candidates should be asked to list posts in order of preference. Allocation to a specific post depends on ranking and preference.

**Offering post and acceptance**

Once the posts(s) have been offered and accepted, information must be transferred to the employing organisation to allow pre-employment checks to be carried out.

## **FOUR: BEFORE TRAINING COMMENCES**

### **4.1. Handover – from recruitment to employment**

An allocation offer for a placement on a training programme following the recruitment and selection process is not an offer of employment. HEE, NES, NIMDTA or the Wales Deanery does not normally employ trainees. The offer of employment can only be made by an employing organisation.

Once an allocation offer has been made by PGDDs on behalf of HEE, NES, NIMDTA or the Wales Deanery and the applicant has accepted, the following process is followed:

- The employing organisation to which the applicant has been provisionally allocated should be informed of the applicant's details by PGDDs working for HEE, NES, NIMDTA or the Wales Deanery within 12 weeks of the start date.
- The training start date confirmation is the responsibility of the PGDDs working for HEE, NES, NIMDTA or the Wales Deanery and must be communicated to the employing organisation once confirmed. The TPD and educational supervisor should also be made aware of the start date.
- The employing organisation will contact the applicant to confirm the pre-employment process and requirements e.g. Disclosure, occupational health clearance and GDC fitness to practise.
- Employers will require two recent references from previous employers and clinical supervisors. These are supplied by the recruiting HEE office/deanery if available. If an applicant has not supplied a reference it then becomes the responsibility of the employing organisation to address this issue.
- The employing organisation's offer of employment will be subject to it carrying out satisfactory pre-employment checks and receiving satisfactory references.
- The issuing of the contract of employment is the responsibility of the employing organisation(s). Some training programmes involve more than one employer so trainees may have more than one contract of employment. Alternatively, one of the placements will act as the employer and be responsible for payroll with the other placement being cross charged for the service element of the training, within the second placement.

If an applicant is selected and offered a placement on a training programme by HEE, NES, NIMDTA or Wales Deanery, these offers are subject to satisfactory pre-employment checks and the employing organisation ultimately has the right to refuse employment, but it must have valid reasons. If the employing organisation is unwilling to offer employment, and no other placement is feasible within the relevant training authority (the locality within HEE, or NES, NIMDTA or Wales Deanery) then the offer of a training programme to the applicant is likely to be withdrawn.

### **4.2. Educational Agreement**

The Educational Agreement between the Provider of specialty training and PGDDs working for HEE, NES, NIMDTA or the Wales Deanery can be in the form of Learning and Development Agreement (LDA) or a Service Level Agreement (SLA). The LDA/SLA will be generic to the Provider rather than specific to dentistry, but it will set



out the number of training posts commissioned with that Provider, the standards required to be delivered and the monitoring arrangements of the contract/agreement.

#### 4.3. Registering with the PGDD and enrolment with the SAC

On confirmation of appointment the trainee should register with the PGDD using Registration Form "Form R" ([Appendix 1](#)). This form is obtained from and should be returned to the PGDD within one month of appointment. This will:

- Initiate the issuing of an NTN
- Ensure the trainee is registered on HEE, NES, NIMDTA or the Wales Deanery database
- Initiate the Annual Review of Competence Progression (ARCP) system through which trainee progress is monitored
- Allow the PGDD to inform the relevant SAC
- Enable the PGDD to inform the trainee's employer of the trainee's starter information and the NTN
- Record the date of entry into the programme and likely CCST date

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](#)). This should be signed by the trainee and this form and a copy of Form R is sent to the relevant SAC. The SAC in turn will contact the trainee for further information.

#### 4.4 National Training Numbers (NTNs)

NTNs can only be awarded by a PGDD to trainees on a recognised training programme that is quality managed by PGDDs working for HEE, NES, NIMDTA or the Wales Deanery. NTNs are only awarded if the trainee has competed, in open competition, for a place on a specialty training programme.

All programmes leading to CCST are quality managed by PGDDs working for HEE, NES, NIMDTA or the Wales Deanery and must have as their end point the award of a CCST. In the case of post-CCST training (currently in Orthodontics and Paediatric Dentistry) sign off by the PGDD must be obtained.

The allocation of a NTN has two main purposes:

- **Educational planning and management**  
To enable the PGDDs to keep track of the location and progress of trainees who have been selected into specialty training programmes
- **Workforce information**  
To document within each country and within each specialty, how many trainees are in each specialty training programme and to provide indicative information as to when their training is likely to be completed

Following appointment to a substantive specialty training programme and post, an NTN will be allocated by the PGDD. This includes trainees employed by Universities e.g. Lecturers, Academic Clinical Fellows and Clinical Lecturers.

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

The NTN is unique to the trainee for the period he/she is in training in that specialty. Because NTNs are specialty and location specific, the NTN will change if the trainee is subsequently appointed in open competition to a different specialty programme.

A trainee will hold an NTN until the training is completed, including the period of grace, or unless the trainee resigns, or the NTN is removed ([see Chapter 5](#)).

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

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

Each NTN is an alphanumeric code. It contains four elements:

1. Three letters which identify the Deanery/Region/LETB, e.g. EOS: East of Scotland
2. Three digits for the specialty (see table below)
3. Three digits to identify the individual holder e.g. 004
4. A single letter suffix which enable identification of the following:

**C:** for trainees who will apply to enter the Specialist Register through holding a CCST

**A:** for trainees who hold academic training numbers

**P:** trainees on post-CCST programmes

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

#### 4.5. Arrangements for the Defence Primary Healthcare (Dental) Services

Defence Primary Healthcare (Dental) 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 Defence Medical Services. The same approved specialty curricula and assessment strategies will be followed.

Candidates for consideration for Specialty Registrar (StR) status will be selected by the Defence Medical Services 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 another PGDD to identify a suitable training position that has capacity and does not impinge on NHS training requirements. When identified, a selection board will be convened that will include the host PGDD or representative, programme directors and relevant SAC if required. Service candidates will not be in competition with civilians for NHS funded appointments but are required to meet the person specification for entry into specialty training in the relevant specialty.

Successful candidates for specialty training will be selected as required by the Defence Medical Services. Those appointed as StR will be awarded a Defence Postgraduate Medical Deanery (DPMD) NTN by the Defence Postgraduate Dental Dean (the prefix of which is 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 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 ([see 5.15](#)) subject to availability of vacancies within appropriate training programmes in civilian deaneries. However, they will still be required to relinquish their DPMD NTN and secure a civilian NTN instead. The Defence Medical Service StRs will occupy posts and programmes approved by the PGDD. 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.

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 Defence Medical Service consultant will be presented to an Armed Services Consultant Approval Board for confirmation of NHS equivalence and suitability for consultant status.

#### **4.6. Performer/NHS List Number**

Some current StR posts, and an increasing number in the future, will require trainees to have a Performer/NHS List Number. This allows trainees to work in a primary care setting of the NHS. An application by the trainee to the appropriate organisation will be necessary to confirm their Performer/NHS List Number. Without acceptance onto such a list, trainees will not be permitted to train and work in a primary dental care setting. Full GDC Registration is one of the requirements of holding a Performer/NHS List Number.

## **FIVE: IN TRAINING**

### **5.1. Structure of training**

#### **Roles and responsibilities in training**

General Dental Council (GDC):

- Approval of specialty curricula
- Holding and approving entry onto specialist lists (including award of CCST)
- Quality assurance of specialty training

Joint Committee for Postgraduate Training in Dentistry (JCPTD):

- Development of curricula
- Making recommendations to the GDC on specialty training
- Devising assessments and examinations

PGDDs:

- Quality management of specialty training
- Appointment of trainees, TPDs and STC Chairs
- Recommendation of the award of CCSTs to the GDC
- Allocation and management of NTN

Training Providers:

- Well-supervised training to ensure both patient safety and the development of the dental workforce

Trainers (includes clinical supervisors, educational supervisors and TPDs):

- Teaching and supervising trainees
- Trained in equality and diversity and in appraisal and assessment of trainees
- Should have explicit and sufficient time in job plans for supervision of trainees (in the region of 0.125 - 0.25 SPA)

### **5.2. Clinical supervisors**

Each trainee should have a named clinical supervisor for each clinical session. 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. All clinical supervisors should:

- normally be on a relevant specialist list
- understand their responsibilities for patient safety
- be fully trained in the specific area of clinical care
- offer a level of supervision and support necessary to the competences and experience of the trainee and tailored for the individual trainee
- ensure that no trainee is required to assume responsibility for or perform clinical, operative or other techniques in which they have insufficient experience and expertise

- ensure that trainees only perform tasks without direct supervision when the supervisor is satisfied that they are competent so to do; both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care
- teach, provide feedback and undertake competence assessments, such as workplace-based assessments/supervised learning events
- have up-to-date equality and diversity training

### **5.3. Educational supervisors**

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. An educational supervisor may be responsible for a number of trainees, but normally no more than four.

