**A Reference Guide**

**for**

**Dental Foundation Training**

**in**

**England, Wales and Northern Ireland**

**Applicable to Foundation Dentists taking up appointments in Dental Foundation Training which commenced on or after 1 September 2016**

**Supplement 1**

**General Guidance**

**The Dental Blue Guide**

**September 2016**

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**Guidance G1**

**Definition of Dental Foundation Training**

The following definition is taken from The National Health Service (Performers Lists) (England) Regulations 2013. Similar definitions apply in Wales and Northern Ireland.

Foundation training means a relevant period of employment during which a dental practitioner is employed under a contract of service by an approved trainer to provide a wide range of dental care and treatment and to attend such study days as that contract provides, with the aims and objectives of enhancing clinical and administrative competence and promoting high standards through relevant postgraduate training and in particular to—

(a) enable the dental practitioner to practise and improve the dental practitioner’s skills;

(b) introduce the dental practitioner to all aspects of dental practice in primary care;

(c) identify the dental practitioner’s personal strengths and weaknesses and balance them through a planned programme of training;

(d) promote oral health of, and quality dental care for, patients;

(e) develop and implement peer and self-review, and promote awareness of the need for professional education, training and audit as a continuing process; and

(f) enable the dental practitioner to—

(i) make competent and confident professional decisions including decisions for referrals to other services,

(ii) demonstrate that the dental practitioner is working within the guidelines regarding the ethics and confidentiality of dental practice,

(iii) implement regulations and guidelines for the delivery of safe practice,

(iv) know how to obtain appropriate advice on, and practical experience of, legal and financial aspects of practice, and

(v) demonstrate that the dental practitioner has acquired skill and knowledge in the psychology of care of patients and can work successfully as a member of a practice team.

**Guidance G2**

**RCP Outcomes in Dental Foundation Training**

|  |  |  |
| --- | --- | --- |
| **Outcome and Descriptor** | **Detail** | **Applicable to Panel(s)** |
| **Outcome 1**  Demonstrating progress and the development of competences and prescribed elements at the expected rate. | Satisfactory progress is defined as demonstrating the competences within the dental foundation curriculum approved by the Departments of Health at the rate required and meeting the prescribed elements of the HEE Local Office/Deanery training programme. The rate of progress should be measured within the context of the above. | Interim RCP |
| **Outcome 2**  Development of specific competences and/or prescribed elements required | The Foundation Dentist may not have demonstrated the competencies and/or prescribed elements at an appropriate level at this stage and some of these need to be further developed. The panel will need to specifically identify in writing the further development(s) which is/are required. The documentation will be returned to the TPD, who will make clear to the Foundation Dentist, the Educational Supervisor and the employer (where different) what must be done to achieve the required competences and the assessment strategy for these. At the Final Review of Competence Progression (Final RCP) it will be essential to identify and document that these competences have been met. | Interim RCP |
| **Outcome 3**  Inadequate progress by the Foundation Dentist – additional training time required. | The panel has identified that a formal additional period of training is required which will extend the duration of the training programme. Where such an outcome is anticipated, the Foundation Dentist must meet with the panel. The Foundation Dentist, Educational Supervisor and (where different) the employer will need to receive clear recommendations from the panel about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision). It will, however, be a matter for the HEE Local Office/Deanery to determine the details of the additional training within the context of the panel’s recommendations, since this will depend on local circumstance and resources. Where such additional training is required because of concerns over progress, the overall duration of the extension to training is at the discretion of the Postgraduate Dental Dean, but with an absolute maximum of one year additional training during the total duration of the training programme. The panel should consider the outcome of the remedial programme as soon as practicable after its completion. | Final RCP Stage 2 |

|  |  |  |
| --- | --- | --- |
| **Outcome and Descriptor** | **Detail** | **Applicable to Panel(s)** |
| **Outcome 4**  Released from training programme with competences demonstrated/not demonstrated identified | The panel will recommend that the Foundation Dentist is released from the training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress, if appropriate. The panel should ensure that any relevant competency areas which have been demonstrated by the Foundation Dentist are documented. The Foundation Dentist may wish to seek further advice from the Postgraduate Dental Dean about future career options. | Final RCP Stage 2  Outcome 6R Review |
| **Outcome 5**  Incomplete evidence presented – additional evidence required | The panel can make no statement about progress or otherwise since the Foundation Dentist has supplied either no information or incomplete information to the panel. If this occurs the Foundation Dentist may require additional time (normally a maximum of ten working days) to submit the evidence. Once the required documentation has been received, the panel should consider it (the panel does not have to meet with the Foundation Dentist if it chooses not to and the review will be done “virtually” if practicable) and issue an assessment outcome. In Final RCP this review may be carried out by a Stage 2 Panel | Interim RCP  Final RCP Stage 1 |
| **Outcome 6**  Demonstrated all required competences and prescribed elements | The panel will recommend that the Foundation Dentist has completed the training programme and for award of a Certificate of Satisfactory Completion of Dental Foundation Training (CSCDFT) by the Postgraduate Dental Dean. The panel will need to consider the overall progress of the Foundation Dentist and ensure that all the competency areas of the curriculum have been demonstrated and all prescribed elements within the programme have been submitted to a satisfactory standard before recommending the Foundation Dentist for completion of the training programme to the Postgraduate Dental Dean. | Final RCP Stage 1  Final RCP Stage 2  Outcome 6R Review |

