

# **COPDEND**

## Standards for Dental Educators

[www.copdend.org](http://www.copdend.org)



This document was prepared for COPDEND by Alison Bullock and Julie Browne at Cardiff University working in consultation with the Advisory Group.

## **Membership of the Advisory Group**

**Chair: Helen Falcon**

Chair of COPDEND and Postgraduate Dental Dean, Oxford & Wessex Deaneries

**Jon Cowpe**

Director, Postgraduate Dental Education in Wales

**Lisa Hadfield-Law**

Education Adviser for the Royal College of Surgeons of England

**Donna Hough**

DCP Tutor, North West Deanery

**David Hussey**

Postgraduate Dental Dean, Northern Ireland

**Stephen Lambert-Humble**

Postgraduate Dental Dean, Kent, Surrey and Sussex Deanery

**Will McLaughlin**

Consultant in Restorative Dentistry, Cardiff Dental Hospital

**Shalin Mehra**

Associate Dental Dean, Oxford & Wessex Deaneries, Dental Corporate Body Director

**Lawrence Mudford**

Vice Dean FGDP(UK)

**Graham Orr**

Director of Postgraduate GDP Education, North East Scotland,  
NHS Education for Scotland

**Stephen Porter**

Dental Schools Council representative, Director Oral Medicine,  
UCL Eastman Dental Institute

**Ian Sharp**

Associate Postgraduate Dental Dean, West Midlands

Text © COPDEND 2013.

All rights reserved for commercial use. This document may only be copied or reproduced with the following acknowledgement: **COPDEND 2013**

These standards have been developed by COPDEND and should not be adapted. Only COPDEND can edit or amend these standards or provide further guidance.

This document should be cited as:

**COPDEND UK (2013) Standards for Dental Educators. Oxford: COPDEND**

# Foreword

by **Helen Falcon**

The UK Committee of Postgraduate Dental Deans and Directors (COPDEND) plays a leading role in the co-ordination of postgraduate dental education and training programmes and activities, and aims to promote and share best practice and continuously improve the experience of our learners.

I am delighted to introduce these Standards for Dental Educators that build on the successful “COPDEND Guidelines for Dental Educators” published in 2008. I want our Dental Educators to be recognised for the skilled work that they do, in the same way that we recognise and reward clinicians’ achievements with patient care. There has been a sea change in attitudes since I first became involved with postgraduate dental training and education, over twenty years ago. It’s now almost unthinkable that a trainer of dentists or DCPs should be expected to carry out their critically important role without some formal induction and training for the job.

However, there is as yet no consistent approach or agreement about what is needed to underpin this much improved situation. We know that where there are clear standards for people to achieve, we can monitor how well we are doing, and also help shape training and education programmes to meet those standards. We can assist those who aspire to become educators to better understand what they need to learn and what competences they should acquire and demonstrate to progress their own careers.

The recent publication of the Francis Report<sup>1</sup> has highlighted the essential link between high quality education and training and high quality patient care; and these

standards will help us to evaluate critically what we do to support the delivery of postgraduate education and training in dentistry and to plan how we can improve. We need to consider carefully how best to incorporate these standards, not only in the work of postgraduate dental deaneries but also across the wider field of postgraduate dental education and to make sure they are useful to our regulators, commissioners and learners.

I should like to acknowledge the sterling work of those involved in the design, testing and refinement of these standards. We have had very wide involvement from across the dental professions and this is a truly multi professional piece of work. Particular thanks must go to the working group members and especially to Alison Bullock and Julie Browne for sharing their considerable expertise in this field, and for their unfailing efficiency and good humour. Last but not least, I am extremely grateful to one respondent to the consultation that took place as part of the development of these standards for so eloquently summarizing what we are trying to do:

*“ These Standards will hopefully act as an inspiration to the profession. At worst they are an aspiration to which we can all work. ”*

1. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Chaired by Robert Francis QC. February 2013. London: The Stationery Office. Available from <http://www.midstaffpublicinquiry.com/report>.