Where possible, it is desirable for trainees to have the same educational supervisor for the whole of their training programme or for stages of training (e.g. the early years or more advanced years of training).

Educational supervisors should:

- be adequately prepared for the role and have an understanding of educational theory and practical educational techniques
- be trained to offer educational supervision and undertake appraisal and feedback
- undertake training in competence assessment for specialty training
- be trained in equality and diversity
- provide regular appraisal opportunities (normally two per annum)
- develop a learning agreement and educational objectives with the trainee which is mutually agreed and is the point of reference for future appraisal
- be responsible for ensuring that trainees maintain and develop their specialty learning portfolio and participate in the specialty assessment process
- provide regular feedback to trainees on their progress
- ensure that reports are completed within the necessary timescales
- contact the employer and the PGDD should the level of performance of a trainee give rise for concern
- be able to advise the trainee about access to career management
- be responsible for their educational role to the TPD

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

The day to day management of specialty training is carried out by TPDs.

TPDs are appointed by PGDDs working for HEE, NES, NIMDTA or the Wales Deanery. In Dentistry, these posts are normally unremunerated although there may be funding to the provider. They should be specialty specific. The appointment is normally for a maximum of six years. It is the responsibility of PGDDs working for HEE, NES, NIMDTA or the Wales Deanery to inform the relevant SAC and ISCP (or other e-logbook provider) of the appointment.

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

- participate in the local arrangements developed by the PGDD to support the management of the specialty training programme
- work with Specialist Advisory Committees (SACs)
- take into account the collective needs of the trainees
- provide support for clinical and educational supervisors
- contribute to the annual assessment outcome process in the specialty
- help the PGDD manage trainees who are running into difficulties
- ensure that employers are normally notified at least three months in advance of the name and relevant details of the trainees who will be placed with them

TPDs will normally chair the Specialty Training Committee (STC); however it is up to HEE/NES/Deanery and STC to determine their preferred arrangements.

### **5.5. Specialty Training Committee**

Specialty Training Committees (STC) are normally specialty-specific advisory committees which act on behalf of the PGDD and deal with all aspects of Specialty Training.

The main functions of the STC are to:

- implement policy, standards and regulations for specialty training having regard to the requirements of the JCPTD and the relevant SAC
- facilitate training programmes
- review and monitor progress for all trainees on an individual and regular basis through the ARCP panel
- liaise with other national bodies involved in specialty training
- provide a forum for discussion on all matters relating to specialty training

#### **STC membership**

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

- PGDD or deputy
- TPDs – one of whom is normally chair
- University representative
- Trainee representative
- NHS provider representative
- Lay member

### **5.6. Annual Review of Competence Progression (ARCP)**

The ARCP is an annual review which must occur for every trainee once in each training year (as a minimum). Trainees in year one of training should have an interim ARCP at six months and an ARCP at the end of the first year of training. If progress is satisfactory, subsequent ARCPs normally take place annually.

The ARCP process is applicable to:

- all specialty trainees with an NTN, including academic appointments
- trainees who are on an OOP with PGDD's approval
- post-CCST trainees

- LATs (Scotland)

As a minimum, the ARCP panel comprises:

- PGDD or deputy
- TPD or chair of the STC or educational supervisor (from another unit than the trainee)
- External member, selected from the relevant SAC panel (SAC external representative)
- All ARCPs should have a lay representative/adviser in attendance.

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

National ARCPs are being piloted in Dental and Maxillofacial Radiology, Oral Medicine and Oral and Maxillofacial Pathology.

## 5.7. Before the ARCP

### **What trainees should do in advance:**

Trainees should evidence their progress by building their portfolios throughout the training year. Evidence presented in their portfolios should be reviewed by the educational supervisor at the beginning of each training phase, at a midpoint and finally no later than three weeks before the ARCP panel convenes.

It is trainees' responsibility to ensure that their evidence is available for the panel **no later than two weeks before the ARCP**. Trainees should also return a completed Form R ([Appendix 1](#)) at the same time.

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

- the relevant assessments
- an up to date educational supervisor's report.
- an academic supervisor's report (for trainees undertaking research/research degrees)

### **What educational supervisors should do in advance:**

- Review the evidence for the ARCP panel, including all assessments, personal development plan, curriculum completion, skills and development logs. If any evidence is lacking the ES should remind the trainee to complete it as otherwise the ARCP outcome will reflect inadequate evidence.
- Meet with the trainee and complete a structured report. It is vital that the report is as full as possible as this is a key piece of the evidence to the ARCP panel. The report should:
  - Reflect the learning agreement and agreed objectives
  - Be supported by evidence from the workplace-based assessments (WBAs)
  - Provide a summary comment regarding overall progress during training period
- Inform the TPD/PGDD in advance if a trainee is unlikely to be awarded a satisfactory outcome

**What the TPD should do in advance:**

- Look at trainees' portfolios in advance of the ARCP panel
- Identify likely problems that have not already been identified
- Contact the relevant administrator to ensure that trainees likely to need support are allocated sufficient time for the face-to-face review. (Additional time should be scheduled to speak to and support these trainees after the panel has reached its decision.)
- Alert the PGDD or deputy to any anticipated adverse ARCP outcomes

**The role of the PGDD or deputy**

The PGDD or deputy is present at Specialty ARCPs to provide guidance and to assist in quality assurance of the process. The PGDD or deputy must be present at any panel involving cases where it is possible that a trainee could have an outcome indicating unsatisfactory progression which may require an extension to training.

**The role of the lay adviser/representative**

The lay adviser will primarily review the process followed by the ARCP panel, and the conduct of the panel. The lay adviser should not be asked to judge whether the ARCP outcome awarded to the trainee is appropriate or whether the trainee has made satisfactory progress. The lay adviser may be asked on occasion to contribute a lay perspective to inform elements of the ARCP panel's activities but the role is to ensure the process is followed correctly not to give an opinion on the outcome or the trainee's progress. The lay adviser is not performing the role of panel chairperson but has responsibility to ensure that, along with all the panel members, the conduct of the review conforms to good practice.

**The role of the SAC external representative**

The SAC external representative assists in the quality assurance of the ARCP process. He or she reviews the submitted evidence from the trainee(s).

**Administrative support**

It is the role of the administrative support team to ensure that all trainees, educational supervisors, TPDs and the PGDD are aware of the timelines and timetable for the ARCP. A minimum of eight weeks' notice should be given to trainees, educational supervisors, TPDs and ARCP panel members of the ARCP date.

**5.8. At the ARCP**

The trainee should not be present during the panel review of the evidence submitted for the ARCP. The ARCP chair, with the other panel members, needs to confirm the ARCP outcome. The ARCP outcome decision is made from examination of the evidence provided. Evidence not provided by the trainee in advance of the panel convening cannot be taken into account.

The panel's role is:

- To consider and approve the evidence provided by the trainee
- To make a judgement about the trainee's suitability to progress or confirm that training has been satisfactorily completed.
- Confirm the ARCP outcome (see [5.9](#))
- Meet with the trainee



**Meeting with trainees**

Trainees for whom an adverse ARCP outcome is anticipated should be invited to meet with the ARCP panel. The PGDD may also invite trainees with anticipated satisfactory ARCP outcomes to attend. When invited, trainees must ensure that they make arrangements to attend the ARCP panel meeting as attendance is compulsory. Trainees who have had an adverse outcome will require a longer time and the reviews must be scheduled accordingly. The meeting with the trainee must only take place after the outcome has been decided by the panel, and is not a discussion and debate with the trainee about which outcome is given. At the meeting, there should not be a trainer present from the department where they are currently placed, nor their educational supervisor/TPD.

The ARCP outcome, reasons for the outcome and any actions should be recorded on ISCP or on an ARCP Outcome form ([Appendix 4](#)), as applicable.

**Outcome 1:**

The ARCP panel report should highlight areas of achievement.

**Outcomes 2 and 3:**

The ARCP panel outcome report should clearly explain exactly what improvements in performance are required, what additional evidence is needed, and by when.

**Outcome 4:**

The panel will recommend that the trainee be 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 (i.e. has previously received an outcome 3). The panel should ensure that any relevant competences achieved by the trainee are documented. All trainees leaving the programme will be required to give up their NTN, but may wish to seek further advice from the PGDD or their employer about future career options, including pursuing a non-training but service-focused career pathway.