**For Outcomes 6R and 7 – see next page**

|  |  |  |
| --- | --- | --- |
| **Outcome 6R**  Demonstrated all required competences and prescribed elements subject to completion of identified actions | An Outcome 6R will be recommended when a Foundation Dentist has completed the majority of the requirements for Satisfactory Completion and any missing requirements should be able to be completed within the initial period of training. In awarding an Outcome 6R the panel will consider realistically the ability of the Foundation Dentist to complete the outstanding requirements within the specified period. If this is not likely to be the case, an Outcome 6R should not be recommended.  The panel will need to consider the overall progress of the Foundation Dentist and ensure that the majority of competency areas of the curriculum have been demonstrated and/or the majority of the prescribed elements within the programme have been submitted to a satisfactory standard. The panel will need to identify the specific elements that must be demonstrated and reviewed within the remainder of the specified training period for satisfactory completion of the training programme to be confirmed. | Final RCP Stage 1  Final RCP Stage 2 |
| **Outcome 7**  Referral to Stage 2 Panel for further consideration | The panel is unable to recommend an Outcome 6 for the Foundation Dentist and has forwarded the evidence provided for consideration by a Final Review of Competence Progression Stage 2 panel for review. | Final RCP Stage 1 |

**Guidance G3**

**Recommended Minimum Requirements to Demonstrate Satisfactory Completion**

Please note that these are **recommended** minimum requirements designed to ensure that the purpose of Foundation Training ‘to provide a wide range of dental care and treatment and to attend such study days as that contract provides, with the aims and objectives of enhancing clinical and administrative competence and promoting high standards through relevant postgraduate training’ is met. Individual HEE Local Offices/Deaneries may make some or all requirements mandatory at their discretion.

Where a recommended minimum requirement has not been met, RCP Panels will take account of local HEE Local Office/Deanery guidance, extenuating circumstances and/or the overall performance of a FD in making an Outcome recommendation. An Outcome recommendation should not normally be based on whether or not an individual requirement has or has not been met unless this has a potential effect on patient safety.

It is accepted that delivery of the Clinical Activity recommendations may have to be influenced by local factors and the overall clinical recommendations are designed to guide RCP Panel members, Foundation Dentists, Educational Supervisors, Training Programme Directors and other HEE Local Office/Deanery staff in recognising what a broad range of clinical experience should represent with regard to more complex treatments. In all cases, any treatment must be carried out in line with a patient’s best interests.

Foundation Training is a unique opportunity for a Foundation Dentist to gain experience of all types of NHS treatment and patients in a protected environment under the guidance of an experienced Educational Supervisor in a practice approved for that purpose. Within the bounds of patient and trainee safety, Foundation Dentists should actively seek to ensure that they take full advantage of the opportunities available to gain suitable clinical and non-clinical experience throughout the training period.

**For detailed Guidance see pages 8-12**

**Guidance on Recommended Minimum Requirements**

|  |  |  |
| --- | --- | --- |
| **Assessment** | **Minimum Requirement** | **Notes** |
| Induction | Practice induction to be completed within first two weeks | * Induction checklist in e-portfolio to be used * Record of pre-Foundation clinical activity to be completed |
| Early Stage Review and Reports | FD and ES reports to be completed by end of Month 2 and TPD meetings held | * Available to the Panel for information |
| DOPSs | Two completed within first two to four weeks | * 1.New patient examination (communication skills) * 2. Simple restoration (clinical skills) * Concerns to be discussed with TPD |
| Patient Record Review | Completed in Month 3 | * 10 records reviewed by FD * Minimum 3 records reviewed by ES |
| ADEPTs | Eighteen completed by end of Month 9 | * All 11 major clinical competencies should be assessed at least once by the ES or another dentist * ADEPTs with a score of less than 3 in an individual element or elements will highlight a learning need or needs. These should be recorded and addressed and there must be evidence to show that the needs have been met - this may include a further relevant ADEPT, if necessary * At least 1 ADEPT should be carried out by an assessor (TPD or ES) other than the FD’s ES(s) * Minimum of 8 completed by Interim RCP Stage * Minimum of 18 completed by Final RCP Stage 1 |
| Case-based Discussions (CbDs) | Ten completed by end of Month 9 | * Minimum of 3 completed by Interim RCP Stage * One CbD to be formally presented and assessed at a Study Day |
| Reflective Clinical Log | All Logs completed, action plans generated and identified learning needs addressed | * Minimum of eight to be completed by end of Month 2 * Minimum of one to be completed each month between Months 3 and 12 * Action plans should be created (and followed through) as part of each entry * Additional entries (when appropriate) are to be encouraged to support reflective practise |
| Units of Dental Activity (UDAs) | In the region of 1875 (1820 in Wales) recorded UDAs in a range of Bands during the first 12 months as an FD | * UDAs should be completed across the range of Bands as appropriate to demonstrate adequate preparation for NHS dental practice * Level of UDA delivery should also take account of the depth and breadth of clinical experience demonstrated in the Clinical Activity Record * Activity in NHS Contract Prototypes in England should demonstrate an equivalent level |

|  |  |  |
| --- | --- | --- |
| **Assessment** | **Minimum Requirement** | **Notes** |
| Clinical Activity Record | Record completed and activity demonstrates experience of a broad range of treatments and patient types relevant to NHS General Dental Practice | * Record to be completed monthly. Each record will be locked 5 working days after end of each month * Complex treatments - activity should include: * Twelve indirect restorations (e.g. crowns, inlays, onlays and veneers). To include at least one of each type, if possible * Two bridges. To include one conventional bridge, if possible * Twelve acrylic prostheses * Two Co-Cr prostheses * Twelve endodontic cases – to include both single-rooted (incisors and/or canines) and multi-rooted endodontic cases (molars and/or premolars) * Four extractions of special difficulty (which may involve bone removal and/or flaps): one undertaken as ADEPT with ES by the end of Month 4 |
| Clinical Audit | Completed by end of Month 9 | * Two audit cycles to be completed * Topic and timings to be set by individual HEE Local Offices/Deaneries |
| MSF(s) | Completed in Month 4 (and Months 8/9 if required) | * Minimum of 8 submitted forms required * Must include ES(s), FD’s Dental Nurse, Practice Receptionist * Repeated in Months 8 or 9 if required by Interim Panel |
| PSQ(s) | Completed in Month 4 (and Months 8/9 if required) | * Minimum of 20 submitted forms required * Repeated in Months 8 or 9 if required by Interim Panel |
| Professionalism and Management & Leadership Domains | Evidence of training submitted by FD by end of Month 9 | * See matrix on pages 4/5 for assessment evidence options |
| Study Day attendance | All HEE Local Office/Deanery Study Days (or approved alternatives) attended, recorded and evaluated reflectively | * Normally 30 Study Days in 12 months period (may be local HEE Local Office/Deanery variations) * Deanery/HEE Local Office Study Days held after Final RCP recommendation must be attended and evaluated for Certificate of Satisfactory Completion of DFT to be issued |
| Educational Supervisor Tutorial Programme | All Tutorials required by HEE Local Office/Deanery completed, recorded and evaluated reflectively | * Normally 40 Tutorials in 12 months period (may be local HEE Local Office/Deanery variations) * Tutorials scheduled after Final RCP recommendation must be attended and evaluated for Certificate of Satisfactory Completion of DFT to be issued |

