

**Competency Assessment for Performers List Entry
for those without a
Vocational Training Certificate or Exemption**

FINAL REPORT

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List of Abbreviations

CbD	Case-based Discussion
COPDEND	Committee of Postgraduate Dental Deans and Directors
COPDEUK	Conference of Postgraduate Dental Educators UK
COSHH	Control of Substances Hazardous to Health
CPD	Continuing Professional Development
CQC	Care Quality Commission
CUREMeDE	Cardiff Unit for Research and Evaluation in Medical and Dental Education
CV	Curriculum Vitae
DEPS	Direct Evaluation of Procedural Skills
DF	Dental Foundation
DFT	Dental Foundation Training
DH	Department of Health
DPA	Dental Practice Adviser
DRA	Dental Reference Service
EEA	European Economic Area
ESA	Education Support Adviser
GDC	General Dental Council
IQE	International Qualifying Examination
IRMER	Ionising Radiation (Medical Exposure) Regulations
HB	Health Board (Wales)
H&S	Health and Safety
NHS	National Health Service
ORE	Overseas Registration Examination
PCT	Primary Care Trust
PDP	Personal Development Plan
PI	Practice Inspection
QA	Quality Assurance
RRA	Retaining and Returning Adviser
UDA	Unit of Dental Activity
VT	Vocational Training
VTA	Vocational Training by Assessment
WPBA	Work Place Based Assessment

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Introduction

In England and Wales, all dentists must be registered on a performers list held by a Primary Care Trust (PCT) or, in Wales, a Health Board (HB). To join a list of performers, a dentist must show that they either hold a certificate of vocational training (VT) or are exempt or have been offered a place to undertake vocational training or vocational training by assessment with a Deanery approved trainer or supervisor. Exemption broadly applies to EEA citizens and their spouses who hold an appropriate dental degree or diploma). (Full details can be found in DH 2006 Fact Sheet 19). Exemption from VT also applies to dentists who, in the previous four years, have worked for at least two years or equivalent in the community dental service or the armed forces¹. Dentists who are not undertaking traditional vocational training (foundation training) and are neither exempt nor hold a VT certificate must demonstrate equivalence to VT through “VT by Assessment” [Statutory Instrument 585 2004 and 3941 2005]. VT by Assessment (VTA) is also sometimes referred to “flexible VT”, “VT equivalence” or VT “top-up” training. VTA is the preferred route for:

- Experienced non-EEA dentists who have registered with the General Dental Council (GDC) and have passed the Overseas Registration Examination (ORE) or International Qualifying Examination (IQE);
- dentists without a VT number or exemption (which includes dentists graduating in the UK prior to 1993 and who have not completed VT) who
 - o wish to join a PCT/HB’s list of performers for the first time, perhaps because of a career break or a career in private practice or the hospital sector;
 - o wish to move from one PCT or HB to another;
 - o cease NHS practice in the PCT or HB for more than a year and who then wish to re-join a list of performers.

Normally these dentists apply to join a list of performers *after* they have been offered a post in a practice in the area.

The current guidance, which dates from 2006, indicates that Postgraduate Dental Deans have the responsibility to:

“...assess the dentist’s managerial and professional competence and identify where it falls short of that required by a dentist to perform primary care dental services... In assessing dentists, the deaneries consider which of the competencies the dentists have acquired through their training and experience and then determine the length of the period of supervised employment required for the dentist to acquire the competencies they lack”. (DH 2006 Factsheet 19 p3)

Referrals for assessment are sent from PCTs or HBs to the Deanery. For all those requiring a period of supervised practice in order to achieve the competences, the Deanery ensures that the nominated practice is a suitable training environment and that the supervisor/trainer can provide the necessary support. Training can only take place in approved practices with an approved supervisor. Currently supervised practice cannot normally extend beyond 12 months². The trainee (Performer in Training) develops a portfolio of evidence to demonstrate the achievement of the

¹ Similarly, exemption used also to apply to those who in the previous four years had worked for at least two years or equivalent prior to April 2006 in the performance of personal dental services. Such experience now falls outside that four year period.

² In practice the period may be extended by mutual agreement between the PCT, performer and contract provider. Less than full time training may also extend beyond 12 months.

competences which is submitted to the Deanery for review. The Deanery advises the PCT/HB on whether all competences have been met and issues a VT certificate. The PCT/HB then admits the Performer in Training to their list or may exceptionally include them with conditions.

The purpose of this document is to provide guidance on the process and outcomes of competency assessment for Deaneries to apply to those who seek to join a performers list who are not undertaking traditional VT, and are without a VT certificate or VT exemption. This guidance is in line with the principles outlined at an earlier meeting of COPDEND (28 June 2007) where it was agreed that the competency assessment process should be simple, transparent, consistent across England and Wales, minimise paperwork and use existing standards where appropriate. The standards applied in VTA should not be lower (or higher) than those applied in traditional VT/Dental Foundation (DF) training.

A Note on Terminology

Educational Support Adviser	An Educational Support Adviser is a member of the Deanery responsible for an aspect of education and training. Persons in educational support advisory roles include (former) Retaining and Returning Advisers (RRAs), VT/DF Advisers and dental tutors.
Performer in Training	The VTA applicant needing further training joins the list as a performer “in training”. We note that there are just two categories on the list: “performer” or “undergoing VT”. This document adopts the term Performer in Training for this latter category.
Supervisor/trainer	The dentist in the approved host practice who provides the day-to-day mentoring or in-practice training support for the Performer in Training. The role combines educational and clinical supervision.

The Competency Framework

Applications for VTA are currently assessed against the Committee of Postgraduate Dental Deans and Directors (COPDEND) agreed 17 competences which are organised into two domains.

	Domain – Professionalism
A	To have an up to date Personal Development Plan (PDP) indicating professional aims and objectives and anticipated training needs for the next 12 months
B	To be aware and understand the requirements of the GDC document <i>Standards Guidance</i>
C	Understand practice NHS complaints procedures
D	Work with patients and colleagues demonstrating courtesy and professional integrity
E	Knowledge and understanding of Clinical Audit and Peer Review
F	Commitment to Lifelong Learning and professional development
	Domain – Managerial
A	Able to demonstrate good record keeping
B	Able to refer patients to specialist colleagues
C	Able to prescribe drugs / therapeutics for patients safely and with knowledge of potential drug interactions
	Knowledge of Health & Safety
D	Appropriate training in up to date IRMER regulations and radiation protection
E	Knowledge of Cross Infection Control procedures
F	Knowledge of COSHH regulations and other H&S policies
G	Awareness of NHS regulations in providing treatment for patients
H	Understanding of employment and contract law in UK
I	Understanding of the importance of team work in dentistry
J	Understanding and experience of working in primary care dentistry
K	Ability to recognise and deal with medical emergencies in the dental practice

The evidence used to demonstrate these competences currently includes:

- CV showing evidence of UK NHS primary dental care experience
- Reflective commentary on NHS experience
- Clinical references
- Employment contract and reflection, reference to tutorial discussion
- A personal development plan (PDP)
- Statements from colleagues
- Patient feedback surveys
- Anonymised patient records
- Referral letters and replies
- Minutes from staff meetings
- Reflections on staff training sessions
- Continuing professional development (CPD) record with specific certificates
- Specific practice protocols and reflections, reference to tutorials.

The Study

Commissioned by COPDEND, this work reviewed whether the competency standards were being applied equally across the Deaneries and compared VTA with the first year of Dental Foundation (DF) Training (Vocational Training) that is undertaken by all UK qualified dentists wishing to join a PCT Performer List.

The formal agreement for this work was signed in August 2009. Cardiff University research ethics approval was gained in October 2009.

Method

The work was conducted in three main phases. In the first, documentation on the VTA process was collated from each Deanery and reviewed. The VTA lead and administrator were contacted in all Deaneries (England and Wales) in October 2009 and asked to supply information on the assessments undertaken in the period September 2008 to August 2009. These informants were also asked their views on what works well and areas for improvement. Findings were reported to a COPDEND workshop on *VTA: performers' list entry*, held on 1 December 2009. It was determined at the workshop that there was a need for an agreed framework and guidance.

In the second phase, based on the review of documentation from the Deaneries on the VTA process, guidance and exemplar documentation was drafted and discussed at meetings held with the VTA lead(s) (n=16), administrator (n=7) and Dean (n=9). Meetings took place between 22 March- 5 May 2010. All these meetings were face-to-face bar one which was a teleconference. Questions explored who is involved in the process, practice and supervisor/trainer approval, courses provided by Deaneries, duration of supervised practice, process for assessing the portfolio of evidence, charging policy, comparison with DF1 (VT) and the inclusion of clinical skills assessment.