**Outcome 5:**

Trainees given an outcome 5 are required to explain within five days of being given the decision why evidence is missing and should expect to submit the missing evidence for consideration. It is best practice to be consistent and allow all trainees in this situation the same window to submit missing material. This is normally between two and four weeks.

**Outcome 6:**

Following the satisfactory completion of training, the PGDD will notify the relevant college and, for trainees on programmes leading to a CCST, will write to the GDC recommending the award of a CCST. ([See Chapter 6](#))

**Outcome 8:**

See [5.13](#) for further information about breaks in training/out of programme.

<b>5.9. ARCP outcomes table</b>		
<b>Outcome 1</b>	<b>Achieving progress and the development of competences at the expected rate</b>	<ul style="list-style-type: none"> <li>The trainee has achieved all 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.</li> </ul>
<b>Outcome 2</b>	<b>Development of specific competences required – additional training time not required</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Where such an outcome is anticipated, the trainee should appear before the panel.</li> <li>The panel will need to 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.</li> <li>At the next annual assessment of outcome it will be essential to identify and document that these competences have been met.</li> </ul>
<b>Outcome 3</b>	<b>Inadequate progress by the trainee – additional training time required</b>	<ul style="list-style-type: none"> <li>The panel has identified that a formal additional period of training is required which will extend the duration of the training programme.</li> <li>Where such an outcome is anticipated, the trainee must attend the panel.</li> <li>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 PGDD 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 PGDD, 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.</li> </ul>

		<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Outcome 4 W (NTN withdrawn)</b>	<b>Released from training programme with or without specified competences</b>	<ul style="list-style-type: none"> <li>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.</li> <li>The panel should ensure that any relevant competences which have been achieved by the trainee are documented.</li> <li>Subject to any appeal (<a href="#">see 5.11</a>), the trainee will be required to give up his/her NTN, but may wish to seek further advice from the PGDD about future career options, including pursuing a non-training but service focused career pathway.</li> </ul>
<b>Outcome 4 VR (Voluntary resignation)</b>	<b>Trainee has voluntarily resigned from post and training programme</b>	<ul style="list-style-type: none"> <li>The panel will award this outcome where a trainee voluntarily resigns from training and their employment (eg. for personal reasons).</li> <li>The panel should ensure that any relevant competences which have been achieved by the trainee are documented.</li> <li>The trainee will be required to give up his/her NTN.</li> </ul>
<b>Outcome 5</b>	<b>Incomplete evidence presented – additional training time may be required</b>	<ul style="list-style-type: none"> <li>The panel can make no statement about progress or otherwise since the trainee has supplied either no evidence or incomplete evidence to the panel.</li> <li>If this occurs, 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 a defined time period as to why the documentation has not been made available to the panel.</li> <li>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 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.</li> <li>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.</li> </ul>

<b>Outcome 6</b>	<b>Gained all required competences; will be recommended as having completed the training programme (and for award of a CCST, as applicable)</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The PGDD will confirm with the relevant college that the trainee has satisfactorily completed training.</li> <li>• For trainees on programmes leading to a CCST, the PGDD will write to the GDC recommending the award of a CCST.</li> <li>• An Outcome 6 can only be awarded if the trainee is still in a training post.</li> </ul>
<b>Outcome 8</b>	<b>Out of programme for research, approved clinical training or a career break</b>	<ul style="list-style-type: none"> <li>• The panel should receive documentation from the trainee on the required form (<a href="#">Appendix 3</a>) indicating what they are doing during their out of programme (OOP) time.</li> <li>• If the trainee is out of programme on a PGDD approved training placement that will contribute to the competences of the trainee's programme, then evidence demonstrating the acquired competences should be made available to the panel in the usual way.</li> <li>• If the purpose of the OOP is research, the trainee must produce a research supervisor's report indicating that appropriate progress in research is being made in achievement of the higher degree.</li> <li>• If a trainee is undertaking a career break, a yearly notification should be sent to the panel, indicating that the trainee is still on a career break with their indicative intended date of return.</li> <li>• Where OOP experience is gained outside the UK, it is recognised that external quality assurance and PGDD quality management is not possible. It will be for the PGDD to decide on the value of this training and its contribution to competences, in conjunction with the relevant SAC.</li> </ul>

## 5.10. After the ARCP

The outcome of the ARCP will be made available by the PGDD to the:

- Relevant SAC
- TPD, who will inform the ES and trainee

This should be done using either the ARCP outcome form ([Appendix 4](#)) for trainees not using ISCP or the *proforma* letter ([Appendix 5](#)).

The SAC external representative is expected to submit a report on the ARCP process and the quality of training after each ARCP panel (Form A&B, [Appendix 6](#)). Feedback from the SAC external representative should be reviewed by the PGDD and any necessary actions taken. The feedback form of the SAC external representative should be forwarded to the relevant SAC.

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

### Summary of ARCP timeline

	Action	Timing
<b>Before the ARCP</b>	Date and venue communicated to ARCP panel (including lay and SAC external representatives) and trainees	6 months in advance
	Timetable sent to ARCP panel and trainees	8 weeks in advance
	ES writes trainee report(s)	3 weeks in advance
	Trainees submit ARCP documentation (ISCP/e-Portfolio/paper)	2 weeks in advance
	ARCP documentation made available to panel	2 weeks in advance
<b>At the ARCP</b>	SAC external and lay representatives to discuss process	On day
<b>After the ARCP</b>	ARCP outcomes communicated to TPDs	Within 1 week
	SAC sent ARCP outcomes, copies of Form Rs, informed of CCST date changes and out of programme agreements	Within 1 month
	Form A&B completed by SAC external representative and returned to PGDD for any action and forwarded to SAC	Within 1 month

### Planning the next phase of training

After receiving formal notification of their ARCP outcome trainees should meet with their educational supervisor to plan the next phase of training. Good quality written information provided to the trainee by the ARCP panel, for example in the panel outcome report, is essential to this process. TPDs should be involved in the planning of supportive and/or remedial training for trainees receiving outcomes 2 and 3.

## 5.11. Reviews and appeals against a decision

Trainees will attend the ARCP meeting in person if an adverse outcome is anticipated. In these cases, mitigating circumstances can be considered by the panel, in which situation a separate **review** will be unnecessary. A review of the panel's decision will only be necessary if there has not been an opportunity to consider mitigating circumstances and in this case a request to the panel must be made within ten working days.

An **appeal** is the second stage of the process, and is required when the review upholds the original decision and the trainee remains dissatisfied. Trainees given outcome 2 cannot appeal, whereas those with outcomes 3 or 4 can.

Appeal requests should be made in writing to the PGDD within ten working days of the trainee being notified of the ARCP outcome or review decision, whichever is the later. The request must specifically state the grounds for appeal.

If accepted, the appeal is undertaken by a **different** group of educators to those on the original panel, and any subsequent review. The PGDD will convene an appeal panel to consider the evidence and to form a judgement. It should consider evidence from both the trainee and from those who are closely involved with their training such as the ES or TPD. Where the trainee has agreed to this, written-only evidence is acceptable. Should the trainee wish to submit additional documentary evidence for the panel to consider as part of the appeal, this must be received at least five working days before the appeal hearing.

An appeal panel should be composed of:

- a postgraduate Dean or an Associate Dean
- a senior clinician from the specialty with training experience
- a senior clinician from a different specialty with training experience
- a lay adviser/representative

HEE, NES, NIMDTA or the Wales Deanery will also appoint a suitably qualified adviser to support the chair and advise on process.

Trainees may bring additional representation, such as a friend, colleague, or a representative from a professional body. It is not usual for a family member or legal representative to be present at appeals. If the trainee wishes to bring a legal representative, this will be at the discretion of the panel chair and requests must be made five working days in advance of the appeal hearing. Trainees will be notified in writing of the panel's decision with reasons within five working days where possible of the appeal hearing. The decision of the appeal panel is final and there is no further right of appeal.

Outcome documentation from the original ARCP panel should not be signed off by PGDDs and no further action should be taken until all review or appeal procedures have been completed. Only at this stage should the PGDD sign off the ARCP Panel's outcome.

It may be that the outcome of an appeal is to alter an earlier decision 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.

The ARCP appeal panel should not impose an increased sanction on the trainee, whereby an ARCP outcome 3 may be changed to an outcome 4. In such circumstances where new information has come to light that may inform such a decision, these issues will be brought to the attention of the PGDD.

In appeals relating to outcomes 3 and 4 the employer should be kept informed of progress at each step in the appeal process.

When an Outcome 4 recommendation is upheld by the appeal panel, or it upholds the decision to withdraw the NTN, the PGDD will be notified and will write to the trainee to confirm the decision and the withdrawal of the NTN. This will be done either ten working days after the original recommendation is made if no appeal is made, or at the completion of the appeal process, whichever is later. The effective date for the cessation of the training programme is the date of the letter confirming the decision by the PGDD. This will also be the date of removal of the NTN.