# Introduction

## Standards for dental educators

The drive towards excellence in dental education requires dental trainers and teachers to hold themselves accountable for their educational performance and commitment to continuous quality improvement in their practice.

Such accountability extends to patients and the public, their learners (in whatever guise, be they students, trainees or practitioners in primary or secondary care), and their colleagues. In developing the *Standards for Dental Educators*, COPDEND has for the first time set out the values, knowledge and behaviours expected of dental education professionals.<sup>2</sup>

In presenting these *Standards*, COPDEND seeks to ensure that skilled educators provide high quality educational experiences for all learners. *Standards* clarify the expectations of educators, offer greater recognition of the role, greater consistency for learners, and shape the educational content for dental educators.

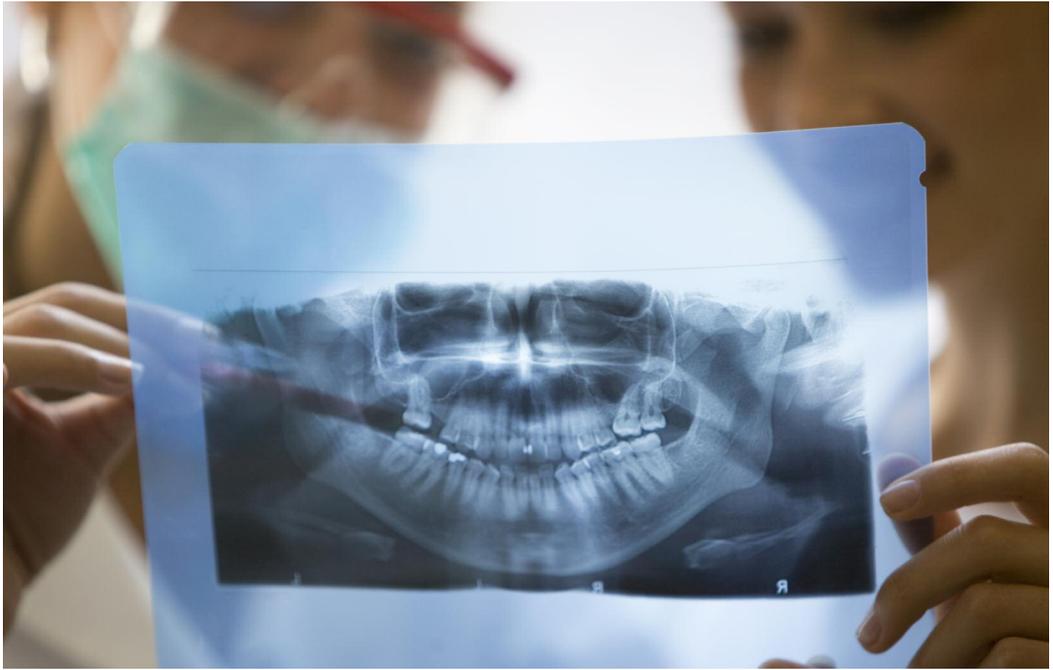
Dental educator roles are diverse and designed to support different members of the dental team, in primary and secondary care and academic settings. Roles include but are not confined to: Dental and Dental Care Professional (DCP) CPD Tutors, supporting lifelong learning; DCP Tutors supporting dental nurses, dental technicians, clinical dental technicians, dental therapists, orthodontic therapists and dental hygienists' programmes; Dental Foundation Training (DFT) Programme Directors, Advisers and Trainers (and equivalents in Scotland); Specialty Training Educational and Clinical Supervisors, Training Programme Directors and Trainers;

Royal College and Faculty examiners and tutors; and Postgraduate Deans (Directors/Heads of Schools) and Associate Deans. The educator role may be full-time but is frequently undertaken on a part-time basis and alongside a busy clinical post and/or academic research activities.

Dental education is practised in a complex environment and under conditions that require a unique set of standards.