In the third phase the nature of the variation was summarised and presented at a meeting of the Conference of Postgraduate Dental Educators UK (COPDEUK) on 13 May 2010. A recommended process was developed through discussion with a small COPDEND subgroup comprising two volunteer Deans who had adopted different approaches to the management of VTA. A face to face meeting took place on 17 September 2010. The resultant documentation was presented and discussed at a meeting of the Chief Dental Officer and COPDEND on 4 October 2010. Revisions were made and the document was discussed further at a meeting of COPDEND (14/15 October 2010). The final report incorporates feedback from that discussion.

Overview of Numbers

The quality of the data provided by Deaneries varied and not all were able to provide data by applicant. Based on data from nine Deaneries, and excluding missing cases where country of qualification was unknown³, an average of 26 applications were received per Deanery, approximating to 312 annually. However, the number of applications per Deanery varied widely with one Deanery managing considerably more than the others.

In total, 508 applications were reported from the 12 Deaneries, significantly greater than the annual estimate of 312. This figure includes applications where information on country of qualification was not provided. For some Deaneries it also included known exemption cases (qualifications from EEA citizens). This accounted for 22% of cases overall. Assuming the total of 508 applications included a similar proportion of exemptions, a more realistic estimate of applications per annum is around 400 per year. Applications were received all year round and there was no evidence of numbers decreasing.

Data were provided on the country of qualification for 204 VTA applicants. The majority had qualified in India (43%). The second largest group qualified in the UK (16%). Sizable numbers qualified in South Africa (11%). Six percent of applications were from individuals qualifying in Iraq and a similar number from Pakistan. Other applicants had qualified in Nigeria (n=8), Iran (n=4), Syria (n=3) and the remainder held initial qualifications from an array of different countries.

The data included examples of applicants withdrawing although the extent of this varied. From the available information, five out of the nine Deaneries had examples of candidates withdrawing. For three, this ran at about 10%; for one at about 3% but for the other, it was around 20%.

³ Such cases had to be excluded as for some Deaneries this might have included EEA nationals and thus exempt applicants.

Picture of Variation

The main message from the analysis of data (documentation and views) that was collected as part of Phase 1 was one of variation and the implication that the competence criteria were not applied equally in practice. Specifically, there was variation in: the use of signed educational agreements, the use of a clinical competency checklist, the amounts of time in training, the composition of Review Panels, charging, the role of the PCT/HB and the delineation of responsibilities.

This initial picture of variation was confirmed and developed in the discussion that took place as part of Phase 2. Variation was classified into that related to (a) processes, (b) the training environment and (c) learner support. The nature of the variation and comments on associated risks and concerns are briefly described. A table is then presented which summarises key points of variation by Deanery.

Process variation

Nature of initial review

Two main forms were in use: one approach required the submission of as much of the portfolio evidence as is available at the outset; this is reviewed and gaps/learning needs identified; the other approach was a quick screening process focused on determining if supervised practice is required. The first approach is more time consuming and may delay other steps in the process. The second approach is more efficient but raises a question about when the gap/needs analysis occurs as well as ensuring that the applicant knows what evidence is required.

'Panel' membership

Some Deaneries did not have a 'panel' as such. Where a panel was in place, membership varied from two to more than four and may or may not have included PCT/HB representation. There are risks associated with review by an individual and PCT involvement shares responsibility. The involvement of many individuals adds to costs. Further, needs analysis requires specific skills whereas screening decisions can be made readily.

Duration of in-practice experience

Some Deaneries specified the duration of the in-practice experience; others did not, expecting the portfolio to be submitted when 'ready'. This practice raises a question about whether there should be a minimum period for applicants without NHS primary dental care experience. However, a competency-based approach is not about time-serving.

Final portfolio review

There was variation in terms of the personnel involved in the final review of the portfolios. Although there was no provision within the regulations to issue 'limited' certificates, there were rare instances of this (e.g. orthodontics or oral surgery 'only'). The portfolio provides the evidence for the competences and is the cornerstone of the process. Thus, it is important that the review process ensures that the applicant can do all that is implied by the issuing of a VT number. However, currently a certificate may be issued at 12 months, even in cases which include unmet competences. Further, the current 17 competences do not include a review of clinical skills. Both these issues raise potential risks to patient safety.

Charges

Deanery practice on charging varied. Some make no charge (currently); others just charge for practice inspection (PI) or just for courses; others charge for the time of educational support advisers. Charges need to be made explicit at the outset.

PCT links

Deaneries work with a varied number of PCTs. The extent of their role on panels, in practice inspection and trainer approval varied. Not all PCTs have a Dental Practice Adviser (DPA) and staff turnover can be an issue (loss of knowledge of the processes and expectations). It is of concern if PCTs are either insufficiently involved or if too much is delegated. Of course, this will change in the near future if PCTs are dissolved.

Variation related to the training environment

Practice inspection

The responsibility for practice inspection varied and included examples of it resting with the Deanery, the PCT or both. There was widespread use of existing criteria (Dental Reference Service – DRS - for the practice environment and Deanery VT/DF criteria for educational suitability). As the Deanery has responsibility for the quality of the educational environment, risks are associated with devolving this aspect of inspection to PCTs.

Supervisor/trainer approval

There were no uniform, agreed selection criteria or application procedure. Not all Deaneries meet the proposed supervisors/trainers; some are met at the practice inspection; some Deans use a formal interview process. There are risks associated with Deanery 'approval' of the supervisor/trainer without a robust selection process. It is questionable whether the approval of a supervisor/trainer can be made by application only (i.e. without a meeting). There is a need to ensure that the VTA candidate will be properly supported and not used as 'cheap labour'.

Training for the Supervisor/trainer

Training for the supervisor/trainer was recognised as important. Some Deaneries already provide (mentoring) training although most do not. If responsibility for the educational support of the Performer in Training resides with the supervisor/trainer, without the support of a Deanery educational support advisor (ESA), then there is a clear need for training (in mentoring, tutorials, feedback, supporting reflective writing etc).

Variation related to learner support

Use of educational agreements

Some Deaneries use education support agreements for the supervisor/trainer and/or the Performer in Training but others do not. Agreements clarify expectations but need monitoring. It was also noted that not all Performers in Training had a written employment contract or associate agreement.

Involvement of Deanery ESAs (educational support advisers)

Most Deaneries have someone in this role but they may have little direct involvement in VTA although they may be available 'on demand'. Elsewhere ESAs provide initial and on-going support (e.g. with PDPs, portfolio review). ESAs can monitor the quality of the learning experience. There is a strong argument for this role particularly in a less regulated system (for example, where the supervisor/trainer is not met, educational agreements are not used, training for the supervisor/trainer is not provided, where a gap/needs analysis is not provided by the Deanery).

An introduction to the NHS course

Most Deaneries provide some kind of introductory course although the duration (from 1-20 days), cost and frequency all vary. Applicants can access courses outside the host Deanery. If attendance at such a course is shorthand evidence for certain competences then portfolio reviewers need to be aware of what is covered in the course.

Comparison with VT/DFT

The outcome of VTA and VT within dental foundation training (DFT) is the same: a numbered VT certificate. Many felt that the two were not comparable not least because no review of clinical skills is included in VTA. However, it was also recognised that the two are not readily comparable for a number of reasons including:

- VT is part of an optional two year dental foundation training programme.
- VT has no unit of dental activity (UDA) impact.
- VTA serves different groups of applicants and seeks to give recognition to prior experience.
- VTA can start at any time (creating associated difficulties for requiring attendance at an NHS Induction course).
- No mandatory training is required for VTA supervisors/trainers in practice.

Mixed views about the inclusion of an assessment of clinical skills in VTA were voiced. Some argued that Deaneries are not in a position to sign off trainees (Performers in Training) as clinically competent or make “pass/fail” assessments. To do this would require external review and validation procedures. Further, the initial qualification deems dentists clinically competent and although workplace-based assessments are included in VT/DF training, there is no outcome assessment of clinical skills. These Deans felt that issues related to patient safety in VTA were addressed through concern with the training environment and the in-practice supervision rather than through assessment of clinical skills.

However, other Deans argued that in order to be comparable with VT and to ensure patient safety, some assessment of clinical competence ought to be included in VTA. In addition, it was suggested that PCT/HBs assume that VTA provides assurance of clinical competence and the supervisor/ trainer in practice would be expected to comment if there was a clinical performance issue.