|  |  |  |
| --- | --- | --- |
| **Assessment** | **Minimum Requirement** | **Notes** |
| Significant Events | Reporting required in e-portfolio and ESs’ Structured Reports | * Panels will take account of the evidence and its relevance to Satisfactory Completion in reaching their recommendations |
| Complaints | Reporting required in e-portfolio and ESs’ Structured Reports | * Panels will take account of the evidence and its relevance to Satisfactory Completion in reaching their recommendations |
| Sickness absence | Reporting required in e-portfolio and ESs’ Structured Reports | * Panels will take account of the evidence and its relevance to Satisfactory Completion in reaching their recommendations |
| Annual leave | Reporting required in e-portfolio and ESs’ Structured Reports | * Annual leave should be taken in accordance with the national FD Contract and any HEE Local Office/Deanery requirements |
| ES Structured Report | Completed at end of Months 5 and 9 | * Separate reports required for Interim and Final RCP Panels * Supplementary report also to be completed if concerns or if required by HEE Local Office/Deanery |
| TPD Structured Report | Completed at end of Months 5 and 9 | * Separate reports required for Interim and Final RCP Panels |
| RCP Panel Report | Completed in Month 6 (Interim RCP) and Month 10 (Final RCP) | * Interim RCP Panel Report available for review by Final RCP Panel(s) * Final RCP Outcome 6 required for a Certificate of Satisfactory Completion of DFT to be issued * Modified Certificate identifying demonstrated competencies may be available in the event of an Outcome 4 |
| BSA Data | Uploaded monthly following receipt of first BSA report | * FD to upload their BSA activity data into e-portfolio when received each month *(Available from November 2015)* |
| National FD Survey | Completed | * Survey may be compulsory or voluntary as decided by HEE Local Office/Deanery * Final page uploaded into e-portfolio to confirm completion |
| HEE Local Office/Deanery FD Survey | Completed (where applicable) | * Survey may be compulsory or voluntary as decided by HEE Local Office/Deanery * Final page uploaded into e-portfolio to confirm completion |

**Reminder:**

The above requirements are recommendations only and Panels should take account of all elements submitted in reaching a decision on which Outcome to award. At the Final RCP stage consideration should be given to the purpose of Dental Foundation Training as set out in the NHS Performers List Regulations for England and Wales (or the equivalent in Northern Ireland) before deciding whether or not a Foundation Dentist can be said to be suitable to practice independently within NHS Primary Dental Care Services

**Professionalism and Management & Leadership Domains – Evidence Required for Assessments**

**Options Matrix**

***At least one evidence box should be ticked for each topic***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Topic** | **Evidence** (Please tick (✓) source submitted | | | | |
| **Tutorial** | **Study Day** | **Audit** | **Reflective Commentary / Portfolio** | **Other**  **(please state)** |
| **Professionalism** |  |  |  |  |  |
| Appraisal | ✓ | ✓ |  | ✓ |  |
| Clinical audit and peer review |  | ✓ | ✓ | ✓ |  |
| Confidentiality | ✓ | ✓ |  | ✓ |  |
| Ethical behaviour | ✓ | ✓ |  | ✓ | MSF/PSQ |
| Critical evaluation | ✓ | ✓ |  | ✓ | CbD |
| Decision making | ✓ |  |  | ✓ | ADEPT/CbD |
| GDC Scope of Practice | ✓ | ✓ |  | ✓ |  |
| Whistleblowing | ✓ | ✓ |  | ✓ |  |
| Management of difficult patients | ✓ | ✓ |  | ✓ |  |
| Patient safety | ✓ | ✓ |  | ✓ |  |
| Self-awareness |  |  |  | ✓ | e-Portfolio/MSF/PSQ  /ADEPT/CbD |
|  |  |  |  |  |  |
| **Professionalism and Management** |  |  |  |  |  |
| Basic Life Support training |  |  |  |  | Certificate |
| Consent | ✓ | ✓ |  | ✓ |  |
| Equality & Diversity | ✓ | ✓ |  | ✓ |  |
| GDC Standards | ✓ | ✓ |  | ✓ |  |
| NHS complaints procedure | ✓ | ✓ |  | ✓ |  |
| Referring patients | ✓ |  |  | ✓ |  |
| Safeguarding Children and Adults | ✓ | ✓ |  | ✓ | Certificate |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Topic** | **Evidence** (Please tick (✓) source submitted | | | | |
| **Tutorial** | **Study Day** | **Audit** | **Reflective Commentary / Portfolio** | **Other**  **(please state)** |
| **Management** |  |  |  |  |  |
| COSHH regulations | ✓ | ✓ |  | ✓ |  |
| Dental equipment selection, care and maintenance | ✓ |  |  | ✓ |  |
| Data Protection | ✓ |  |  | ✓ | IG Certificate |
| Employment contracts/associate agreements for dentists | ✓ | ✓ |  | ✓ |  |
| Employment Law basics | ✓ | ✓ |  | ✓ |  |
| Finance | ✓ | ✓ |  | ✓ |  |
| Health & Safety requirements in dentistry | ✓ | ✓ |  | ✓ |  |
| Infection control procedures | ✓ | ✓ |  | ✓ |  |
| NHS prescribing | ✓ |  |  | ✓ |  |
| NHS Rules & Regulations in Dentistry | ✓ | ✓ |  | ✓ |  |
| Prescribing, directing, taking, processing and interpreting radiographs | ✓ |  | ✓ | ✓ |  |
| Range and scope of NHS dental care | ✓ | ✓ |  | ✓ |  |
| Record keeping | ✓ | ✓ | ✓ | ✓ |  |
| Use of emergency drugs | ✓ |  |  | ✓ |  |
|  |  |  |  |  |  |
| **Leadership** |  |  |  |  |  |
| Facilitating learning in others | ✓ | ✓ |  | ✓ | e-Portfolio |
| Quality management and improvement | ✓ | ✓ |  |  | e-Portfolio |
| Role model | ✓ | ✓ | ✓ | ✓ | MSF |
| Teamwork | ✓ | ✓ |  | ✓ | e-Portfolio/MSF |