- ▶ The General Dental Council regulates the entire dental team and therefore the standards must be applicable both inter- and multi-professionally.
- ▶ Dentists and DCPs generally work within a team; this means that the learning environment is particularly complex, especially where multiple practitioners are involved simultaneously in patient treatment and the education of junior professionals.
- ▶ The majority of dental practitioners work in primary care, where practical skills predominate and learning is one-on-one with the trainer in the dental practice.
- ▶ The workplace learning context is affected by the business contract and funding arrangements and regularly includes practitioners discussing payment for treatment directly with patients.

2. We note that COPDEND's responsibility is for postgraduate and continuing education and training



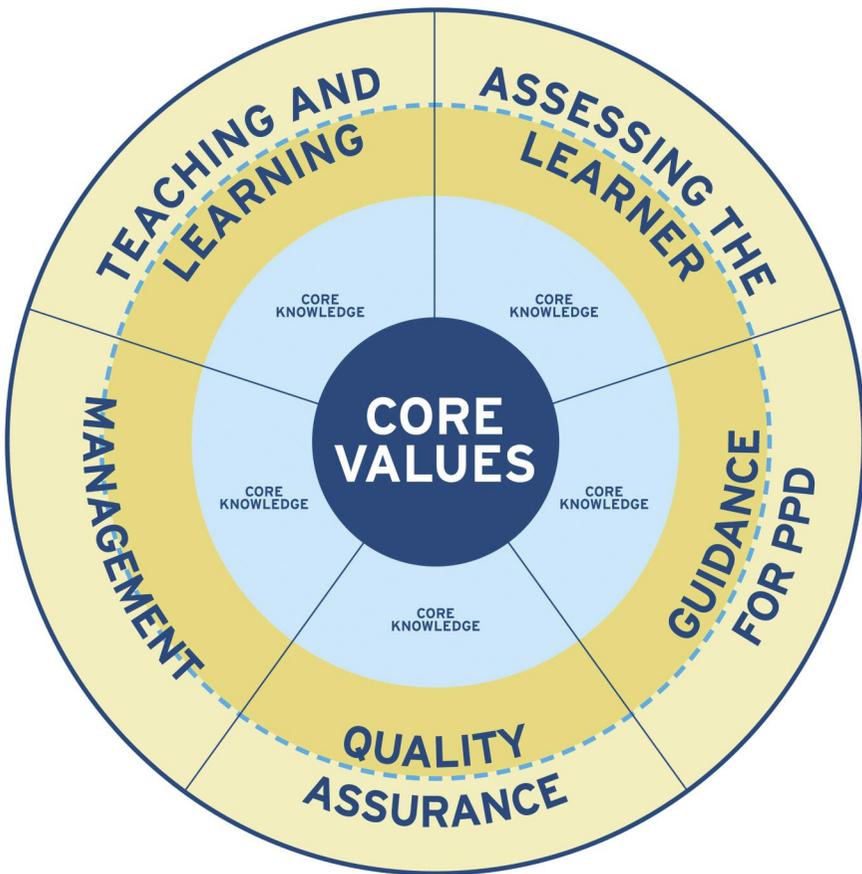
These unique features require *Standards for Dental Educators* which can recognise this context. However, whilst there is no doubt that dental education requires a unique mix of knowledge, skills and attitudes, COPDEND recognises that many of the competences required of dental educators are generic to all healthcare educators and to this end the COPDEND *Standards* have been set out in a format that allows them to be mapped against other existing standards frameworks.

These include: the Academy of Medical Educator's (AoME) *Professional Standards for Medical Educators* and its *Framework for the Professional Development of Postgraduate Medical Supervisors*; the General Medical Council's (GMC) work on the Recognition and Approval of Trainers; the Higher Education Academy's (HEA) *Professional Standards Framework*; and in Wales, the *Standards for Health Services* and the *Quality Development Plan*.