Although self-assessment of clinical experience and confidence could be included in the development of a PDP, any assessment of clinical competence would require some form of workplace-based assessments of practice. Clinical competence could be evidenced by Direct Evaluation of Procedural Skills (DEPS) and Case-based Discussions (CbDs), as used in dental foundation training and a number of Deans were in favour of their inclusion. It was recognised that this would have implications for the training of the supervisors/ trainers and possibly affect their willingness to engage in the process. It was thought by some that the mandatory inclusion of workplace assessment of clinical skills in VTA processes might be possible in a future context of “satisfactory” completion of VT. Evidence of clinical experience might also be provided from data already collected by PCTs on treatments undertaken and it might be possible to be more prescriptive about evidencing certain treatments.

Summary of Variation by Deanery

(PI=practice inspection)

Deanery	Panel	Initial panel review	Duration specified	Trainer approval?	Educational agreement?	ESA support	Who does inspection?	Use of clinical sks checklist	Views on incl clinical skills	Current charges
A	3	Yes	Yes	Interviewed	No	Yes (practice visit to distribution Pt Qs)	Deanery		DEPS Cbd	No
B	No	No	No	Not interviewed	Yes	None face-to-face	Deanery	Supv signs off	Should not	PI. Portf rev
C	3	Yes (gaps)	Yes	Met at inspection	No	Yes, light touch (no practice visit)	Deanery & PCT	No	DEPS Treatments	PI
D	No	Screen	No	Not interviewed	No	Yes, initial and ongoing	PCTs	No	Not asmt but review	No
E	No	No	6 mths expected	PCT not Deanery	No	None (but available on demand)	PCTs	No	No	No
F	3	Screen	No	Applic + practice visit	Yes	Yes, initial and ongoing	PCT and Deanery (ed)	Yes	DEPS	
G	3	Yes (gaps)	Yes	Interviewed	No	Yes, initial and ongoing	Deanery	No	Should not	Practice visits
H	No	Yes (gaps)	Yes	Interviewed	No	Yes, initial and ongoing	Deanery	Yes	Self-assmt Treatments	ESA time
I	4+	Yes	Yes	Not interviewed	No	Yes (scheme based)	PCT or Deanery	No	DEPS as part of scheme	No
J	4	Yes (needs analysis)	Yes	Not interviewed	Yes	Yes, initial	Deanery	Yes	Self-assmt Cases	PI
K	2	Screen	Yes	Interviewed	Yes	Yes, mainly initial	Deanery	No	WPBAs Cbd	No
L	3	Yes (gaps)	No	Met at inspection	No	Responsive to queries	Deanery	No	Yes, should	No

A Recommended Process

Does variation matter? A central concern is whether the practice experience is quality assured. The Deanery is open to challenge from Performers in Training if 'approved' training environments (practices and supervisors/trainers) are 'unsuitable'. This has a number of implications for the management of the VTA process. The whole VTA process (including practice and supervisor/ trainer inspection and approval, compliance with agreements, portfolio assessment) should be subject to quality assurance (QA) processes. The recommended process seeks to address these implications and, in the interests of patient safety, attention is drawn to the need for QA processes in the recommendations (see page 14/5).

The VTA process varies from VT within DFT. A principal point of variation is the exclusion of a clinical skills competency domain in the VTA competency framework. This lack of parity gives rise to another set of recommendations (see page 13).

This section first sets out a recommended 6-step process, from the initial application to the PCT/HB review of the Deanery recommendation, and provides guidance on what each step entails. The stages are then displayed in a flow chart which cross-refers to the description below (as indicated by {n}). This recommended process provides the background context for the recommendations then listed on page 13.

1. Initial Review

The candidate makes an initial application to join a performers list {1.0} which the PCT/HB reviews {1.1}. This should be a quick screening focused on whether the applicant has sufficient (12 months) experience of working as a dentist providing the full range of treatments in a post-2006 NHS primary dental care setting: insufficient experience will require supervised practice. Those falling into this group include dentists with experience only acquired outside the UK, dentists with UK secondary care experience only and dentists with only UK private practice experience. Applications may also come from those dentists with *some* NHS primary dental care experience including those who have been on a career break and those moving PCT/HB. This decision should be made promptly (a two week target timeline⁴) and the relevant cases passed to the Deanery. The Deanery can then pursue Step 2 whilst the PCT/HB collates further information required for Performer List entry and undertakes practice inspection if required (see Step 2).

This first stage does not require that the candidate submits to the Deanery a partial portfolio providing evidence of some competences⁵. Whether or not it is decided that the applicant requires a period of supervised practice in order to demonstrate the required competences, the candidate should be made aware of the evidence expected in the portfolio and the means of providing that evidence (available in Annex 4).

The PCT/HB is responsible for collating all required information for admission to the performers list before the dentist begins providing NHS care in the practice including blood borne virus screening for dentists new to the NHS (not required for UK graduates) and hepatitis immunisation {1.0}. The PCT/HB will also need to ensure that clinical references, occupational health and all other required documentation and certificates are in place and have been checked (including professional indemnity, CRB, proof of identity, immigration status if required) {1.2}. There is scope to develop a standardised application form to a Performer List which would include a structured CV, a structured record of clinical experience and CPD record. (Annex 1 provides example documentation).

⁴ The timeline would need to be agreed with the PCT/HB. This may also include reference to arrangements to cover periods of leave or absence.

⁵ However, a review of experience must be undertaken in order that a PDP can be developed that provides an educational action plan to address the competency gaps. Such a review of experience is expected to be undertaken by the supervisor/ trainer in practice on appointment (see Step 3).

2. Practice and Supervisor/Trainer Approval

By default, all those identified on the performers list as “in training” will be working under supervision. Prior to their employment, both the practice that is suggested by the applicant, as well as the proposed practice supervisor/trainer, must be approved. Practices may already be approved as enhanced or vocational training practices and will not normally require additional inspection (although training capacity will need to be reviewed) {2.1 and 2.2}. The practice must meet the DRS and in future, Care Quality Commission (CQC) criteria covering a wide range of areas including premises, required documentation, policies, radiological equipment, infection control, health and safety and clinical environment (<http://www.nhsbsa.nhs.uk/DentalServices/849.aspx> Form SV9). The PCT or the practice should send relevant reports to the Deanery {2.1e}. If a recent (within the last three years) inspection report is available from the DRS, CQC or the Dental Practice Adviser (DPA), this will normally be sufficient. If a recent report is not available, an inspection should be undertaken by the PCT (a one month target timeline) {2.1b}.

Alongside the practice approval process, the Deanery should review the suitability of the practice for training using the VT/DF criteria see <http://www.copdend.org.uk/dvt/page.php?ref=5.3.1&l1=1142588157&l2=1142591406&l3=1142862415> {2.2}. To be approved, the supervisor/trainer must satisfy specific criteria and agree to undertake training for trainers as recommended by the Deanery. Suggested criteria are given in Annex 2. The supervisor/trainer in practice should be met and the criteria, together with the educational agreement, discussed.

The suitability of the supervisor/trainer and the educational environment of the practice should be documented and reported to the Dean who may advise the PCT as to whether they are satisfactory or unsatisfactory (example report form available in Annex 2.3). The report of the visit should be made available to the practice and the PCT/HB also needs to be satisfied with the trainer. This process is expected to be undertaken within a six week target timeline of referral from the PCT/HB.

As soon as the practice and supervisor/trainer have been approved and the dentist admitted to the list as a performer in training (undergoing VT) {2.3}, the period of supervised training can begin {3.1}.

3. Period of Supervised Practice

This period is expected not to exceed 12 months or an equivalent part-time period. The supervisor/trainer in practice should send a copy of the contract of employment or agreement with the named Performer in Training to the Deanery. Both the supervisor/trainer and the Performer in Training should sign an educational agreement (example available in Annex 3) which should be copied to the Deanery {3.1}.

The main role of the supervisor/trainer in practice is to facilitate the completion of the competences. A review of experience must be undertaken in order that a PDP can be developed that provides an educational action plan to address the competency gaps (see Annex 4) {3.2}. The PDP will be shaped by the evidence required to demonstrate competence and the Performer in Training may be advised or required to attend various courses (for example, an Introduction to the NHS and other GDC core CPD courses). The supervisor/trainer in practice should include an initial review of the Performer in Training's *clinical* skills in line with the clinical experience checklist and early stage peer review tools available in Dental Foundation Training. Any clinical training needs should be incorporated into the PDP.

All Deaneries should have a nominated Educational Support Adviser (ESA) available for on-going support in the development of the portfolio of evidence {3.3}. At the outset, the Deanery should make it known to the supervisor/trainer and the Performer in Training what support is available together with information on the availability of relevant courses. The ESA should respond to requests for support and

be available to review a draft portfolio, normally two to three months prior to submission to enable sufficient time for the Performer in Training to address any gaps in evidence.