**Guidance G4**

**Review of Competence Progression - Overview**

**Planning**

**Outcome**

**Review of Competence Progression**

**Educational**

**Appraisal**

**1. Learning agreement:**

* **aims & intended learning outcomes**
* **based on dental foundation curriculum**

**2. Advice on portfolio**

**3. Regular feedback (two-way)**

**4. Personal Development Plan**

**5. Baseline Review of Skills and Experience (including ESPR)**

**2. Assessment of experience, e.g.**

* **portfolio/log book**
* **audit**
* **critical incidents**

**3. Competence Review**

* **Appropriately constituted panel considers evidence Outcome**

**1. Assessment of performance e.g.**  **workplace based assessments and observational methods**

**E.g., ADEPTS, CBDs**

* + - **structured reports**

**RCP**

**Educational supervisor and/or TPD meet with trainee to**

* **review competence outcome with trainee**
* **plan next part of training**

**Guidance G5 – RCP Framework Flowchart**

Early Stage Review (ESR)

Further development required

(Outcome 2)

Insufficient evidence

(Outcome 5)

Interim Review of Competence Progression (Interim RCP)

Demonstrating progress

(Outcome 1)

Final Review of Competence Progression (Final RCP)

(Stage 2 Panel)

Further consideration required (Outcome 7)

Final Review of Competence Progression (Final RCP)

(Stage 1 Panel)

Insufficient evidence (Outcome 5)

Required elements

(Outcome 6R)

Some elements outstanding

(Outcome 4)

Competencies, etc. demonstrated satisfactorily

(Outcome 6)

Termination of training (Outcome 4)

Additional training time required (Outcome 3)

**CCDFT Issued**

Training programme extended**\***

FD leaves programme

**\***NB

Extended programmes reviewed through additional Final RCP Stage 2 process

No extension possible after two years in DFT

Decision appealed

**CSCDFT issued**

Decision appealed

Appeal upheld

Appeal rejected

Appeal upheld

Appeal rejected

Appeal upheld

DFT Certificate and Number issued

Appeal upheld

Appeal rejected

Appeal rejected

**Guidance G6**

**RCP Panel Guidance**

**Satisfactory Completion - Structure**

* Nationally, COPDEND will provide:
  + A curriculum
  + A draft assessment model (RCP)
  + A recommended core range of assessments
  + Guidance on how competence can be demonstrated
* How training is delivered and competence demonstrated is decided by the individual HEE Local Office/Deanery
* The process is not designed to be prescriptive or a straightjacket
* Assessors and panels should not lose sight of the primary purpose of Dental Foundation Training which is to train a dentist to be able to work safely without supervision

**General**

* Foundation Dentists and/or Educational Supervisors should not be present at the panel discussion
* If an unsatisfactory Outcome is recommended the FD should receive feedback from the Panel Chair or their nominated deputy as soon as practicable after the Panel has reached its decision.
* More detailed information can be found in the Dental Foundation Training ‘Blue’ Guide.
* Interim RCP Panels should meet during Month 6. Final RCP Stage 1 Panels should meet during Month 10 to give time for FDs to submit any missing evidence or for appeals. This will enable the majority of FDs to complete satisfactorily at the end of twelve months and to allow time for them to apply to join a Performers List in full. For the same reason Stage 2 Panels should meet towards the end of Month 10 or the beginning of Month 11.
* A Stage 2 Panel would not be required if all FDs gained an Outcome 1 or 2 at Interim Review and an Outcome 6 (demonstrated all required competencies and prescribed elements ) at the Final Review Stage 1
* Depending on numbers, it may be possible to hold Stage 2 Panels on a regional basis
* Postgraduate Dental Deans or Directors should not normally be involved in any panels (Interim, Final Stage 1 or Stage 2) as they may have a role in the appeals process

**Interim RCP**

**Panel composition**

* Interim RCP Panels will have a local composition and should consist of at least the following panel members:
* Regional Foundation Programmes Advisor/Associate Dean or equivalent
* TPD or equivalent from another Scheme in the Deanery/HEE Local Office area
* TPD(s) or equivalent from the Foundation Dentist’s Scheme(s) may be in attendance to provide information or clarification requested by the Panel. The Scheme(s) TPD should not be involved in setting the Panel’s Outcome recommendation.
* Where an Outcome 2 is anticipated the inclusion of an assessor from another Deanery/HEE Local Office should be considered.
* Where all Schemes in a Deanery/HEE Local Office area are being reviewed by a single Panel, a TPD or equivalent from another Deanery/HEE Local Office area should be used instead of a local TPD
* Where a Deanery/HEE Local Office operates more than one Panel at the same time, consideration should be given to appointing an overall responsible Chair (e.g. Lay Member, Regional Advisor/Associate Dean from another area, non-dental Deanery/HEE Local Office senior clinician) to act as Chair of the overall process