## How the standards were developed

The COPDEND *Guidelines for Dental Educators* were used as a starting point. Information about current training for dental educators was gained from an online questionnaire (completed by over 400 dental educators and providers of training for educators) and discussions with all Postgraduate Dental Deans/Directors or their representatives.

Draft standards were extensively discussed by the Advisory Group, led by Helen Falcon, chair of COPDEND. During a 10-week consultation period 83 responses were received from individuals and organisations. Revisions were made and the final *Standards* were approved by COPDEND in February 2013.



## Description and organisation of the Standards

The Professional Standards are divided into the core values and five domains. Within the five domains, the core knowledge required of all dental educators has been set out.

Beyond the core values and core domain specific knowledge, the standards are arranged into two levels which broadly reflect the roles of dental educators (level one) and the strategic leaders and managers of dental education (level two).

Not all standards are relevant to all educators; rather the application of standards should reflect the individual educator's role. For example, for the DF1

trainer, the standards related to level one in the domains 'Teaching and Learning', 'Assessing the Learner' and 'Guidance for Personal and Professional Development' will be most relevant, together with some of the standards in level one of the 'Quality Assurance' domain. It is possible that some in an 'advisory' role (for example, training programme directors) might have some standards applicable at both levels one and two, depending on the relevance of the domain. However, all dental educators are expected to demonstrate that they understand and share the core values and core knowledge set out in the standards.

# Why have Standards?

The main reason why a dental educator should engage with these standards relates to the quality of patient care provided by the dental profession. At all times, dental professionals seek to address patients' needs. Patients should be treated by knowledgeable and skilled dentists, DCPs, trainees and students who maintain high professional standards. The maintenance of high quality professional practice depends upon high quality learning experiences. This in turn relies upon excellent educators, who reflect upon and seek to improve what they do with learners.

The role education and training plays in safeguarding patients was made clear in the Francis Report<sup>1</sup>. COPDEND believes that *Standards for Dental Educators* provides a framework which supports the continuous improvement of dental educators. The potential to affect the quality of patient care is why dental educators should be bothered to read on.

A wide ranging set of benefits was identified by the respondents to the consultation that was carried out as part of developing the Standards:

Raise the profile of the profession . . .

- ▶ **For the profession:** standardization, accountability and transparency.

Reassurance for patients and regulators that safety is at the centre of practice and training.

Uniformity, high standards expected as norm.

- ▶ **For patients and the public:** reassurance and improved healthcare as a result of improved education.

Improved standards of education make better practitioners and therefore an improvement in patient safety/treatment outcomes.

The HEA considers that standards will ensure that students receive the highest quality learning experience. Evidence suggests that educators who reflect on their own practice provide a learning environment in which students engage in critical contemplation, and that this will have a positive impact on patient safety.

- ▶ **For students/trainees/practitioners:** improved learning opportunities and greater consistency.

By ensuring a minimum level of standards for educators, the trainees should receive a greater consistency of training.

It will make it clear to applicants what is required of them.

- ▶ **For employers and regulators:** quality control, clarity of expectations leading to improved governance, CPD and career planning.

Having standards in place may encourage new educators because it gives a framework to work within . . .

This can only be beneficial to the profession. It will give some consistency and clarity on what is expected of educators. This would be particularly beneficial to someone like me who is new to being a trainer.

- ▶ **For individual educators:** motivation, job satisfaction, increased confidence, career pathways, opportunities for recognition and a better foundation for future development both as a dental practitioner and also as an educator.
- ▶ **For providers:** guidance on curriculum content.

Perceived barriers to implementation mainly related to time and resources. Other implementation barriers that were noted included attitudes (arrogance, fear, resistance to change), lack of awareness and apathy. A few identified a risk that the introduction of standards might put off

existing educators and deter the recruitment of new dental educators. Others noted difficulties in monitoring. These all need careful consideration and guidance from organisations such as COPDEND.

## A word on evidencing the Standards

Many higher education institutions (HEIs) provide education and training for dental educators and offer opportunities to build credits towards postgraduate Certificates, Diploma and Masters in dental education. Postgraduate Deaneries also offer local induction courses for dental educators and other short courses relevant to dental educators.