The Deanery should ensure that the educational agreements are upheld and that suitable supervision is provided to the Performer in Training.

4. Submission of the Portfolio of Evidence

The supervised training should be of sufficient duration to demonstrate all competences. At minimum this period should be three months. The applicant can submit their portfolio at any time after three months but most will normally require at least nine months supervised training. The competences and advice on how to evidence them is available in Annex 4.

5. Review of Portfolio: Final Assessment

The Deanery should independently review the portfolio of evidence and assess whether all competences are demonstrated.

In cases where an *Introduction to the NHS* course, key skills and core CPD has been undertaken and/or where a draft of the portfolio has been reviewed by an ESA prior to final submission, it is expected that the great majority of applicants will demonstrate all required competences.

The Deanery should keep a record of all decisions and be ready to report annually: the number of applicants for each PCT/HB in the Deanery area; the number of applications withdrawn; the number of certificates issued; the number of applicants requiring further training beyond 12 months; and the number of current Performers in Training (and expected end date).

6. PCT/HB Review

A representative of the PCT/HB may also take part in this review. In the interests of patient safety, a numbered VT certificate should not be issued unless all competences have been demonstrated. Additional time (up to a further 6 months) should be made available to those who are unable to evidence all competences. Since the current context is that the “in training” period cannot extend beyond 12 months, an amendment to the legal position is required. If after an extended period some competences are unmet, this should be referred to the PCT/HB as a performance issue⁶.

Contributory Processes

Two contributory processes should also be noted: funding arrangements and training.

Funding Arrangements

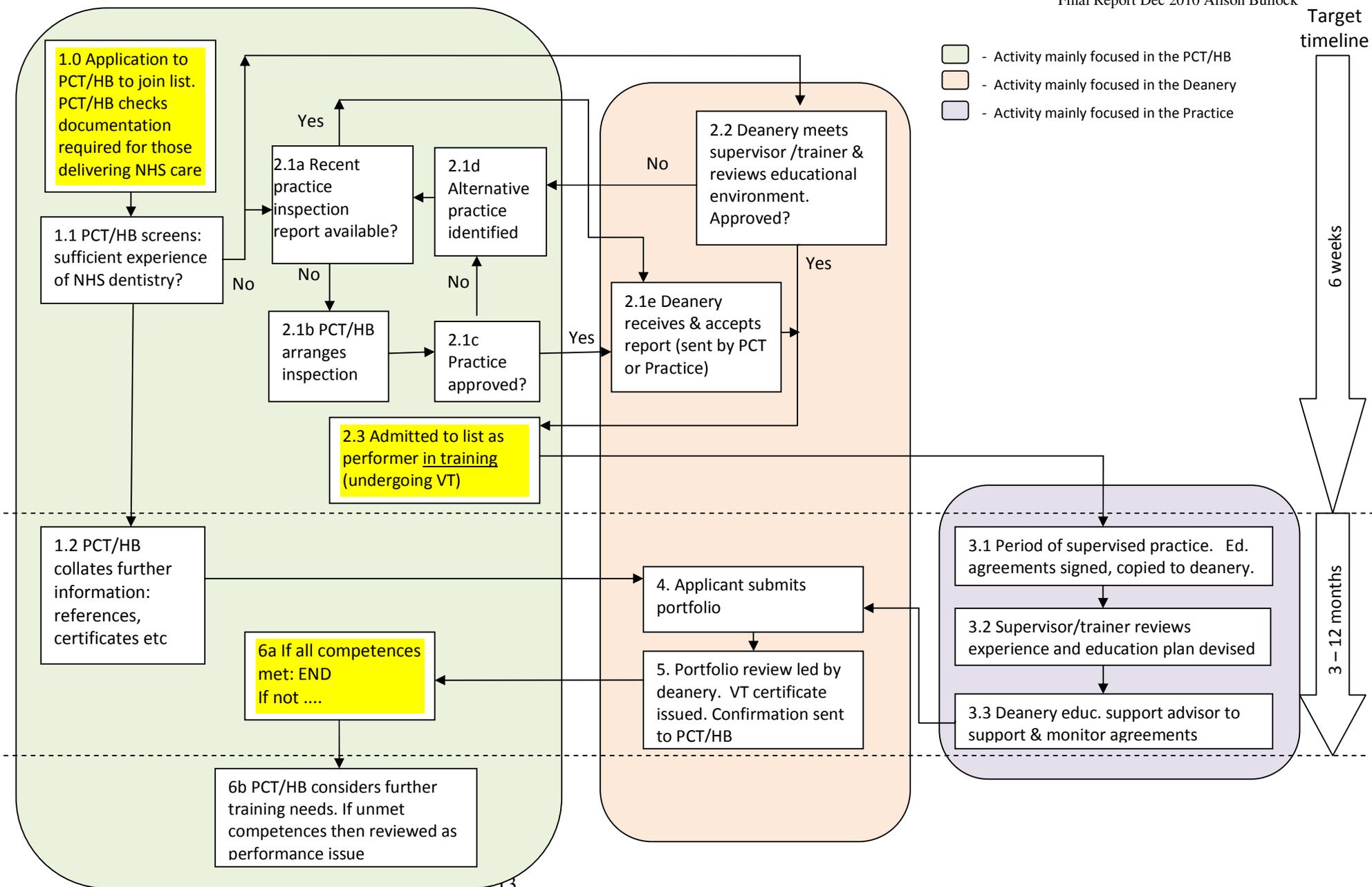
All costs must be made clear at the outset. The Deanery *may* charge for: practice visits (and travel and subsistence for these); supervisor/ trainer training; induction courses and portfolio review.

Training

Supervisors/trainers in practice should be trained in the skills needed to support and assess the Performer in Training’s achievement of competences. Zone 2 of Domains 2 (learning and teaching in the workplace), 4 (assessing the learner) and 5 (guidance for personal and professional development) of the *COPDEND Guidelines For Dental Educators* are especially relevant. Training should also be available for ESAs and those reviewing portfolios.

⁶ This is contingent on satisfactory completion of VT which is outside the scope of this work.

Figure 1: The VT by Assessment Process



Implications

The implications of this recommended VTA process for the supervisor/ trainer, for the Deanery, COPDEND, the PCT/HB and the Department of Health are set out in the table. Seventeen recommendations are identified and organised into those concerning the time frame, quality assurance, support, parity with VT and performance.

Recommendation	Implications for:				
	DH	PCT/ HB	COPDEND	Deanery	Supv/ trainer
1. Timeline: The PCT collation of information and practice inspection should be concurrent with Deanery review of supervisor/trainer and educational environment		✓		✓	
2. Timeline: Expected timelines for the process should be agreed jointly by the Deanery and PCTs/HBs		✓		✓	
3. QA: The practice must meet the Dental Reference Service criteria evidenced by a recent (within last 3 years) inspection report		✓			
4. QA: Supervisor/trainer approval should be based on structured application, clear criteria and include a face-to-face meeting				✓	✓
5. QA: A review of the environment from an educational perspective should be undertaken				✓	
6. QA: Training for supervisors/trainers should be provided				✓	✓
7. Support: For those requiring supervised experience, at least 3 months should be spent working as a dentist in an NHS primary care practice. The period will usually be 9-12 months				✓	✓
8. Support: Educational agreements should be utilised				✓	✓
9. Support: A gap/needs analysis should be undertaken and a learning plan developed					✓
10. Support: A named Educational Support Adviser should be available for on-going support in the development of the portfolio of evidence				✓	
11. QA: Compliance with the educational agreements should be periodically monitored				✓	
12. Parity with VT: A clinical domain should be included within the competency framework	✓		✓		✓
13. Parity with VT: Workplace based assessments of clinical skills should be undertaken			✓	✓	✓
14. Parity with VT: A VT number should only be issued once all competences have been attained	✓	✓	✓	✓	
15. Support: Additional time (up to a further 6 months) should be made available to those unable to demonstrate all competences. Arrangements for less than full time training should be explicit	✓	✓	✓	✓	✓
16. Performance: If competences remain unmet after extended training, the case should be referred to the PCT as performance issue. [Note: this is contingent on satisfactory completion of VT which is outside the scope of this work]	✓	✓			
17. Once agreed, these recommendations will require revisions to guidance			✓	✓	

Exemplar Documentation

Documentation drawn from existing good practice in Deaneries has been prepared and is presented in Annexes to this report. Some of this documentation has been derived from a combination of two or more documents from different Deaneries.