**Material to be reviewed**

* Early Stage Review report
  + Normally only reviewed where a specific action plan has been generated
* Educational Supervisor’s structured report(s)
  + A supplementary report will have been submitted if the ES has particular concerns about an FD
  + Information on sickness absence and any critical incidents will be included in the ES’s report
* Training Programme Director’s structured report
* Foundation Dentist clinical activity report
* Multi-Source Feedback (MSF) summary report
* Patient Satisfaction Questionnaire summary report
* Leadership & Management Domain Management assessment report
* CPD (Study day) and training practice attendance records
* The following should be available but only reviewed if a concern has been identified:
  + Outcomes of workplace based assessments (DOPS, ADEPTs and CbDs)
  + e-Portfolio reflections by FD

**Available outcomes**

* Interim Review Panels can award Outcomes 1, 2 or 5 only
* **Outcome 1: Demonstrating progress and the development of competences at the expected rate**
  + Satisfactory progress is defined as demonstrating the competences within the Dental Foundation Training Curriculum approved by the Departments of Health at the rate required. The rate of progress should be defined by a Deanery/HEE Local Office within the context of the Dental Foundation Training Curriculum e.g. with respect to number of assessments, experiential opportunities, etc.
* **Outcome 2:** **Development of specific competences required**
  + The FD’s progress has been acceptable overall but there are some competences which may not be demonstrated as expected and need to be further developed. The panel must specifically identify in writing the further development which is required. At the Final Review of Competence Progression (FRCP) it will be essential to identify and document that these competences have been met.
* **Outcome 5: Incomplete evidence presented**
  + The panel can make no statement about progress or otherwise since the FD has supplied either no information or incomplete information to the panel. If this occurs the FD may require limited additional time to submit the evidence, normally within five working days. Once the required documentation has been received, the panel should consider it (the panel does not have to meet with the FD if it chooses not to and the review will be done “virtually” if practicable) and issue an assessment outcome. If no information has been submitted by the end of the required period, the matter should be submitted to the Postgraduate Dental Dean for consideration of the appropriate action.

**Completing the Review Form**

* All panels should use Form PR1 (Interim RCP Panel) to record their reviews. A separate form must be used for each Foundation Dentist
* The review form should be completed by the panel Chair
* Only the Chair needs to sign the form at the bottom of page 1
* Evidence reviewed should be identified by placing a tick in the relevant boxes on the form. The evidence to be viewed to demonstrate competence may vary at the discretion of and individual HEE Local Office/Deanery provided the decision applies to all Foundation Dentists in the HEE Local Office/Deanery area
* If any additional evidence is considered in addition to that specified in the boxes, this and the type of evidence should be specified in box 12
* WBA information (numbers completed etc.) should be taken from the ES and TPD reports. Individual WBA forms should only viewed if there is a specific concern
* Panels can only recommend one Outcome (i.e. 1 or 2 or 5)
* If Outcomes 2 or 5 are recommended the Chair must also complete the Supplementary Information form (page 2). If page 2 is completed, the form must also be signed by the FD when feedback is given and the Postgraduate Dental Dean once the form is forwarded

**Final RCP – Stage 1**

**Panel composition**

* Final RCP Panels (Stage 1) will have more externality and should consist of at least two of the following three panel members:
* Regional Foundation Programmes Advisor/Associate Dean or equivalent
* TPD or equivalent from another Scheme within the Deanery/HEE Local Office area
* Where all Schemes in a Deanery/HEE Local Office area are being reviewed by a single Panel, a Regional Foundation Programmes Advisor/Associate Dean or an additional TPD or equivalent from another Deanery/HEE Local Office area should be used instead of a local TPD
* Associate Dean, Regional Advisor or TPD or equivalent from another Scheme outside the Deanery/HEE Local Office area
* TPD(s) or equivalent from the Foundation Dentists’ Schemes may be in attendance to provide information or clarification requested by the Panel). The Scheme(s) TPD(s) should not be involved in setting the Panel’s Outcome recommendation.
* Where a Deanery/HEE Local Office operates more than one Panel at the same time, consideration should be given to appointing an overall responsible Chair (e.g. Lay Member, Regional Advisor/Associate Dean from another area, non-dental Deanery/HEE Local Office senior clinician) to act as Chair of the overall process

**Material to be reviewed**

* Early Stage Review report
  + Normally only reviewed where a specific action plan has been generated
* Educational Supervisor’s structured reports
  + A supplementary report will have been submitted if the ES has particular concerns about an FD
  + Information on sickness absence and any critical incidents will be included in the ES’s report
* Training Programme Director’s structured reports
* Interim RCP Panel Report
* Foundation Dentist clinical activity report
* Multi-Source Feedback (MSF) summary reports (two if second round required by IRCP panel)
* Patient Satisfaction Questionnaire (PSQ) summary reports (two if second round required by IRCP panel)
* Professionalism and Management & Leadership Domains assessment report
* CPD (Study day) and training practice attendance records
* The following should be available but only reviewed if a concern has been identified:
  + Outcomes of workplace based assessments (DOPS, ADEPTs and CbDs)
  + e-Portfolio reflections by FD.