## **5.12. Examinations**

The GDC approved curricula include a relevant examination as part of the satisfactory completion of the programme of training. Only if the continuous assessment process (the ARCP) and the summative assessment which includes the relevant examination have been completed satisfactorily will the PGDD complete and sign a Recommendation Form ([Appendix 7](#)) which recommends to the GDC the issuing of a CCST and placement on the relevant specialist list.

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

- A trainee is only allowed to be signed up to sit the relevant examination by their PGDD. This may be granted on behalf of the PGDD by the relevant TPD/STC Chair
- Trainees can only be signed up to the examination if they have completed the prescribed minimum period of training
- A trainee must have an NTN and be on a recognised training programme quality managed by PGDDs working for HEE, NES, NIMDTA or the Wales Deanery. The trainee must be within programme, or if out of programme (OOP), they must be undergoing ARCPs
- For periods of post-CCST training the trainee must be within a recognised training programme, undergoing ARCP in order to be signed up to sit the ISFE

## **5.13. Breaks in training/Out of programme (OOP)**

Trainees may be out of the specialty training programme to which they were appointed for the following reasons:

- Acting up as Consultant/Specialist
- Locum appointments
- Career break/Special leave (OOPC)
- Experience (OOPE)
- Maternity/Paternity/Adoption leave
- Research (OOPR)
- Sick leave
- Suspension

If a trainee is unlikely to be able to undertake any training whatever for a continuous period of more than two years, the PGDD should review the maintenance of the NTN and consider whether it should be withdrawn.

### **Impact on CCST date**

Absence from training, other than for study or annual leave, may have an impact on a trainee's ability to demonstrate competence and the satisfactory completion of the curriculum and assessment system to enable them to be recommended for award of a CCST.

Within each 12 month period where a trainee has been absent for a total of 14 days or more (when a trainee would normally be at work), this will trigger a review of whether the trainee needs to have their CCST date extended. The absence includes all forms of absence such as sickness, maternity, compassionate paid/unpaid leave etc. other than study or annual leave or prospectively approved leave involving clinical experience or research.

Owing to the longitudinal nature of orthodontic treatment, breaks in training of more than two months will inevitably lead to another clinician taking over patients' treatment for the duration of the trainee's absence. Such breaks in training can occur for a variety of reasons, including ill health, maternity or paternity leave or compassionate leave, or a combination of these reasons including annual leave. It is a requirement of the Dental Faculties of the relevant Royal Colleges that trainees must have a "substantial amount of direct involvement in the treatment of the patient" and that trainees are able to demonstrate that they have learned about all phases of a patient's individual treatment for a case to be submitted for the specialty membership examination. It is therefore important that trainees have a significant period of continuous training to enable them to comply with the requirement of the specialty membership examination. **This period will normally be more than 18 months without a break in training of more than two months.**

Trainees wishing to take time out of programme for acting up, locum appointments, career break/special leave, experience or research must get permission from the PGDD. ([Appendix 3: OOP form](#))

### **Acting up as Consultant/Specialist**

Trainees may act up as a consultant/specialist with the PGDD's and employer's approval within six months of their CCST date provided they have passed the relevant examination, have satisfactorily completed training to date and are deemed by the ES to be competent to undertake the role.

Trainees can credit time towards training as acting up if this has been prospectively approved by the PGDD. Trainees acting up as consultants or specialists will need to have appropriate supervision in place and continue to have an educational supervisor. Trainees can act up for individual sessions or longer periods of time (until end of training). Such appointments do **not** affect the CCST date or grace period. CCST holders in Orthodontics and Paediatric Dentistry must have completed 18 months (pro-rata) in a post-CCST appointment before acting-up.

### **Locum appointments**

Trainees may accept a locum consultant/specialist appointment within six months of their CCST date provided they have passed the relevant examination and have satisfactorily completed training to date.

Such appointments are NOT counted towards training but the NTN is retained for the length of the locum appointment. 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. CCST holders in Orthodontics and Paediatric



Dentistry must have completed 18 months (pro-rata) in a post-CCST appointment before accepting a locum appointment.

### **Experience (OOPE)**

If the trainee is out of programme on a training placement (approved by the PGDD), that will contribute to the competences of their programme, then evidence demonstrating the acquired competences should be made available to the ARCP panel in the usual way.

Where an OOP experience is gained outside the UK, it is recognised that external quality assurance and PGDD quality management is not possible. It will be for PGDD to decide on the value of this training and its contribution to competences as detailed in the approved specialty curriculum, in conjunction with the relevant SAC.

### **Research (OOPR)**

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

Trainees will retain their NTN for the agreed time period and keep in touch annually with the ARCP panel by producing a research supervisor's report indicating that appropriate progress in research is being made in achievement of the higher degree which should be submitted to the PGDD two weeks in advance of the panel meeting.

### **Career break/Special leave (OOPC)**

Trainees may step out of training for a designated and agreed period of time to pursue other interests e.g. domestic responsibilities, work in industry, developing talents in other areas. There may be circumstances when a career break is appropriate to deal with a period of ill-health, secure in the knowledge that they can re-join the training programme once well enough to continue.

Ill-health needs to be managed in conjunction with the employer's sickness policy, and this could include taking a career break. The CCST date will require to be adjusted. If a trainee is undertaking a career break, annual notification should be sent to the PGDD two weeks in advance of the ARCP panel, indicating that the trainee is still on a career break and including the indicative intended date of return.

### **Sick leave**

Within each 12 month period where a trainee has been absent for a total of 14 days or more (when a trainee would normally be at work), this will trigger a review of whether the trainee needs to have their CCST date extended. The absence includes sickness.

All trainees who are unable to train and work on health grounds should be managed under employer Occupational Health arrangements and are eligible through their employer for statutory sickness absence and pay, which is dependent on their length of service. PGDDs will review any health matters, including Occupational Health advice, with trainees to ensure appropriate decisions are made regarding training.

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

There are good educational and training reasons why an overall, consecutive period out of training should be no longer than two years. Any further time of training beyond an overall two-year period may only be granted in exceptional circumstances with the agreement of the PGDD.

### **Maternity, Paternity and Adoption leave**

Trainees must ensure that the PGDD's office and employer are aware of the dates of leave. The CCST date will require to be reviewed and changed as necessary. No ARCPs should be scheduled during this period of leave. Trainees on maternity or paternity leave may defer the start of training.

### **Return to training process**

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

### **Suspension**

The PGDD should be made aware of any disciplinary action against a trainee at the earliest possible stage and act on the information accordingly. [See 6.2.](#)

## **5.14. Less than full-time (LTFT) training applications**

HEE, NES, NIMDTA and the Wales Deanery have a strong commitment to helping all dentists in training reach their full potential and to ensuring all trainees have an appropriate work-life balance.

**All** trainees can apply for LTFT training at application or during training. Trainees will normally be required to undertake no less than 50% of full-time training. In exceptional individual circumstances which are agreed by the PGDD in advance, trainees may be allowed to undertake training at less than 50% of full time. These circumstances should be considered by the PGDD. Training at less than 50% of full time should be for a maximum of 12 months and should be subject to regular review to ensure appropriate career progression during the time. No trainee should undertake training at less than 20% of full time.

### **Eligibility for less than full-time training**

Employment legislation setting out the statutory right to request flexible working sets the minimum standards with which an employer must comply. The legislation does not set a priority order around reasons for requesting flexible working. The Dental Gold Guide should be considered as providing separate rights to this legislation, in the context of requesting to undertake LTFT in a training programme. This reflects the tripartite nature of current practice of supporting LTFT between the trainee, HEE, NES, NIMDTA or Wales Deanery and the employer/Host Training Organisation.

The only requirement to be permitted to train less than full time is a well-founded individual reason. In practice, COPDEND has agreed the following categories which serve as guidelines for prioritising requests for less than full-time training. Category 1 applications take priority.

### Category 1

- Disability
- Ill health
- Responsibility for caring for children
- Responsibility for caring for ill/disabled partner, relative or other dependant

### Category 2

- 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
- Development such as management courses, law courses etc.

Other well-founded reasons may be considered but will be prioritised by the PGDD and will be dependent on the capacity of the programme and available resources.

LTFT Trainees will:

- reflect the same balance of work as their full-time colleagues
- normally move between posts within rotations on the same basis as a full-time trainee

Trainees in LTFT training are not precluded from undertaking other work although they should ensure that in undertaking this work that it does not impact negatively on their training.