However, dental education is both a scholarly and a practical undertaking. Evidencing standards is therefore not solely about courses followed or certificates gained; rather, that knowledge and skills can be demonstrated through the work of the dental educator, for example by describing dental education activity and critically reflecting on events, referencing theory and literature, or by seeking feedback about performance as an educator from learners and peers.

### Examples of evidence

#### Core Values

- ▶ Personal development planning, appraisal
- ▶ Reflections on education and training
- ▶ Feedback from colleagues, learners, patients
- ▶ Wider reflection on role; meta-reflections/reflections-on-reflections
- ▶ Training in role modelling and protecting patient safety

#### Core Knowledge

- ▶ Courses or programmes (face-to-face, online) plus reflections
- ▶ Readings (from books, journals) plus reflections
- ▶ Results of assessments
- ▶ Reflective notes on documents (curricula, assessment systems, local/national procedures)

#### Level 1

- ▶ Feedback from learners, patients, colleagues
- ▶ Reflections on practice as an educator
- ▶ Reflections on (anonymised) examples of individual learning plans/assessment/guidance/audits etc

#### Level 2 (as above plus...)

- ▶ Reflections on strategy documents and/or development and contribution to change
- ▶ Reflections on approaches to learning plans/assessment/guidance/QA/performance management etc for the region
- ▶ Reflections on the contribution of wider roles (e.g. national committees, examining)
- ▶ Grants, awards
- ▶ Prizes; local, national and international recognition

# COPDEND

## Standards for Dental Educators

### Core Values

The dental educator is committed to:

- v. 1 Enhancing the care of patients through dental education
- v. 2 Modelling good professional behaviour and attitudes at all times
- v. 3 Continuously seeking to improve his or her educational practice
- v. 4 Learner-centred education, safeguarding learner wellbeing
- v. 5 Enabling a culture of personal and professional development
- v. 6 Actively contributing to and supporting the education of colleagues
- v. 7 Equality and diversity
- v. 8 GDC Standards promoting high quality, ethical, safe patient-centred care at all times, and seeking to maintain oral health, prevent oral disease and ensure patient dignity

# Domain 1. Teaching and learning

## Core Knowledge

### Level 1

- 1.k.1 Can describe how different ideas about learners and learning make a difference to educational practice.
- 1.k.2 Can identify good practice relating to different modes of educational delivery in order to maximise learner achievement
- 1.k.3 Can discuss different approaches to course development and programme planning
- 1.k.4 Can specify the content of the learners' programme/curriculum, the required professional and clinical standards, and expected outcomes

### Level 2

- 1.1.1 Applies educational theory and a critical evaluation of evidence to their educational practice
- 1.1.2 Devises appropriate educational input to meet learners' needs and continually seeks to improve input in the light of feedback
  - 1.1.3 Prepares own or uses others' high quality learning resources and educational materials
  - 1.1.4 Plans, supervises, discusses and reviews learners' developing knowledge and skills, encouraging increasing professional responsibility
  - 1.1.5 Ensures learners are aware of the aims, objectives, content and arrangements of courses/programmes
  - 1.1.6 Employs good communication skills and works well in teams
- Specific to learning in the workplace:*
  - 1.1.7 Maximises opportunities for students to acquire relevant experience in the workplace, whilst making the care of each patient the practitioner's prime concern
  - 1.1.8 Looks for opportunities to involve patients and the wider workplace team as educators
  - 1.1.9 Maintains financial and ethical probity where clinical practice interfaces with business practice

- 1.2.1 Uses research evidence to improve dental education and training
- 1.2.2 Promotes the application of educational theory to dental education and supports best practice in education
- 1.2.3 Leads the strategic development of dental education and training through liaison with service commissioners, providers, patients and their representatives and by implementing new and improved approaches