**Available outcomes**

* Final Review Stage 1 Panels can award Outcomes 5, 6, 6R or 7 only
* **Outcome 5: Incomplete evidence presented – additional training time may be required.**
  + The panel can make no statement about progress or otherwise since the FD has supplied either no information or incomplete information to the panel. If this occurs the FD may require additional time to submit the evidence or, in exceptional circumstances, additional time to complete their training programme. The FD will have to supply the panel with a written account within five working days as to why the documentation has not been made available to the panel. The panel does not have to accept the explanation given by the FD and can require the FD to submit the required documentation by a designated date before the end of the training year. Once the required documentation has been received, the panel should consider it (the panel does not have to meet with the FD if it chooses not to and the review will be done “virtually” if practicable) and issue an assessment outcome.
* **Outcome 6: Demonstrated all required competences** **and prescribed elements**
  + The panel recommends that the FD has completed the training programme and for award of a Certificate of Satisfactory Completion of Dental Foundation Training (CSCDFT) and a DFT Number. The panel will need to consider the overall progress of the FD and ensure that all the competences of the curriculum have been demonstrated and all required elements within the programme have been submitted to a satisfactory standard before recommending the FD for completion of the training programme to the Postgraduate Dental Dean.
* **Outcome 6R: Demonstrated all competences and prescribed elements subject to completion of identified actions**
  + The Panel recommends that the Foundation should complete the specified missing requirements to demonstrate Satisfactory Completion (Outcome 6) by the end of the current training period. Suitability for the award of an Outcome 6 will be subject to review before the end of the training programme.
* **Outcome 7:** **Referral to Stage 2 Panel for further consideration**
  + The panel is unable to recommend that the FD has completed the training programme to a satisfactory standard or that insufficient evidence has been provided to demonstrate completion. The additional externality of a Stage 2 Panel is intended to ensure that a fully balanced review of the evidence can be undertaken. FDs may submit additional evidence for consideration by the Stage 2 Panel if it is available and within the criteria for evidence required.

**Completing the Review Form**

* All panels should use Form PR2 (Final RCP Stage 1) to record their reviews. A separate form must be used for each Foundation Dentist
* The review form should be completed by the Panel Chair
* Only the Chair needs to sign the form at the bottom of page 1
* Evidence reviewed should be identified by placing a tick in the relevant boxes on the form. The evidence to be viewed to demonstrate competence may vary at the discretion of and individual HEE Local Office/Deanery provided the decision applies to all Foundation Dentists in the HEE Local Office/Deanery area
* If any additional evidence is considered in addition to that specified in the boxes, this and the type of evidence should be specified in box 12
* WBA information (numbers completed etc.) should be taken from the ES and TPD reports. Individual WBA forms should only viewed if there is a specific concern
* Panels can only recommend one Outcome (i.e. 6, 6R or 7)
* If Outcome 7 is recommended the Chair must also complete the Supplementary Information form (page 2).

**Final RCP – Stage 2**

**Panel composition**

* Final RCP Panels (Stage 2) will have additional externality and should consist of at least the following four panel members:
  + Regional Foundation Programmes Advisor/Associate Dean or equivalent
  + Regional Foundation Programmes Advisor/Associate Dean or equivalent from another Deanery/HEE Local Office
  + TPD or equivalent from another Scheme in the Deanery/HEE Local Office area or in another area. This should not be the TPD who was part of the Stage 1 panel for the FD under review
  + Lay member and/or other external representative

**Material to be reviewed**

* Early Stage Review report
  + Normally only reviewed where a specific action plan has been generated
* Educational Supervisor’s structured reports
  + A supplementary report will have been submitted if the ES has particular concerns about an FD
  + Information on sickness absence and any critical incidents will be included in the ES’s report
* Training Programme Director’s structured reports
* Foundation Dentist clinical activity report
* Multi-Source Feedback (MSF) summary reports (two if second round required by IRCP panel)
* Patient Satisfaction Questionnaire (PSQ) summary reports (two if second round required by IRCP panel)
* Professionalism and Management & Leadership Domains assessment report
* CPD (Study day) and training practice attendance records
* Interim and Final RCP Stage 1 Panel reports
* The following should be available but only reviewed if a concern has been identified:
  + Outcomes of workplace based assessments (DOPS, ADEPTs and CbDs)
  + e-Portfolio reflections by FD.

**Available outcomes**

* Final Review Stage 2 Panels can award Outcomes 3 or 4 or 6 or 6R only
* **Outcome 3: Inadequate progress by the trainee – additional training time required.**
  + The panel has identified that a formal additional period of training is required which will extend the duration of the training programme. Where such an outcome is anticipated, the FD must attend to receive feedback from the panel Chair after the panel has reached its decision. The FD, ES and (where different) the employer will need to receive clear recommendations from the panel about what additional training is required and the circumstances under which it should be delivered (e.g. whether or not the FD is to be moved to another practice). It will, however, be a matter for the Deanery/HEE Local Office to determine the details of the additional training within the context of the panel’s recommendations, since this will depend on local circumstance and resources. Where such additional training is required because of concerns over progress, the overall duration of the extension to training should normally be for a maximum of six months, unless exceptionally, this is extended at the discretion of the Postgraduate Dental Dean, but with an absolute maximum of one year additional training during the total duration of the training programme. The panel should consider the outcome of the remedial programme as soon as practicable after its completion.
* **Outcome 4: Released from training programme with competences demonstrated/not demonstrated identified.**.
  + The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress, if appropriate. The panel should ensure that any relevant competences which have been demonstrated by the FD are documented. The FD may wish to seek further advice from the Postgraduate Dental Dean about future career options
* **Outcome 6: Demonstrated all required competences** **and prescribed elements**
  + The panel recommends that the FD has completed the training programme and for award of a Dental Foundation Training Certificate and Number. The panel will need to consider the reasons for referral by a Stage 1 panel and any additional evidence submitted since the Stage 1 panel met. The Stage 2 panel must satisfy itself of the overall progress of the FD and ensure that all the competences of the curriculum have been demonstrated and all required elements within the programme have been submitted to a satisfactory standard before recommending the FD for completion of the training programme to the Postgraduate Dental Dean.
* **Outcome 6R: Demonstrated all competences and prescribed elements subject to completion of identified actions**
  + The Panel recommends that the Foundation should complete the specified missing requirements to demonstrate Satisfactory Completion (Outcome 6) by the end of the current training period. Suitability for the award of an Outcome 6 will be subject to review before the end of the training programme.