List of Annexes

Annex 1 Initial Application to a PCT/HB Performer List

(NOTE: this information is requested by PCT/HBs)

- 1.1 Structured CV
- 1.2 Clinical Experience Checklist
- 1.3 CPD Record

Annex 2 Practice and Supervisor/Trainer Approval

- 2.4 Application Form for Supervisors/trainers
- 2.5 Criteria for Supervisors/trainers
- 2.6 Practice Visit Report: Education

Annex 3 Initial and On-going Support and Monitoring

- 3.1 Educational Support Agreement for Supervisor/Trainers
- 3.2 Agreement for Performers in Training
- 3.3 PDP
- 3.4 Interim Review

Annex 4 The Portfolio of Evidence

- 4.1 Competency Framework and Guidance
- 4.2 Key Skills Questions to Ask Yourself

Annex 1: The Initial Application

1.1

Structured CV

Part 1	Personal Details
---------------	-------------------------

Surname (family name): _____

Other names: _____

Male Female Date of Birth/...../..... (dd/mm/yy)

Nationality: _____

Contact address: _____

Postcode: _____

Daytime phone/mobile number (including area code): _____

Email: _____

Part 2	Registration and Qualifications
---------------	--

GDC registration number: _____

Date of UK registration as a dentist:/...../..... (dd/mm/yy)

List the qualifications that entitle you to be registered as a dentist in chronological order, with the most recent first.

<i>Qualification</i>	<i>Country where qualification was gained</i>	<i>Year gained</i>

Part 3	Employment History
---------------	---------------------------

Please provide a profile of your previous working posts. List in chronological order, with the most recent first.

<i>Employer name and address of the clinic/surgery/practice</i>	<i>Your role/job title</i>	<i>Size: number of surgeries</i>	<i>Average hrs per week treating patients</i>

Total amount of time you have worked as a dentist in NHS primary dental care: months

Was this full time part time: _____ days per week

Please explain any gaps or overlaps in your employment history: _____

Part 4 **Declaration**

Completion of this part of the form shows that you have applied to join the dental list of a PCT/HB and indicates the grounds on which you are applying for assessment.

I have applied on _____ {date} to be included in the dental list of
_____ PCT/HB.

Address of new practice: _____
_____ Postcode _____

Phone number (including area code): _____

Email: _____

Part 5 **Enclosures and Signature**

You will need to provide all the following documents to support your application and should supply as many as possible now. Most are required before starting NHS practice. Please indicate which are enclosed now:

- Professional indemnity
- Proof of identity (e.g. passport)
- Hepatitis immunisation
- Immigration status if applicable
- CRB check

- Clinical experience checklist
- CPD record
- Certificates of attendance at courses for IRMER/radiology, cross infection, CPR.
- Clinical references

- A signed written offer of employment from a dental practice in the PCT/HB area

Signed: _____ Date: _____

Please send this application to:- {insert PCT/HB address}

1.2

Clinical Experience Checklist

Please complete the clinical experience checklist to give an up to date, detailed account of your experience together with an impression of how confident you feel about various aspects of your work.

Confidence Indicate how confident you now feel on a scale of 1 to 6 (where 6 is 'very confident').

Number Approximate numbers of procedures you have carried out in last 6 months of employment as a dentist.

State which 6-month period you are using:

From/..... (mm/yyyy) To...../..... (mm/yyyy)

Average number of hours per week spent treating patients in this period: _____

Description Please add detail in the space available, using the guidance questions.

	Confidence (1-6)	Description
Diagnosis and treatment planning	<input type="checkbox"/>	
Radiography	<input type="checkbox"/>	Experience of taking: bite wing radiographs? periapical radiographs? panoramic radiographs? Use of: use aiming devices? digital X-rays? Manual development tanks? automatic processor?
Control of pain	<input type="checkbox"/>	Experience of: LA by infiltration? LA by mental block? LA by Inferior Dental Block (IDB)? LA by the intraligamentous route? Use of: aspirating syringes? a re-sheathing device?
Dental emergencies	<input type="checkbox"/>	
Dental trauma	<input type="checkbox"/>	
Prescribing	<input type="checkbox"/>	

	Number	Confidence	Description
Paediatric dentistry			Use of: silver amalgam? Composite? Glass ionomer filling? Experience of undertaking pulpotomy?
Restorations	<input type="checkbox"/>	<input type="checkbox"/>	
SS Crowns	<input type="checkbox"/>	<input type="checkbox"/>	
Extractions	<input type="checkbox"/>	<input type="checkbox"/>	
Deciduous Endodontics	<input type="checkbox"/>	<input type="checkbox"/>	
Orthodontics	<input type="checkbox"/>	<input type="checkbox"/>	Experience of: making an orthodontic assessment? Taking impressions for orthodontic study models? Referral to a specialist for advice? Fitting a removable orthodontic appliance? Fitting a fixed or bonded orthodontic appliance? Using IOTN classification? Using the PAR index?
Preventive dentistry	<input type="checkbox"/>	<input type="checkbox"/>	Use of: fissure sealants? Fluoride varnish? Advice on: Brushing and flossing? Diet? Smoking cessation
Periodontics			Using hand, sonic or ultrasonic instruments? Experience of: root planning? Gingival surgery?
Simple scale	<input type="checkbox"/>	<input type="checkbox"/>	
Complete care <i>Pockets >5 mm</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Prosthodontics			Experience of fitting: upper dentures? Lower dentures? Partial dentures? Cobalt chrome (cast) denture? Relining a denture?
Acrylic Complete	<input type="checkbox"/>	<input type="checkbox"/>	
Acrylic Partial	<input type="checkbox"/>	<input type="checkbox"/>	
Chrome Partial	<input type="checkbox"/>	<input type="checkbox"/>	
Oral Surgery			Experience of removing: a partially unerupted third molar? Buried roots? Experience of: raising a flap and removing a bone? Treatment of a dry or infected socket? Placing sutures? Use of luxators and elevators?
Extractions	<input type="checkbox"/>	<input type="checkbox"/>	
Surgery involving flap, bone removal, suture	<input type="checkbox"/>	<input type="checkbox"/>	

	Number	Confidence	Description
Restorative dentistry			Use of: silver amalgam? Composite?
Amalgam restorations			
Primary caries	<input type="checkbox"/>	<input type="checkbox"/>	
Replacement	<input type="checkbox"/>	<input type="checkbox"/>	
Anterior composite			Use of: silver amalgam? Composite?
Primary caries	<input type="checkbox"/>	<input type="checkbox"/>	
Replacement	<input type="checkbox"/>	<input type="checkbox"/>	
Posterior composite	<input type="checkbox"/>	<input type="checkbox"/>	
Endodontics			Use of: Hand files? Mechanical cleaning such as girofiles? Nickel titanium rotary files?
Incisor/Canine	<input type="checkbox"/>	<input type="checkbox"/>	
Premolar	<input type="checkbox"/>	<input type="checkbox"/>	
Molar	<input type="checkbox"/>	<input type="checkbox"/>	
Crown, veneer, gold (enter precise type)			
_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	
Bridgework			Fixed bridge? Cantilever bridge? Adhesive bridge?
Resin retained	<input type="checkbox"/>	<input type="checkbox"/>	
Conventional	<input type="checkbox"/>	<input type="checkbox"/>	

	Number	Confidence	Description	
Medical emergencies				
Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>		
Basic Life Support	<input type="checkbox"/>	<input type="checkbox"/>	Date of last BLS Practice	<input type="text"/>
Patient management				
Children (routine care)		<input type="checkbox"/>		
Anxious children		<input type="checkbox"/>		
Children in pain		<input type="checkbox"/>		
Adults (routine care)		<input type="checkbox"/>		
Anxious adults		<input type="checkbox"/>		
Aggressive patients		<input type="checkbox"/>		
Adults in pain		<input type="checkbox"/>		
Clinical Photography			Use of: intra oral mirror in clinical photography? film or digital format?	
Intra oral		<input type="checkbox"/>		
Extra oral		<input type="checkbox"/>		

Signed: _____

Date: _____

Print Name: _____

1.3

CPD Record

The GDC specifies that dentists have a duty to keep their knowledge and skills up to date in order to give patients the best possible treatment and care. CPD is compulsory and dentists must complete, and keep records of, at least 250 hours of CPD over five years. A minimum of 75 of these hours must be verifiable CPD. To count as verifiable CPD, an activity must have:

- concise educational aims and objectives;
- clear anticipated outcomes;
- quality controls (participants should be given the opportunity to provide feedback).