## Domain 2. Assessing the learner

### Core Knowledge

#### Level 1

- 2.k.1 Can identify the strengths and weaknesses of different assessment processes
- 2.k.2 Can describe the expected standards, assessment system or grading criteria relating to the training they provide
- 2.k.3 Can explain the principles of constructive feedback
- 2.k.4 Can outline the use of formative and summative assessment instruments and can explain their relationship to learning
- 2.k.5 Can explain the feedback skills required so that learning improves following assessment

#### Level 2

- 2.1.1 Uses appropriate assessment tools with learners, exchanges constructive feedback, appropriately documents outcomes and uses assessment results and reflection to inform future learning
- 2.2.1 Leads the strategic development and implementation of assessment processes and systems, encouraging and supporting colleagues and learners to be actively engaged

## Domain 3. Guidance for personal and professional development (PPD)

### Core Knowledge

#### Level 1

- 3.k.1 Can access and then detail current guidance relating to ethical and professional conduct
- 3.k.2 Can access and then describe local and national procedures relating to clinical governance and poor performance and the support available
- 3.k.3 Can describe current educational and professional requirements for initial, postgraduate and continuing registration
- 3.k.4 Can access and describe the tools and skills required to support PPD planning
- 3.k.5 Is familiar with the range of agencies and sources of information about PPD

#### Level 2

- 3.1.1 Complies with GDC and NHS standards and guidance in relation to education, CPD, clinical governance and poor performance matters, seeking and acting on advice and support
  - 3.1.2 Provides one-to-one educational support and guidance to learners
  - 3.1.3 Constructively and sensitively challenges poor practice in the delivery of patient care
- 3.2.1 Whilst recognising that issues of patient safety are paramount, ensures that dental educators and learners are appropriately, transparently and fairly treated in matters of poor performance

## Domain 4. Quality assurance

### Core Knowledge

#### Level 1

4.k.1 Can describe a basic range of course evaluation tools and the roles of audit, evaluation and research in dental education

4.k.2 Can demonstrate awareness of local and national quality assurance and improvement systems and processes related to education and training

4.1.1 Evaluates, reflects upon and seeks to improve his or her own educational performance

4.1.2 Records data (inputs, processes and outcomes) for monitoring and audit purposes

4.1.3 Implements local and national quality assurance systems and processes related to education and training

4.1.4 Encourages learners to participate in audit, evaluation and research

#### Level 2

4.2.1 Appraises dental educators on their performance

4.2.2 Contributes to the strategic development and implementation of QA systems for dental education and initiating action as appropriate

4.2.3 Analyses evaluation data, identifying areas for strategic development

4.2.4 Develops a culture in which the highest standards of dental education are promoted and maintained for the benefit of patients and learners

# Domain 5. Management

## Core Knowledge

### Level 1

- 5.k.1 Can explain current requirements and outline best practice for fair recruitment and selection to educational programmes
- 5.k.2 Can explain the features of effective management, leadership and teamwork and the required skills.
- 5.k.3 Can explain how the environment and the people in it affect learning

### Level 2

- 5.1.1 Where involved in recruitment, fairly and appropriately selects learners for educational programmes
  - 5.1.2 Participates in local and/or national committees, organisations, and/or discussion groups on dental education
  - 5.1.3 Works effectively both independently and in liaison with others to manage resources for dental education
  - 5.1.4 Manages the educational input of others
- 
- 5.2.1 Fairly recruits, selects, manages and leads dental educators, ensuring they are properly supported in their role by workload management systems, resources, induction and professional development
  - 5.2.2 Instigates or positively contributes to national and local policy development for education and training
  - 5.2.3 Leads or contributes to the strategic development of dental education and implements improvements in dental education and training



*“developing the dental workforce  
to meet the needs of patients”*

**[www.copdend.org](http://www.copdend.org)**

COPDEND is the Committee of Postgraduate Dental Deans and Directors, from England, Northern Ireland, Scotland and Wales. The Deans commission, provide and quality manage high quality training and education for the whole dental team.