**Completing the Review Form**

* All panels should use Form PR3 (FRCP Stage 2) to record their reviews. A separate form must be used for each Foundation Dentist
* The review form should be completed by the panel Chair
* Only the Chair needs to sign the form at the bottom of page 1
* Evidence reviewed should be identified by placing a tick in the relevant boxes on the form. The evidence to be viewed to demonstrate competence may vary at the discretion of and individual HEE Local Office/Deanery provided the decision applies to all Foundation Dentists in the HEE Local Office/Deanery area
* If any additional evidence is considered in addition to that specified in the boxes, this and the type of evidence should be specified in box 12
* WBA information (numbers completed etc.) should be taken from the ES and TPD reports. Individual WBA forms should only viewed if there is a specific concern
* Panels can only recommend one Outcome (i.e. 3 or 4 or 6 or 6R)
* If Outcomes 3 or 4 are recommended the Chair must also complete the Supplementary Information form (page 2). If page 2 is completed, the form must also be signed by the FD when feedback is given and the Postgraduate Dental Dean once the form is forwarded.

**Outcome 6R Review**

**Reviewers**

* Outcome 6R Reviewers should consist of at least two HEE Local Office/Deanery TPDs or Administrators one of whom should be the Regional Advisor/Associate Dean/PAD
* Where an Outcome 4 is anticipated another TPD should also review the submitted material

**Material to be reviewed**

* The Reviewers will only assess whether or not the specific actions required as set out in the Outcome 6R recommendation by a Final RCP Panel have been completed

**Available Outcomes**

* Outcome 6: Demonstrated all required competences and prescribed elements – recommendation for the issue of a Certificate of Satisfactory Completion (CSCDFT)
* Outcome 4: Some requirements outstanding – recommendation for the issue of a Certificate of Completion (CCDFT) with competencies demonstrated/not demonstrated specified.

**Completing the Review Form**

* Form PR4 (Outcome 6R Review) should be completed to record the recommended Outcome. A separate form must be used for each FD reviewed.

**Guidance G7**

**Additional Guidance for Multiple Panels**

**Interim RCP and Final RCP – Stage 1**

**Panel composition**

* Where a Deanery/HEE Local Office operates more than one Panel at the same time, consideration may be given to appointing an overall responsible Chair (e.g. Lay Member, Regional Advisor/Associate Dean from another area) to act as Chair of the overall process
* TPDs or equivalent from the Foundation Dentists’ Schemes may be in attendance to provide information or clarification requested by the Panel. The Schemes’ TPDs should not be involved in setting the Panel’s Outcome recommendation
* **Interim RCP** - where all Schemes in a Deanery/HEE Local Office area are being reviewed by a single Panel, a TPD or equivalent from another Deanery/HEE Local Office area should be used instead of a local TPD (Interim RCP)
* **Final RCP – Stage 1** - where all Schemes in a Deanery/HEE Local Office area are being reviewed by a single Panel, a Regional Foundation Programmes Advisor/Associate Dean and an additional TPD or equivalent from another Deanery/HEE Local Office area should be used instead of a local TPD (Final RCP – Stage 1)

**Final RCP – Stage 2**

* Final RCP – Stage 2 Panels should follow the composition set out in Guidance G4 in the Blue Guide Guidance Supplement

**Guidance G8**

**Final Review of Competence Progression**

**Guidance of Completion of Structured Reports**

**Educational Supervisor**

Please complete all fields in the Educational Supervisor’s Report with numbers and comments if appropriate. It can be difficult and time consuming for the Panel to go backwards and forwards to the dashboard on the e-Portfolio to check on numbers.

Comments should always be as objective as possible so as to avoid confusion and a risk of challenge.

Objective descriptors - e.g. ‘communicates well with peers and ES’ would be less open to challenge than subjective descriptors such as ‘nice person’.

**ADEPTs**

* Please enter the number of ADEPTs completed and the major competencies reviewed by the date you sign the Report
* Comments are only required to identify any issues with the quality or quantity of the ADEPTs completed so far.

**CbDs**

* Please enter the number of CbDs completed and the major competencies reviewed by the date you sign the Report
* Comments are only required to identify any issues with the quality or quantity of the CbDs completed so far.

**MSFs** (360 degree appraisal)

* This section only needs to be completed if a second round of MSFs has been required by an Interim RCP Panel
* Please provide factual comments on any issues which have been identified as part of the MSF process and how these have been/are being addressed.

**PSQs**

• This section only needs to be completed if a second round of PSQs has been required by an Interim RCP Panel

* Please provide factual comments on any issues which have been identified as part of the PSQ process and how these have been/are being addressed.

**Level and range of clinical activity**

* Please identify any areas where your FD would benefit from additional clinical experience and how these have been/are being addressed. This should include treatment types and any patient groups (e.g. bridges, children, etc.).

**e-Portfolio (PDP)**

* Please provide factual comments where there have been issues with the timeliness and/or quality of completion of the e-Portfolio.

**Audits/Assignments**

* Please provide factual comments where there have been issues with the timeliness and/or quality of completion of any audits etc.

**Presentations**

* Please provide factual comments where there have been issues with the completeness and/or quality of completion of any presentations provided by your FD.

**Reported adverse incidents**

* Sufficient information should be given to allow a Panel to understand the nature and outcome of any adverse incidents involving your FD.

**Complaints**

* Sufficient information should be given to allow a Panel to understand the nature and outcome of any complaints involving your FD.

**Educational Supervisor’s Summary and Comments**

* Please use this section to give an overall view of your FD’s progress during the training period so far
* Objective comments – e.g. ‘communicates well with peers and ES’ are much better than subjective descriptors such as ‘nice person’.
* Where adverse comments are made, these should always be supported by evidence
* The purpose of this section is to provide information to a Panel to help them to identify which areas it may need to review before it makes an Outcome recommendation.