A certificate from the provider or organiser, detailing number of hours spent, will be evidence of participation in the activity. Examples of verifiable CPD include:

- courses and lectures
- Vocational Training or Dental Foundation Training study days
- educational elements of professional and specialist society meetings
- conference attendance
- peer review and clinical audit
- distance learning

General CPD activities are those which contribute to professional development but that don't meet the criteria above for verifiable CPD. Examples of general CPD include:

- staff training
- background research (using the internet, for example)
- private study
- journal reading

For the CPD to count towards the required hours, it must be recorded whether it is verifiable or general CPD. The GDC recording form is included as an example.

In addition to the CPD record, where available already you should also enclose:

1. A copy of certificates of attendance at Postgraduate Courses for IRMER (Dental Radiology), Cross Infection Control and CPR.
2. A certificate of attendance at an "Introduction to the NHS" / "NHS Induction" course.
3. Evidence of Clinical Audit or Peer Review group attendance, including an outline of the project undertaken.

(These will also be needed in your portfolio).

CPD Log

Date	Subject / Topic / Title of event or activity	Type of Event and Provider	Verifiable Y/N Hours	Comments

Annex 2: Practice and Supervisor/Trainer Approval

2.1

Application Form for Supervisors/Trainers

Part 1	Personal Details
---------------	-------------------------

Surname: _____

Other names: _____

Male Female Date of Birth/...../..... (dd/mm/yy)

Practice address: _____

Postcode: _____

Daytime phone number (including area code): _____

Email: _____

Part 2	Registration and Qualifications
---------------	--

GDC registration number: _____

Date of UK registration as a dentist:/...../..... (dd/mm/yy)

NHS performer number: _____

List the qualifications that entitle you to be registered as a dentist in chronological order, with the most recent first.

<i>Qualification</i>	<i>Awarding body</i>	<i>Year gained</i>

Part 3	Experience
---------------	-------------------

Number of years in practice as:

An owner: _____ Partner (equity or expense sharing): _____

Performer: _____

Are you: self employed employed

If employed please state name and address of employer:

Does your practice NHS contract exclude any patient groups or mandatory treatment items?

Please give details. _____

Do you practise solely within the NHS?

Yes / No

What are your personal UDAs from NHS work per annum? _____

To which dental defence society do you belong? _____

Have you participated in a VT/DF Scheme as a **Vocational Dental Practitioner**?

Yes / No

If Yes, give year and scheme: _____

Have you participated in a VT/DF scheme as a **Trainer**?

Yes / No

If Yes, give year and scheme: _____

Part 4	CPD
---------------	------------

Have you submitted annual returns to the GDC that comply with the minimum CPD requirements during the last 5 years (250 hours in total, 75 of which verifiable) Yes / No

Enclose a copy of your CPD records for the last 12 months and evidence of involvement with Clinical Audit/ Peer Review.

Part 5	<u>Declarations</u>
---------------	----------------------------

Are you applying to be a sole trainer or joint trainer ?

In the table below please indicate which sessions you intend to work in the practice:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

Please read the following statements carefully before signing this application:

- i. I confirm that I am not aware of any disciplinary proceedings or investigations by the PCT/HB, DPD or GDC in relation to me or my practice or other partners or registrants.
- ii. I understand that professional references may be taken from the PCT/HB, DRS, GDC.
- iii. I am able to offer a training place for a period of up to twelve months.
- iv. I agree to a practice inspection (if required) and will make approximately two hours available to the visitors.
- v. I understand that approval as a Supervisor/trainer for VT by Assessment does not guarantee a place on the Deanery's VT/DF trainer schemes.
- vi. I accept that the decision of the Deanery shall be final. (Feedback will be offered to all unsuccessful applicants).
- vii. I understand that if I am approved as a Supervisor/trainer I will be required to either employ the Performer in Training under contract or have an Associate Agreement and will make this available to the Deanery.
- viii. I understand that I must be available from the date on which the Performer starts in my practice to provide direct supervision.

APPLICANT SIGNATURE: _____ **DATE:** _____

If practising as a non principal (i.e. as a salaried practitioner or as an associate) the practice owner / manager must also sign this application.

Would you be prepared to allow a trainee on this scheme to participate in practice discussions on administrative and day-to-day financial matters? Yes / No

PRACTICE OWNER/MANAGER SIGNATURE: _____ **DATE:** _____

NHS Practice Stamp

I enclose the following:

- Copy of current GDC Practising Certificate
- Copy of evidence of involvement in Clinical Audit/Peer Review
- Copy of CPD record for last 12 months
- Copy of most recent practice visit report from the DPA/DRO

Please send this application to:-

2.2

Criteria for Supervisors /Trainers

The supervisor/trainer will:

- Normally have been working in NHS primary care for at least four years as a performer with some managerial experience
- Be fully included on a performers list, without conditions
- Be compliant with all GDC guidance (including all CPD requirements)
- Demonstrate commitment to a wide range of NHS treatment
- Not be subject to any PCT/HB or GDC investigations or concerns.

The supervisor/trainer will provide:

- A written employment contract or agreement with the named Performer in Training and before he/she starts work, deposit a copy of the signed contract/agreement of employment with the postgraduate office
- A dedicated surgery and nurse for the Performer in Training for 37.5 hours per week for 48 weeks of the year (or part time equivalent) to treat adults and children under the NHS
- Satisfactory facilities (including an adequate supply of hand-pieces and instruments, sufficient to allow them to be sterilized between patients or be disposed of according to Department of Health guidelines)
- Adequate administrative support
- Advice and assistance to the Performer in Training and be available in the practice for a minimum of three days a week for the duration of the training period
- A one hour tutorial each week and support as needed
- Time for the Performer in Training to attend educational activity as indicated in their PDP in order to complete their portfolio
- Payment to the Performer in Training on the date agreed on the Contract and, as required, pay for agreed Deanery visits and educational support.

Once appointed, the supervisor/trainer will

- Satisfy the conditions of the educational support agreement (see Annex 3.1)
- Advise the Deanery of the trainee's progress
- Set time aside to be available for Adviser visit/s as required, including ad hoc visitations.

2.3

Practice Visit Report: Education

Educational Resources

Highlight all available resources:

IT resource	Word processing	Spreadsheets	Database	Powerpoint
Internet resources	Email	Cochrane	Medline	
Tutorial room	Staff room	Surgery	Other	
Journal subscription	BDJ	Dental update	Free journals	Other

Training

The practice should provide evidence of appropriate staff training.

Records of regular staff meetings? Yes / No

What evidence of learning from staff meetings?

Induction programmes for permanent staff? Yes / No

Orientation programmes for temporary staff? Yes / No

Practice Visit Summary: Environment

For each, rate suitability (1=poor; 5=excellent) and add comment.

Area	Score	Comment
Premises overall		
Surgery provision for applicant		
Equipment overall		
Equipment provision for applicant		
Educational resources		
Practice procedures		
Notes review		

The Supervisor/Trainer

Criteria for supervisors/trainers discussed?	Yes / No	Add comment
--	----------	--------------------

Educational agreement discussed and signed?	Yes / No	Add comment
---	----------	--------------------

Copy of employment contact or agreement collected? Yes / No

Confirmed that s/he has been working in NHS primary care dentistry for at least four years as a performer / provider with some managerial experience Yes / No

Confirmed that s/he is fully included on a performers list, without conditions Yes / No

Confirmed that s/he is not subject to any PCT/HB or GDC investigations concerns Yes / No

Confirmed that s/he is compliant with all GDC guidance (including all CPD requirements) Yes / No

Demonstrated commitment to a wide range of NHS treatment Yes / No

Overall recommendation		
Would you recommend this practice as a training location?	Yes / No	Add comment
[Note absolute exclusions would include practices with infection control issues, patient or staff safety issues, flagrant breach of regulation and/or no CPD or audit record for supervisor/trainer]		
Would you recommend this supervisor/trainer?	Yes / No	Add comment

Annex 3 Initial and On-going Support and Monitoring

3.1 Educational Support Agreement for Supervisors/Trainers

As the in-practice supervisor/trainer of the Performer in Training, I agree to:

- Send a copy of the contract of employment or agreement to the Deanery.
- Work in the same premises in a surgery in close proximity to the Performer in Training, and provide direct access to the Performer in Training, for not less than three days a week (or equivalent if joint supervisor/trainer).
- Conduct an initial Personal Development Plan interview to identify the trainee's strengths and weaknesses and draw up an educational action plan to address the competency gaps (which will be copied to the education support adviser).
- Be available for guidance in both clinical and administrative matters and provide help on request or where necessary.
- Conduct regular tutorials within normal practice hours, as required.
- Allow the Performer in Training to attend agreed educational activities required to demonstrate acquisition of the competences.
- Provide relevant training opportunities so that a wide range of NHS practice is experienced.
- Monitor the Performer in Training's progress and professional development and give feedback.
- Advise on the final certification of the Performer in Training's completion of VT by Assessment.
- Ensure that the Performer in Training's PDP and the processes involved in assessment are documented and kept up-to-date and notify the Deanery if inadequate progress is being made.
- Participate in trainer training when necessary to undertake the role of supervisor/ trainer.
- Attend trainer meetings and review sessions, as required.
- Provide appropriate dental reference material for the use of the Performer in Training within the practice (journals, internet access, CD Roms, books, Department of Health documentation, etc).
- Inform the Deanery if my circumstances as the supervisor/trainer, the circumstances of the Performer in Training or the practice change in such a way as to alter the contract of employment with the Performer in Training.