Chronological Training Time Calculation for LTFT Training										
Clinical Training Months	% LTFT Training									
	100	90	80	70	60	50	40	30	20	10
1	1	1.11	1.25	1.43	1.67	2.00	2.50	3.33	5.00	10
2	2	2.22	2.50	2.86	3.33	4.00	5.00	6.67	10.00	20
3	3	3.33	3.75	4.29	5.00	6.00	7.50	10.00	15.00	30
4	4	4.44	5.00	5.71	6.67	8.00	10.00	13.33	20.00	40
5	5	5.56	6.25	7.14	8.33	10.00	12.50	16.67	25.00	50
6	6	6.67	7.50	8.57	10.00	12.00	15.00	20.00	30.00	60
7	7	7.78	8.75	10.00	11.67	14.00	17.50	23.33	35.00	70
8	8	8.89	10.00	11.43	13.33	16.00	20.00	26.67	40.00	80
9	9	10.00	11.25	12.86	15.00	18.00	22.50	30.00	45.00	90
10	10	11.11	12.50	14.29	16.67	20.00	25.00	33.33	50.00	100
11	11	12.22	13.75	15.71	18.33	22.00	27.50	36.67	55.00	110
12	12	13.33	15.00	17.14	20.00	24.00	30.00	40.00	60.00	120
13	13	14.44	16.25	18.57	21.67	26.00	32.50	43.33	65.00	130
14	14	15.56	17.50	20.00	23.33	28.00	35.00	46.67	70.00	140
15	15	16.67	18.75	21.43	25.00	30.00	37.50	50.00	75.00	150
18	18	20.00	22.50	25.71	30.00	36.00	45.00	60.00	90.00	180
24	24	26.67	30.00	34.29	40.00	48.00	60.00	80.00	120.00	240
30	30	33.33	37.50	42.86	50.00	60.00	75.00	100.00	150.00	300
36	36	40.00	45.00	51.43	60.00	72.00	90.00	120.00	180.00	360
48	48	53.33	60.00	68.57	80.00	96.00	120.00	160.00	240.00	480
60	60	66.67	75.00	85.71	100.00	120.00	150.00	200.00	300.00	600

### **5.15 Movement between HEE local offices, NES, NIMDTA and Wales Deanery (inter-deanery transfers)**

Requests for an inter-deanery transfer (IDT) 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.

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 both of the PGDDs involved. It is important that trainees give at least three months' notice in writing to their current PGDD that they are seeking a transfer ([Appendix 8](#)).

The transfer itself would not be considered appropriate, unless in very exceptional circumstances, until after 12 months in the appointed post have elapsed. Trainees requesting transfer must meet one or more of the criteria for transfer e.g. significant life event, caring responsibilities, committed relationship.

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.

Inter-Deanery Transfers are *not* appropriate for:

- educational or training reasons
- secondment to a different deanery
- rotation between Deaneries as part of a planned training programme
- undertaking research in a different deanery

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 Universities: Lecturers holding an honorary NHS StR post**

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**

Where a trainee is refused an inter-deanery transfer, the trainee may lodge an appeal with their host PGDD. The trainee will have 28 days from the date of notification in which to state, in writing, their reasons for appeal. Only the process, not the outcome may be appealed.

### **5.16 Managing serious concerns over professional competence and conduct**

It is expected that employing organisations will inform the PGDD if a trainee is involved in a Serious Incident. The PGDD and the employing organisation must work together to identify the most effective means of supporting the trainee, whilst ensuring that patient safety is maintained. Where appropriate, an action plan should be developed, documented and carried out. This process should involve the educational supervisor and TPD. There may also be a need for early involvement of services

such as the Professional Support Unit provision in HEE, NES, NIMDTA and Wales Deanery or the National Clinical Assessment Service (NCAS) to provide advice about how best to support the process.

It is the employing organisation's responsibility to take any necessary disciplinary action in relation to a trainee it employs. The PGDD must not be involved as a member of a disciplinary or appeal panel in any disciplinary procedure taken by an employing organisation against a trainee, but may provide evidence to the panel.

If the employing organisation terminates the employment of a trainee owing to issues of behaviour, conduct and/or competence, the PGDD will withdraw the NTN from the trainee. An ARCP outcome will not be awarded in such circumstances.

## SIX: END OF TRAINING

### 6.1. CCST date and specialist lists

At the start of training, at enrolment with PGDDs working for HEE, NES, NIMDTA or the Wales Deanery, the trainee has a date set for the anticipated end of training, and the award of CCST date. This will reflect the length of training set out in the GDC approved curricula. Length of training to CCST in the dental specialties is as table in [Chapter 1](#).

The CCST date will only change in the following circumstances:

- Break in training of over two weeks ([see 5.13](#))
- The issuing of an ARCP Outcome 3

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

### 6.2. ARCP Outcomes which are relevant to trainees at the end of training

There are three possible ARCP options at the end of training:

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

#### **Outcome 4 W (NTN withdrawn):**

##### **Trainee 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. In the majority of cases this will be following additional training time (Outcome 3). Trainees will be allowed up to a maximum of 12 months additional training time added to their CCST date. With the permission of the PGDD and in exceptional circumstances, training might be extended further.

The panel should ensure that any relevant competences which have been achieved by the trainee are documented. Subject to any appeal (see 5.11), the trainee will be required to give up his/her NTN and this will need to be recorded in writing. Once the NTN has been rescinded, the PGDD will notify the relevant SAC.

#### **Outcome 4 VR (Voluntary resignation):**

##### **Trainee has voluntarily resigned from post and training programme**

A trainee might, under exceptional circumstances, voluntarily resign from training. This may be for personal reasons. In this case the trainee will also need to resign from their employment. When a trainee resigns from training he/she will be issued with an Outcome 4 but the suffix must be used to differentiate between the two outcomes.

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 his/her NTN and this will need to be recorded in writing. Once the NTN has been rescinded, the PGDD will notify the relevant SAC.

#### **Outcome 6 Recommendation for completion of training:**

**Gained all required competences; will be recommended as having completed the training programme and for award of a CCST by the GDC, as applicable.**

The panel will need to consider the overall progress of the trainee and ensure that all the competences of the curriculum have been achieved. This includes satisfactory continuous assessment, ARCP, as well as passing the final college examination as required by the curriculum. If both have been assessed as satisfactory, trainees in programmes leading to a CCST will be recommended to the GDC as having completed the training programme and recommended for the award of CCST.

**A trainee may also have his/her NTN withdrawn by the PGDD in the following circumstances:**

- When the trainee does not comply with the conditions of taking up a specialty training post (see [Appendix 2](#))
- Where the trainee does not hold a GDC registration or where the trainee is erased or suspended (for any period of time) from the Dental Register or where conditions are applied where such measures are incompatible with continuing in a dental specialty training programme ([Appendix 2](#))
- Where the trainee is dismissed by an employer ([see 5.17](#)).

In such circumstances the PGDD will write to the trainee to inform him/her of the decision and outlining the reasons for the decision. The letter will also set out the appeal process.

Provided there are no outstanding fitness to practise issues, it is open to those who have had their training number withdrawn or have given them up voluntarily to reapply to specialty training at a later date. In order to re-apply for training in the same specialty, where a trainee has previously been removed or resigned, they must have the support of the PGDD in the locality of HEE, NES, NIMDTA or Wales Deanery where training in this specialty was **previously** undertaken. Applications will only be considered if a trainee provides a letter of support from this PGDD. Re-entry in such cases will be by competitive process with other applicants.

### **6.3. Role of the General Dental Council as Regulator**

The GDC is responsible for awarding CCSTs on the recommendation of the PGDD who is in turn responsible for the management of the training programme and trainees.

When a trainee is within four months of completion of their specialty programme the PGDD may recommend to the GDC the award of a CCST using the CCST recommendation form ([Appendix 7](#)). The recommendation to the GDC must follow a satisfactory ARCP Outcome 6 as well as success in the relevant exit exam.

- The GDC will send to the trainee an application form for the award of CCST
- If the GDC accepts the PGDD's recommendation and receives from the trainee a valid completed form, it will issue the CCST. The trainee may then apply for inclusion on the relevant specialist list.

### **6.4 Period of Grace**

Every specialty trainee whether in pre- or post-CCST training is allowed to request a Period of Grace (PoG). This period, which is generally six months, is part of the Terms and Conditions of the StR contract of employment. The aim of the PoG is to allow time to look for suitable employment.

As training is finished, the PGDDs working for HEE, NES, NIMDTA or the Wales Deanery can move the trainee to an empty post or provider where service delivery is needed.

The trainee should inform the PGDD, in writing, if he/she is intending to take a PoG.