Signature of the Supervisor/Trainer: _____ Date: _____

Print Name: _____

Signature of Employer (if not the Supervisor/Trainer): _____ Date: _____

Print Name: _____

Send a copy of this agreement to the Deanery

3.2

Agreement for Performers in Training

As the Performer in Training, I agree to:

- Take up the position once accepted, enter into an agreed contract of employment or agreement with the Employer and abide by its terms in all respects.
- Participate in an initial Personal Development Plan interview to identify strengths and weaknesses and work with the named Supervisor/trainer to draw up an educational action plan to address the competency gaps (which will be copied to the education support adviser).
- Work under the direction of the Supervisor/trainer and seek advice and help on clinical and administrative matters where necessary.
- In the interests of good patient care and the good management of the practice, draw the supervisor/trainer's attention to any problems encountered immediately they become apparent.
- Attend regular tutorials within normal practice hours and keep a record of these.
- Attend the courses as outlined in the Personal Development Plan.
- Cooperate with the Deanery education support adviser, the PCT/HB, the Supervisor/trainer and the practice so that I make the most of the facilities and opportunities provided.
- Work with the Supervisor/trainer to ensure that progress and professional development are evidenced, using the Personal Development Plan (PDP) and any other material provided for this purpose; and to ensure that the relevant documentation is kept up-to-date.
- Undertake any specified activities as part of the VT by Assessment training.
- Not work outside the training practice whilst working within the terms of this agreement unless approved by the PCT/HB and Deanery.
- Act as a full and committed member of the dental practice team, participating in practice meetings, following proper practice protocols and cooperating with practice staff in all respects.
- Take out professional indemnity cover and practise according to General Dental Council and other relevant professional guidelines.
- In the event of disagreement or dispute with the supervisor/trainer, inform and cooperate with the Deanery to resolve the matter expeditiously.

Signed: _____

Date: _____

Print Name: _____

Send a copy of this agreement to the Deanery

3.3

PDP

Personal Development Planning For Dental Practitioners

A personal development plan (PDP) is a means of identifying an individual's development needs and wants and devising the best way to satisfy these requirements. This process is part of Clinical Governance and it is a government requirement that all clinicians in the NHS have and use a PDP. The specific purpose of a PDP for the Performer in Training is to meet the competency standards.

Developing the Plan

- Before writing a PDP it is important that the practitioner takes time to think about his/her practice.
- The use of SWOT (strengths, weaknesses, opportunities, threats) analysis or appraisal can be helpful.
- Educational needs should be precise. What exactly do you want to be able to do? Be specific.
- Each competency standard need might require a number of actions.
- Once a plan is written it is important to find the resources to fulfil the educational needs highlighted.
- Although courses and lectures are important, think of other resources (e.g. support from your supervisor/trainer or Deanery educational support advisor, peer review/learning groups, internet resources, reading journals, focused team meetings).
- A plan will and should change in the future, it should be updated at regular intervals and when goals have been achieved.

Competency Standard or element	Action How might this be developed?	Outcome/Evidence	Target date for completion

3.4

Interim Review

To be completed by the supervisor/trainer in practice and/or educational support adviser to inform feedback discussion with the Performer in Training.

Name of Performer in Training: _____

Start date of training: _____

Expected end date of training: _____

Has the Performer in Training provided evidence of meeting all competency standards? Yes / No
If not, identify missing evidence and suggest action required. (See Annex 4)

Do you have any concerns about the Performer in Training's clinical practice?

- I have no concerns
- I have some concerns which relate to.....

Do you have any concerns about the Performer in Training's professionalism?
 I have no concerns
 I have some concerns which relate to.....

Do you have any concerns about the Performer in Training's professional insight (their self-reflection and awareness of areas to develop, improve)?
 I have no concerns
 I have some concerns which relate to.....

Do you have any concerns about the Performer in Training's communication skills with patients and the dental team (clarity, intelligibility, ability to build rapport, listen, persuade, negotiate)?

Has the Performer in Training keep to the educational agreement?
Yes / No
If not, identify areas of non compliance (refer to Agreement)

Name: _____ Position/Role: _____

Signed: _____ Date: _____

Annex 4: The Portfolio of Evidence

4.1

Competency Framework and Guidance

	Domain – Professionalism Competency:	Evidenced by:	Guidance
A	To have an up to date Personal Development Plan (PDP) indicating professional aims and objectives and anticipated training needs for the next 12 months	Copy of PDP and reflective log (signed by the supervisor/trainer)	Identify “core” courses such as GDC requirements (IRMER, CPR etc). The reflective account should be based on your own NHS dental work.
B	To be aware and understand the requirements of the GDC document “Standards Guidance”	Portfolio containing examples of application of Standards Guidance (GDC) and clinical references CbDs (case-based discussions)	DO NOT INCLUDE the Standards Guidance document. Demonstrate awareness and understanding of requirements by examples of clinical application, reference to tutorial discussion (signed by supervisor/trainer) and CbDs. Provide copies of recent clinical references (in English or translated) normally no more than 6 months old.
C	Understand practice NHS complaints procedures	Portfolio containing copy of complaints procedure example CbDs	As well as including the practice’s complaints procedure, provide examples of complaints (verbal or written), the process, resolution, your reflections and CbDs as appropriate.
D	Work with patients and colleagues demonstrating courtesy and professional integrity	Written statements from colleagues Patient satisfaction survey and/or multi-source feedback	Provide written statements from colleagues and Practice Staff about team working ability and/or your personal integrity. Include the results of a patient satisfaction surveys (taken from a random selection of your own patients) and comment on your learning.
E	Knowledge and understanding of Clinical Audit and Peer Review	Evidence of Audit/Peer Review	Provide evidence that you have undertaken you own Audit/Peer Review as an NHS dentist. Note that an audit of x-rays is an annual requirement to comply with IRMER regulations.
F	Commitment to Lifelong Learning and professional development	Record of CPD over the last 3 years	Provide a record of your formal, verifiable CPD (and enclose copies of attendance certificates etc) and informal, general CPD for the last 3 years or since qualification if less.

Domain – Managerial Competency:		Evidenced by:	
A	Able to demonstrate good record keeping	Anonymised copies of patient records. (Key Skills – record keeping)	From your work as an NHS dentist, provide at least 5 of your own <u>anonymised</u> patient records, showing a range of treatments (could specify here) and demonstrating good record keeping skills. Include in the portfolio medical history updates and reflection. Ideally enclose evidence of attendance at Key Skills – Record Keeping course.
B	Able to refer patients to specialist colleagues	Examples of referral letters/replies (Key Skills – record keeping)	Provide copies of your own referral letters/pro-formas (as a practising dentist) including replies from specialist colleagues and reflection on the outcome of these referrals.
C	Able to prescribe drugs / therapeutics for patients safely and with knowledge of potential drug interactions	Examples of anonymised patient records with examples of prescribing and practice protocols. CbDs	Include a copy of practice drug prescribing protocols and a signed reflective commentary demonstrating understanding of the protocols. Your portfolio should include examples of prescribing from your own NHS cases (real but anonymised) including polypharmacy in the form of CbDs.
Knowledge of Health & Safety			
D	Appropriate training in up to date IRMER regulations and Radiation Protection	Evidence of attendance at IRMER course or equivalent (Key Skills – Radiography)	Certificate of attendance or completion of an accredited IRMER course (5 hours) or equivalent.
E	Knowledge of Cross Infection Control procedures	Copy of practice policies (Key Skills – Cross Infection Control)	Include a copy of the policy and demonstrate understanding and application of policy in a reflective commentary. Also include certificate of attendance/completion of any “Cross Infection” verifiable CPD and any audit on cross infection you have carried out in the practice.
F	Knowledge of COSHH regulations and other H&S policies	Copies of COSHH policies and practice H&S protocols. (Key Skills – Legislation & Risk Management)	Include copies of the policies and demonstrate understanding and application of policy in a reflective commentary. Include sample copies of COSHH sheets used in your practice. Detail examples of COSHH and/or other verifiable CPD.

Domain – Professionalism Competency:		Evidenced by:	Guidance
G	Awareness of NHS regulations in providing treatment for patients	Evidence of attendance at ‘Introduction to the NHS’ / ‘NHS Induction’ course. (Key Skills – Legislation and Good Practice). Evidence of previous experience of NHS Primary Care.	A letter from a previous employer or NHS PCT/HB to demonstrate the period(s) of time you have spent as an NHS dentist. Evidence understanding of current NHS regulations through including a certificate of attendance at “introduction to the NHS” / “NHS Induction” course, Also include verifiable CPD certificate of Key Skills – Legislation and Good Practice.
H	Understanding of Employment and Contract Law in UK	Evidence of Employment Contract (past or present)	Include own signed contract of employment. Demonstrate understanding in a reflective commentary and reference to tutorial discussion (signed by supervisor/trainer). Also include certificate of attendance/completion of any related verifiable CPD – Legislation and good practice.
I	Understanding of the importance of Team Work in Dentistry	Evidence of staff training involvement, staff meetings. (Key Skills – Team Training).	Evidence of involvement in staff training as a dentist. Evidence of involvement in team meetings as a dentist e.g. minutes of meetings including action plan and follow up Examples of application of teamwork e.g. referring to a hygienist/ therapist.
J	Understanding and experience of working in Primary Care Dentistry. Consideration will be given to experience gained working in the Community Dental Service or Secondary Care Salaried Service	Evidence of working as a dentist providing the full range of treatments in a post-2006 NHS primary dental care setting, normally for at least 12 months although applicants will be judged on a case-by case basis.	Written statements from colleagues, evidence in CV of work including a full range of treatment, a reflective commentary on your experiences and reference to tutorial discussion (signed by supervisor/trainer).
K	Ability to recognise and deal with medical emergencies in the Dental Practice	Evidence of CPR training. Emergency drug protocol for use in practice. (Key Skills – Medical Emergencies)	Provide an up to date CPR/Medical Emergencies CPD certificate. Provide a copy of practice’s emergency drug protocol and demonstrate understanding in a reflective commentary and reference to tutorial discussion (signed by supervisor/trainer).
Domain – Clinical Skills		Evidenced by:	Guidance
A	Clinical abilities consistent with practice in Dental Foundation Year 1	Use of DFT early stage peer review tool Clinical experience log, CbDs and DEPS	Provide evidence consistent with DF1.

Note: A **reflective** account sets out the situation/ event, describes what happened (actions), notes conclusions drawn (analysis) and explains what was learned and what might be done differently in future (interpretation and action planning). Reflection aims to improve what we do by understanding why we do it.

VT by Assessment Portfolio: a summary of suitable evidence

Also for revalidation	Evidence	PA	PB	PC	PD	PE	PF	MA	MB	MC	MD	ME	MF	MG	MH	MI	MJ	MK	CSA
	CV													✓			✓		✓
	Employment contract and reflections on application and/or reference to tutorial discussion														✓				
✓	PDP	✓																	
	Reflective commentary on NHS clinical experience	✓	✓											✓			✓		✓
	Case-based discussions (CbDs)			✓															✓
	Direct Evaluation of Procedural Skills (DEPS)			✓															✓
	Clinical references		✓											✓			✓		
	Statements from Colleagues				✓														
✓	Multi-source feedback				✓														
✓	Patient satisfaction surveys/ Patient feedback				✓														
✓	Patient records (anonymised)							✓		✓							✓		
	Referral letters/replies								✓										
	Staff meeting minutes																✓		
	Staff training programmes																✓		
✓	CPD Record, showing current certificates for:						✓												
	• Clinical audit and peer review					✓	✓												
	• Record keeping course							✓											
	• IRMER (radiology) course										✓								
	• Cross infection control course											✓							
	• Risk management course												✓						
	• Introduction to the NHS course													✓					
	• Legislation and good practice course												✓	✓	✓				
	• Team training																✓		
	• Medical emergencies/CPR training																		✓
	Protocols and examples or reflections on application and/or reference to tutorial discussion																		
	• Complaints			✓															
	• Drug prescribing (including for emergencies)									✓									✓
	• Radiation protection										✓								
	• Cross infection control											✓							
	• COSHH and other H&S policies												✓						

4.2

Key Skills: Questions to Ask Yourself

Guide to the MJDF Portfolio of Evidence (2007)

http://www.mjdf.org.uk/docs/portfolio_guide_jul07.pdf

Clinical Record Keeping (Domain Managerial A and B)

Questions to ask yourself

- Are my clinical notes clear, legible and easy to read?
- Are my clinical notes filed, dated and signed?
- Have all the necessary elements of the treatment been written up?
- Do my notes satisfy medico legal requirements?
- How does the workplace manage informed consent?
- Do my referral letters state clearly the reason for referral?
- Does the workplace use medical history sheets? If not, how are medical histories recorded and updated?

Radiography (Domain Managerial D)

Questions to ask yourself

- What selection criteria do I use for taking radiographs?
- What are the health and safety implications of taking radiographs?
- What protocols does my workplace have for radiography?
- Is there a quality assurance system for radiographs taken in my work environment?

Infection Control (Domain Managerial E)

Questions to ask yourself

- How is infection control managed in my work environment?
- What staff training is in place?
- Does the surgery design enable me to have in place good infection control procedures?
- How do I cope with the problem of aerosols?
- How do I prevent contamination in water lines?
- How are instruments decontaminated and sterilised?
- What is the workplace policy on the use of chemical disinfectants?
- How are hard surfaces cleaned and sterilised?
- What disposables are used?
- What happens to clinical waste?
- What guidelines are there for infection control procedures? Are current guidelines followed? If not, why not?
- Would it be possible to improve these procedures?
- What is the workplace policy on the immunisation of staff?
- What happens after an inoculation injury?
- How is laboratory work managed?
- How does health and safety law affect infection control?
- Does the workplace have any protocols for infection control?

Legislation and Good Practice Guidance (Domain Managerial G)

Questions to ask yourself

- How do I ensure patient confidentiality?
- Do I always record the patient's consent to treatment?
- Can I demonstrate awareness of GDC regulations on standards?

- Can I demonstrate training in child protection?
- Can I demonstrate a professional approach to the handling of complaints?
- Am I aware of what constitutes negligent care?
- Am I aware of issues of probity?

Risk Management and Communication (Domain Managerial F)

Questions to ask yourself

- What is a hazard?
- What is a risk?
- Has a risk assessment been carried out for the environment in which I work? If so, how and when?
- What does health and safety legislation require of my work environment?
- What does my work environment actually do to comply with Health and Safety law?

Team Training (Domain Managerial I)

Questions to ask yourself

- How do I record my own CPD?
- How do I provide prescriptions for treatment by dental care professionals (DCPs), e.g. dental hygienists, dental health educators and dental technicians?
- Does staff appraisal take place in my work environment?
- Does the workplace have an equal opportunities policy?

Medical Emergencies (Domain Managerial K)

Questions to ask yourself

- What drugs are present in the workplace for dealing with medical emergencies?
- How are these drugs used?
- Is there a current protocol for dealing with a collapsed patient?
- What staff training is there for dealing with medical emergencies?
- Has a timed team exercise been carried out for dealing with a collapsed patient?

Other (not referenced to Key Skills)

Complaints (Professionalism C)

Questions to ask yourself

- How do staff handle complaints?
- What are the current trust guidelines?
- Are complaints logged?
- What staff training is in place to deal with patients' complaints?

Clinical Audit (Professionalism E)

Questions to ask yourself

- Is the audit project concerned with a common problem or practice in dentistry?
- Have I clearly described the method?
- Is the sample size large enough to be able to demonstrate current performance?
- Have I demonstrated, with a clear presentation, my data collection sheet, with all relevant data collected without bias?
- Have I presented my evidence with the original data to support the audit?

References

COPDEND Guidelines for Dental Educators: a framework for developing standards for educators of the dental team. Bullock, A.D. and Firmstone, V.R. (2008) © COPDEND www.copdend.org.uk

Department of Health (2006) Implementing local commissioning for primary care dentistry. Factsheet 19 Competency training for dentists who have not undertaken vocational training. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4124337 Accessed 11/1/10

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NHS Regulations Statutory Instrument 585 2004

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