Under exceptional circumstances the PGDD may agree to another PoG. Reasons may be personal or a severe shortage of available employment opportunities. It must be remembered that if another PoG is allowed, the opportunity for another trainee may be denied for that period.



## SEVEN: QUALITY MANAGEMENT AND QUALITY ASSURANCE OF SPECIALTY TRAINING

### 7.1 Quality framework

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

#### **Quality Control**

This includes the quality standards imposed and monitored at provider level e.g. at trust/health board, University or practice level

#### **Quality Management**

This includes the standards imposed and monitored by the PGDDs working for HEE, NES, NIMDTA or the Wales Deanery

#### **Quality Assurance**

This includes the standards imposed and monitored by the regulator of the dental profession, the General Dental Council

### 7.2 Quality Control

The quality of training *expected by* the commissioner is embraced in the Learning and Development Agreement which is agreed between commissioner and provider. This may incorporate Key Performance Indicators as a means of Quality Managing the provider.

All clinical supervisors and educational supervisors must ensure that trainees are aware of the [GDC's Standards for the Dental Team](#) and the [GDC Standards for Specialty Education](#)

Importantly, all clinical supervisors and educational supervisors must be appropriately trained to be responsible for overseeing a trainee's clinical work and providing constructive feedback during a training placement. See also [5.2](#) and [5.3](#).

There must be unambiguous lines of accountability for educational supervisors into both educational programme arrangements through the TPD but also into the management structure of the trainee's employer so that there is clarity about:

- who is providing educational supervision and their accountability
- the clear link between appraisal, assessment and planning of a trainee's educational programme and their performance as a dentist
- the transparency of the process ensuring the trainee is aware of the information being shared with the employer
- the arrangements for raising matters of clinical concern and professional performance about a trainee within the employing authority and with HEE, NES, NIMDTA and Wales Deanery in line with wider regulatory requirements

All Clinical Supervisors should:

- understand their responsibilities for patient care, and be fully trained in the specific area of clinical care
- offer a level of supervision necessary and matched to the competences and experience of the trainee
- ensure that no trainee is required to assume responsibility for or perform clinical or operative techniques in which they have insufficient experience and expertise

- ensure the trainee only performs tasks without direct supervision when the supervisor is satisfied that they are competent to do so; both trainee and supervisor should be aware at all times of their direct responsibilities for the safety of patients in their care
- consider whether it is appropriate (particularly out of hours) to delegate the role of clinical supervisor to another member of the healthcare team. In these circumstances the individual must be clearly identified to both parties and understand the role of the clinical supervisor. The named clinical supervisor remains responsible and accountable overall for the care of the patient and the trainee
- be appropriately trained to teach, provide feedback and undertake competence assessment to trainees in the specialty
- be trained in equality and diversity at least every three years
- escalate to the educational supervisor and employer any issues around poor performance of a trainee. The employer in turn must escalate these issues to the PGDD, explaining what action is being taken at trust level, if any. The PGDD and employer must work together to identify the most effective means of supporting the trainee whilst ensuring that patient safety is maintained at all times.

### 7.3 Quality Management

Evidence that the provider is reaching the standards expected by the commissioner can be demonstrated in several ways. Triangulation of evidence is important.

#### **The trainee survey**

This is a confidential annual survey run by JCPTD. It is confidential but does allow PGDDs to find out whether any units are not delivering good training.

#### **Visits**

PGDDs working for HEE, NES, NIMDTA or the Wales Deanery organise tri-annual visits to all provider units: others only organise triggered visits if and when a problem is raised by surveys or direct trainee complaints.

#### **ARCP and examination results**

These can help identify poor performing units if results are triangulated sufficiently well with other evidence.

#### **PGDD approval process of the training programmes, posts and trainers**

Ensuring all educational supervisors, clinical supervisors and TPDs are suitably trained is an essential aspect of Quality Management.

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

Those managing training programmes and trainees should have in place suitable monitoring of trainees requiring help and support. A Fitness to Practise or other appropriately named panel comprising the PGDD, suitably trained individuals and administrators should regularly meet to discuss trainees who are failing to achieve their milestones either due to lack of progress (those on ARCP 3, sickness, failure at examinations) or those who have been involved with serious incidents at provider level ([see 5.16](#)).

### 7.4 Quality Assurance

The GDC is currently piloting QA processes for specialty education and training, as per the standards and requirements laid out in the [Standards for Specialty Education](#).

**APPENDIX 1  
FORM R**

**Registering for Postgraduate Specialty Training**

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

Forename(s)		GDC-registered surname		Please attach a passport size photo
Deanery				
Date of birth	Gender	Immigration status		
Home address		Home Tel		
		Mobile Tel		
		Email address (essential)		
Dental School awarding primary qualification <i>(name, country and date)</i>				
GDC registration number		GMC registration number (if applicable)		
I confirm (✓) that I am undertaking post-CCST training			I confirm (✓) that I have been appointed to a programme leading to award of a CCST, subject to satisfactory progress	
Specialty for award for CCST		Specialty 2 for award of CCST (if appointed to other certification programme)		
Post type or appointment <i>(run through, StR, post-CCST)</i>		Date of entry to grade/programme (dd/mm/yy)		
Fulltime or % of full time training		Provisional date from deanery for award of CCST (dd/mm/yy)		
National Training Number (NTN) <i>(to be completed by deanery on first registration)</i>				

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

**Specialty Trainee**

**Date**

**Postgraduate Dental Dean**

**Date**

## APPENDIX 2

### 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 / post-CCST post (delete as necessary) I agree to meet the following conditions throughout the duration of the programme.

- 1) 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 patient care
- 2) To ensure that the care I give to patients is responsive to their needs, is equitable, respects human rights, challenges discrimination, promotes equality and maintains the dignity of patients and careers
- 3) To only be engaged with activities approved by the Postgraduate Dental Dean/Director (PGDD). If time out of the training programme is agreed, e.g. research or absence due to a career break , I will ensure that the Training Programme Director (TPD) and PGDD is informed of my planned return to the training programme
- 4) To accept the responsibility as an employee within a healthcare organisation to work effectively and cooperating fully with the aims and objectives of the programme. This includes participating in workplace based appraisal and assessments, educational appraisal, and accepting the need to share information about my performance with employers involved in my training. I agree to meet with the PGDD and /or his/ her agents as necessary and appropriate
- 5) To maintain regular contact with my educational supervisor (ES), TPD, PGDD by responding promptly to communications from them, and to inform my TPD and ES of any absence from the training programme
- 6) To ensure that I keep up to date my learning portfolio which underpins the training process and by which my progress is assessed and documented
- 7) To optimise the training resources available to develop my competence to the standards required
- 8) To support the development and evaluation of the training programme by participating actively in any national or local trainee survey and any other activities that contribute to the quality improvement of training
- 9) To understand that if I do not comply with the requirements and conditions above, that the PGDD will decide whether it is appropriate for me to retain my NTN
- 10) To maintain registration with the GDC

I acknowledge the importance of these responsibilities. If I fail to meet them I understand this may lead to withdrawal of my NTN by the PGDD. I understand that this document does not constitute an offer of employment.

---

Trainee's signature

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Trainee's name (printed)

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Date

### APPENDIX 3

## 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/Director (PGDD) only after it has been signed by the trainee's educational supervisor and Training Programme Director (TPD). The PGDD will use this if advice is needed from the individual Specialist Advisory Committee (SAC).

**For annual review and renewal**, this document should be signed by the trainee and TPD and will need to be submitted to the Annual Review of Competence Progression (ARCP) panel.

<b>Name</b>		<b>NTN</b>	
<b>Contact Address</b> <i>for duration of OOP if granted</i>			
<b>E-mail address</b>			
<b>Specialty</b>		<b>TPD</b>	
<b>Current year of training</b>		<b>Provisional CCST date</b>	
<b>Please indicate if you are requesting time out of programme for:-</b>		<b>New request (✓)</b>	<b>Ongoing OOP (✓)</b>
Prospectively deanery approved clinical training (OOPT)			
Clinical experience <b>not</b> prospectively approved for training (OOPE)			
Research for a registered degree (OOPR)			
Career break (OOPC)			
Have you discussed your plans to take time out of programme / continue your time out with your education supervisor and / or Training Programme Director?		Yes	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?			
<b>If your request for time out of programme is agreed, you will be required to give your TPD and current/next employer 3 months' notice of leaving the programme.</b> Please state the date you wish to start your out of programme experience (which must take account of the 3 month notice period)			
Date you plan to go out of the clinical programme			
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 PGDD to undertake the time out of programme described above/continue on my current OOP whilst retaining my training number. I understand that:

- 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 PGDD.
- 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.
- 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.**
- I will need to give at least 3 months' notice to the PGDD and to my employer before my time out of programme can commence.

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

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

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

Trainee Forename:		Trainee Surname:	
Specialty:		National Training Number:	
Gender: (please tick ✓)	Male	Female	Date of entry to grade <small>dd/mm/yy</small>
GMC and/or GDC no.	GDC	GMC	Year of Training: (1-8)
Educational Supervisor completing the report			
Date of review:		Period covered	From:      To:
Members of the panel: (Lay, TPD, External, Academic, etc)	1.	2.	3.
	4.	5.	6.

<b>Approved clinical training gained through the period:</b>				
Grade of training programme reviewed :- ACF / ACL / StR / LAT / Post-CCST or Other (please state).....				
Placement / Post / Experience	Date from:	Date to:	In / Out of Programme?	FT / PT (as % FT)?
1.				
2.				
3.				
<b>Documentation taken into account and shown to trainee (Insert ✓ as appropriate)</b>				
1. Structured report	2. Clinical Logbook	3. PDP with CPD Log		
4. WBA Forms	5. Feedback Survey Form	6. Report on academic progress (where appropriate)		

RECOMMENDED OUTCOMES FROM THE PANEL				
<b>Satisfactory Progress</b>				✓
1	Achieving progress and competencies at the expected rate			
<b>Unsatisfactory Progress or Insufficient Evidence (also complete Supplementary Evidence section)</b>				
2	Development of specific competences required – additional training time not required			
3	Inadequate progress by the trainee – additional training time required			
4W	Released from training / academic programme with or without specified competences (NTN withdrawn)			
4VR	Released from training / academic programme with or without specified competences (Voluntary resignation)			
5	Incomplete evidence presented – additional training time may be required			
<b>Recommendation for completion of training</b>				
6	Gained all required competences and outcomes			
<b>OUTCOMES FOR TRAINEES OUT OF PROGRAMME (evidence of progress must be provided)</b>				
8.	OOPE (Experience)	OOPR (Research)	OOPC (Career Break)	

Signed by:	<i>(Panel Chair)</i>	Date:
Signed by	<i>(Trainee)</i>	Date
Signed by:	<i>(PGDD)</i>	Date:

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

These documents should be forwarded to:

- the Training Programme Director (who must ensure that the trainee receives a copy through the further appraisal and planning process).
- 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.



Supplementary information for trainees who had an UNSATISFACTORY review outcome			
Code	Insert ✓	Reason for unsatisfactory outcomes	Explanatory notes
U1		Record Keeping and Evidence	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.
U2		Inadequate Experience	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.
U3		No Engagement with Supervisor	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.
U4		Trainer Absence	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.
U5		Single Exam Failure	Trainee failed to satisfy the respective Royal College/Faculty examination requirements to progress to the next year of training.
U6		Continual Exam Failure	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.
U7		Trainee requires Deanery Support	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.
U8		Other reason	

<b>Additional information for trainees who DID NOT HAVE A REVIEW</b>			
<b>Code</b>	<b>Insert ✓</b>	<b>Reason for unsatisfactory outcomes</b>	<b>Explanatory notes</b>
N1		Trainee Sick Leave	Trainee on long term sickness or other health issues have impacted on ability to complete the year of training being reviewed.
N2		Trainee Maternity/Paternity Leave	Trainee cannot be reviewed whilst on maternity leave
N3		Trainee not In Post Long Enough	Too soon to complete a meaningful Annual Review within the ARCP reporting period.
N4		Trainee fell outside annual reporting period	Annual GDC reporting period is 01 Aug 20xx to 31 July 20xx but trainee was not reviewed during these 12 months.
N5		Trainee Post CCST	Trainee already completed CCST and now in period of grace.
N6		Trainee Missed Review	Trainee did not attend the Review. 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.
N7		Trainee Inter Deanery Transfer	Trainee left the programme early to take up a post in another Deanery
N8		Trainee reviewed in other Deanery	Trainee working in another Deanery who completed ARCP.
N9		Trainee Contract Termination	Trainee left and had their NTN/DRN removed due to lack of progression without achieving competencies to a satisfactory level.
N10		Trainee Gross Misconduct	Trainee currently suspended from training either as a result of GDC Suspension or local Trust or other local disciplinary proceedings.
N11		Trainee Suspension	Trainee suspended for reasons other than gross misconduct.
N12		Other reason	

## APPENDIX 5

Committee Secretary  
SAC in *insert specialty*  
The Royal College of Surgeons of England  
35-43 Lincoln's Inn Fields  
London  
WC2A 3PN

Date:

Dear *[insert name]*,

### ARCPs in *[insert specialty]*

Following the review process carried out on *insert date*, please find below the ARCP outcomes, OOP details and changes to CCST dates for the following trainees (all of which are recorded on ISCP):

Name	Training number	ARCP Outcome	Reason for unsatisfactory outcome	OOP/break in training	CCST date change

Please also find attached a copy of the report from *[insert name]*, External to the Committee.

Yours sincerely

**DENTAL SPECIALTY ARCPs**  
**SAC External Feedback Form: Process (Form A)**

The purpose of this form is for you, the SAC external member of the ARCP panel, to give feedback on how the ARCP **Process** is conducted. Your comments are welcome.

ARCP (please state specialty):

Date of ARCP panel meeting:

		<i>Please tick</i>		Evidence	Comments
The appropriate paperwork was available prior to ARCP	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>			
The trainee/s had seen and signed the appropriate documents prior to the ARCP panel meeting	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>			
The composition of the ARCP panel was appropriate and aligned to The Dental Gold Guide	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>			
There is a named educational supervisor for each trainee	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>			
ARCPs take place at appropriate times in training	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>			
Do you feel that the ARCP process you have taken part in is fit for purpose?	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>			
Was full consideration given to all the evidence submitted (including trainee comments)?	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>			

### SAC External Feedback Form: Quality (Form B)

The purpose of this form is for you, the SAC external member of the ARCP panel, to give feedback on the **Quality** of the training programmes provided. Your comments are welcome.

			Evidence	Comments
<i>Please tick</i>				
There is a regularly reviewed, structured and personal training plan for each trainee	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
There is a regular structured appraisal for all trainees	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
Trainees maintain a continuous career portfolio of progress and achievement	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
<b>Clinical specialist training</b> Are the caseload and case mix in accordance with the Curriculum requirements?	Excellent	<input type="checkbox"/>		
	Adequate	<input type="checkbox"/>		
	Poor	<input type="checkbox"/>		
<b>Non-clinical sessions</b> Are non-clinical sessions appropriate in terms of number and variety?	Excellent	<input type="checkbox"/>		
	Adequate	<input type="checkbox"/>		
	Poor	<input type="checkbox"/>		
Is the Curriculum fulfilled?	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		

			Evidence	Comments
Please rate the quality of the training programme in this specialty	<i>Please tick</i>			
	1 (Poor)	<input type="checkbox"/>		
	2 (Development required)	<input type="checkbox"/>		
	3 (Satisfactory)	<input type="checkbox"/>		
	4 (Above average)	<input type="checkbox"/>		
5 (Excellent)	<input type="checkbox"/>			
Are there any trainees/Programmes that you have concerns about? – If yes please comment	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		

**Please feel free to give further comments in the box below:**

Name:.....

Signed:.....

Return to:

**Thank you for completing this form.**

GENERAL DENTAL COUNCIL

Registration Department  
43-45 Portman Square, London, W1H 6HN  
Tel: 020 7167 6000 Email: assessments@gdc-uk.org

Registration Department Office Hours:  
Monday to Friday, 9.00am to 5.00pm

RECOMMENDATION FOR THE AWARD OF A CERTIFICATE OF COMPLETION OF SPECIALIST TRAINING

GENERAL INSTRUCTIONS

This form must be completed and signed by the Postgraduate Dental Dean/Director and returned to the General Dental Council.

**Please ensure that all sections of the form are completed in type or black ink in BLOCK CAPITALS.**

**Send to:**

General Dental Council  
Registration Department  
43-45 Portman Square  
London, W1H 6HN

**FOR GDC USE ONLY**

GDC Registration Number: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Forenames: \_\_\_\_\_

**RECOMMENDATION FOR THE AWARD OF A CERTIFICATE OF COMPLETION OF SPECIALIST TRAINING**

**TO BE COMPLETED BY THE POSTGRADUATE DENTAL DEAN/DIRECTOR**

- (a) Surname \_\_\_\_\_ Mr/Mrs/Miss/Ms \_\_\_\_\_  
Forenames \_\_\_\_\_
- (b) GDC Registration No. \_\_\_\_\_ (c) National (or Visiting) Training No. \_\_\_\_\_
- (c) Period spent in Specialist Training Programme (state number of years and months) \_\_\_\_\_  
Date Training started \_\_\_\_\_ Date training ended \_\_\_\_\_  
Date exit examination passed \_\_\_\_\_
- (d) Period of any overseas training which took place during the Postgraduate Training included under (d) above (state number of years and months) \_\_\_\_\_
- (e) Specialty (name in full) \_\_\_\_\_

**DECLARATION**

I confirm that \_\_\_\_\_ has satisfactorily completed the above specialist training programme on (specify date) \_\_\_\_\_ and I recommend him/her for the award of the Certificate of Completion of Specialist Training in the specialty stated.

To be signed by the Postgraduate Dental Dean/Director, or his/her designated nominee.

Name (surname underlined) \_\_\_\_\_

Region \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**When this form has been completed and signed, please send it to:**

**General Dental Council  
Registration Department  
43-45 Portman Square, London, W1H 6HN**



**APPENDIX 8**

**Application for an Inter-Deanery Transfer**

*Trainee to complete and return to current Postgraduate Dental Dean/Director (PGDD)*

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

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

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

- I should not approach the PGDD in the region to which I am seeking transfer directly, but that my current PGDD 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 PGDD in the region 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 and confirm that the NTN and training details given above are correct.

**Signature of PGDD** \_\_\_\_\_ **Date** \_\_\_\_\_

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

Trainees should be aware that this privacy notice applies to all the processing of your personal data during the course of your training by HEE, NES, NIMDTA and Wales Deanery. Your personal data is typically collected, but not exclusively, via the recruitment process, your Annual Review of Competence Progression (ARCP) and when submitting a Form R.

Those responsible for training should ensure that trainees are aware of this information. It is recommended that this privacy notice be attached to the NTN letter sent to trainees at the start of their training. This privacy notice should also be available on each of HEE, NES, NIMDTA or Wales Deanery's website.

## **TERMS USED IN THIS NOTICE**

There are some terms that appear in the Data Protection Act 1998 that are used in this notice. These are explained below:

**Personal Data:** Information from which, the data subject, can be identified either directly or indirectly when the information is read in conjunction with other data that the data controller holds.

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

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

**Data Controller:** HEE, NES, NIMDTA or the Wales Deanery is the Data Controller meaning that they determine the purposes for which and the manner in which any personal data is to be processed.

**Data Processor:** A data processor processes personal data on behalf of the data controller under a contract and follows strict instructions from the data controller.

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

**Data Recipients:** any person to whom the data is disclosed that processes that data on behalf of the data controller e.g. HEE, NES, NIMDTA or Wales Deanery staff and lay representatives.

**Sensitive Personal Data:** personal information about the data subject's racial or ethnic origin, political opinions, religious beliefs, physical or mental health condition, sexuality and criminal record or activity.

## **OVERVIEW**

In order to manage and quality assure your training, HEE, NES, NIMDTA or Wales Deanery need to process information about you. HEE, NES, NIMDTA or Wales Deanery do so in compliance with the Data Protection Act 1998, and in accordance with the data protection principles set out in Schedule 1 of the Act. These principles require that personal data must:

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

## **PROCESSING YOUR PERSONAL DATA**

HEE, NES, NIMDTA and the Wales Deanery will process your personal data for the following purposes and will usually entail the processing of your personal data on our management information systems:

**1. To manage your training and programme** – personal data collected for this purpose will be kept in your training file, which will usually contain your recruitment data (application form, recruitment documentation and any immigration records),

ARCP records, significant correspondence and any other information pertinent to the effective management of your training and education.

**2. To quality assure training programmes and ensure that standards are maintained** – via local and national quality assurance teams and methods such as the GMC national training survey.

**3. To identify workforce planning targets** - your data will be used to determine outputs from programmes and to inform the number of trainees required for specialties in the future.

**4. Maintaining patient safety through the management of performance concerns** - your personal data may be shared with the GMC should there be significant concerns regarding your fitness to practise.

5. Compliance with legal and regulatory responsibilities including revalidation.

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

Access to your personal data is restricted to the authorised team within HEE, NES, NIMDTA or Wales Deanery you are employed to manage your training. Access is also granted on a limited basis to recipients such as programme directors and lay representatives but only where necessary for a specified and legitimate purpose.

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

## **PROCESSING YOUR SENSITIVE PERSONAL DATA**

Your sensitive personal data will only be processed if HEE, NES, NIMDTA or Wales Deanery have received explicit consent from you or if alternative conditions of schedule 2 and schedule 3 of the Data Protection Act are satisfied or if an exemption specified in the Data Protection Act applies.

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

## **SHARING PERSONAL DATA**

HEE, NES, NIMDTA or the Wales Deanery will only transfer your personal data to third parties using secure channels and where it is needed to manage your training, for instance when rotating through placements or notifying colleges of ARCP outcomes.

HEE, NES, NIMDTA or Wales Deanery will not transfer your data unless it is satisfied of the following matters.

1. That a condition of schedule 2 (and a condition from schedule 3 in relation to sensitive personal data) of the Data Protection Act is met. The most common conditions we will rely on from Schedule 2 are consent from you or that we, or the recipient organisation, have a legitimate interest in the disclosure.
2. The data will be handled by the third party in accordance with the Data Protection Act 1998.

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

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

## **YOUR RESPONSIBILITIES AND RIGHTS**

It is important that you work with us to ensure that the information we hold about you is accurate and up to date, so please inform HEE, NES, NIMDTA or Wales Deanery immediately if any of your personal data needs updating or correcting.

All communications from HEE, NES, NIMDTA or Wales Deanery will normally be by e-mail. It is therefore essential for you to maintain an effective and secure e-mail address, or you may not receive information about you posts and your assessments or other important news and information about your training.

If at any point you wish to gain a copy of your personal data that is held by HEE, NES, NIMDTA or Wales Deanery, you may submit a subject access request in writing. Please note that a fee may apply. Depending on your location of training please contact one of the organisations below:

- Health Education England
- NHS Education for Scotland
- Postgraduate Deanery in Wales
- Northern Ireland Medical and Dental Training Agency

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

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

If you wish to exercise any of these rights or have any concerns in relation to how your personal data is processed, please contact HEE, NES, NIMDTA or Wales Deanery using the details above.

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

## GLOSSARY OF TERMS

<b>ACF</b>	Academic Clinical Fellow
<b>ACL</b>	Academic Clinical Lecturer
<b>ARCP</b>	Annual Review of Competence Progression
<b>BDA</b>	British Dental Association
<b>CCST</b>	Certificate of Completion of Specialist Training
<b>COPDEND</b>	Committee of Postgraduate Dental Deans and Directors
<b>CT</b>	Computed Tomography
<b>DPMD</b>	Defence Postgraduate Medical Deanery
<b>ES</b>	Educational Supervisor
<b>FT</b>	Full time
<b>GDC</b>	General Dental Council
<b>GMC</b>	General Medical Council
<b>HEE</b>	Health Education England
<b>ICO</b>	Information Commissioner's Office
<b>IDT</b>	Inter-Deanery Transfer
<b>ISCP</b>	Intercollegiate Surgical Curriculum Project
<b>JCPTD</b>	Joint Committee for Postgraduate Training in Dentistry
<b>LAT</b>	Locum Appointment for Training
<b>LAS</b>	Locum Appointment for Service
<b>LTFT</b>	Less than Full Time
<b>MRDS</b>	Medical and Dental Recruitment and Selection
<b>NACPDE</b>	National Advice Centre for Postgraduate Dental Education
<b>NES</b>	NHS Education Scotland
<b>NIHR</b>	National Institute of Health Research
<b>NIMDTA</b>	Northern Ireland Medical and Dental Training Agency
<b>NTN</b>	National Training Number
<b>OOP</b>	Out of Programme
<b>OOPC</b>	Out of Programme: Career Break
<b>OOPE</b>	Out of Programme: non-training Experience

<b>OOPR</b>	Out of Programme: Research
<b>OOPT</b>	Out of Programme: Training
<b>OSCE</b>	Objective Structured Clinical Examination
<b>PoG</b>	Period of Grace
<b>PGDD</b>	Postgraduate Dental Dean/Director
<b>PT</b>	Part time
<b>QA</b>	Quality Assurance
<b>RCS</b>	Royal College of Surgeons
<b>SAC</b>	Specialist Advisory Committee
<b>SHOW</b>	Scotland's Health on the Web
<b>SLA</b>	Service Level Agreement
<b>StR</b>	Specialty Registrar
<b>SPA</b>	Supporting Professional Activity
<b>STC</b>	Specialty Training Committee
<b>TPD</b>	Training Programme Director
<b>VR</b>	Voluntary Resignation
<b>WBA</b>	Workplace-based Assessment