**Confirmation**

* The purpose of the confirmatory statement is to clarify the period of training which you are commenting on. This will normally be the period from the date of the FD joining your practice to the date of the latest entry in the e-Portfolio.

**Declaration**

*In your opinion, is there any reason why the named Foundation Dentist is not ready for Independent Practice?*

* For the majority of FDs, the response to the question will be ‘No’ as they will have engaged with the programme and demonstrated the necessary competencies to date
* The FD’s training will, of course, continue for at least two months after you have completed your report so some elements are unlikely to have been fully completed. You should take this into account and , if you are confident that your FD will be ready for independent practice at the completion of training, you should still respond ‘No’ to the question
* If you are not confident that your FD will be ready for independent practice at the end of training, you should answer ‘Yes’ to the question
* If you answer ‘Yes, you should state your reasons and the supporting evidence in the box below
* A Panel will take into consideration your Report and Declaration as part of all the information and evidence available to it. The responsibility for deciding which Outcome to recommend will be made by a Panel taking account of the overall context of all the information provided.

**Foundation Dentist’s Comments**

* To ensure that the process is transparent and in line with the principle of ‘no surprises’ for your FD, you should share the comments you have made with your FD and give them the opportunity to make their own comments in the section provided
* This is in line with good practice as the information you supply will normally be available to your FD under the provisions of the Freedom of Information Act, if it is requested.

**Supplementary Report**

* Where you have identified a concern, you must also complete the Supplementary Report so that the Panel has a more in-depth understanding of the background to those concerns
* You must also complete the Supplementary Information Report if it is automatically required by your HEE Local Office/Deanery

**Guidance G9**

**Final Review of Competence Progression**

**Guidance of Completion of Structured Reports**

**Training Programme Director**

Please complete all fields in the Training Programme Director’s Report with numbers and comments if appropriate. It can be difficult and time consuming for the Panel to go backwards and forwards to the dashboard on the e-Portfolio to check on numbers.

Comments should always be as objective as possible so as to avoid confusion and a risk of challenge.

Objective descriptors - e.g. ‘communicates well with peers and TPD’ would be less open to challenge than subjective descriptors such as ‘nice person’.

**ADEPTs**

* Please enter the number of ADEPTs completed and the major competencies reviewed by the date you sign the Report
* Comments are only required to identify any issues with the quality or quantity of the ADEPTs completed so far
* This information will be used to triangulate the information provided in the ES’s Report.

**CbDs**

* Please enter the number of CbDs completed and the major competencies reviewed by the date you sign the Report
* Comments are only required to identify any issues with the quality or quantity of the CbDs completed so far
* This information will be used to triangulate the information provided in the ES’s Report.

**Project Work**

* Comments are only required if you have indicated that any required project work e.g. audits, assignments, presentations, etc. have not been submitted at this stage
* Comments should be factual and include the reasons for the issue - e.g. ‘started but not completed’ or ‘completion of audit not required at time of submission of report’.

**PML evidence and certificates**

* Comments are only required if you have indicated that any required evidence identified in the Professionalism and/or Management & Leadership has not been submitted at this stage
* Comments should be factual and include the reasons for the issue - e.g. ‘started but not completed’ or ‘completion of documentation not required at time of submission of report’.

**MSFs** (360 degree appraisal)

* This section only needs to be completed if a second round of MSFs has been required by an Interim RCP Panel
* Please provide factual comments on any issues which have been identified as part of the MSF process and how these have been/are being addressed by the ES and/or yourself
* This information will be used to triangulate the information provided in the ES’s Report.

**PSQs**

* This section only needs to be completed if a second round of PSQs has been required by an Interim RCP Panel
* Please provide factual comments on any issues which have been identified as part of the PSQ process and how these have been/are being addressed
* This information will be used to triangulate the information provided in the ES’s Report.

**Level and range of clinical activity**

* Please identify any areas where your FD would benefit from additional clinical experience and how these have been/are being addressed. This should include treatment types and any patient groups (e.g. bridges, children, etc.).
* You should refer to the evidence supplied by the FD on the e-Portfolio and the NHS BSA data supplied to your HEE Local Office/Deanery to support any comments

**Engagement with Programme to this stage**

**Study Days**

* Comments are only required if you have indicated that there have been issues with attendance, punctuality, engagement or completion of evaluations
* Comments should be factual and include the reasons for the issue - e.g. ‘failed to attend two Study Days and no reasons given’; ‘thirty minutes late on three occasions’; ‘frequently left sessions to answer mobile phone’.

**Tutorials**

* Comments are only required if you have indicated that there have been issues with engagement in tutorials, reflecting on tutorials, etc.

**Other information**

**e-Portfolio review summary**

* Please provide an overview of how well the FD has made use of the e-Portfolio with particular reference to:
  + Use of reflections
  + Generation and completion of identified actions
  + Timeliness of completion
  + Completeness of information provided.
* Comments should be factual and include the reasons for any issue, where possible.

**Review of progress against actions required by Interim RCP Panel** (where appropriate)

* Where an Interim RCP set out specific areas for the FD to address, an action plan should have been created. Use this section to comment on the progress made by the FD towards completing the required actions in a timely manner and identify any outstanding actions and the proposals ti manage these within the specified training period.

**Training Programme Director’s Summary and Comments**

* Include an overall factual summary of the FD’s achievements and difficulties during the training period so far.
* Objective comments – e.g. ‘communicates well with peers and ES’ are much better than subjective descriptors such as ‘nice person’.
* Where adverse comments are made, these should always be supported by evidence
* The purpose of this section is to provide information to a Panel to help them to identify which areas it may need to review before it makes an Outcome recommendation.

**Declaration**

*In your opinion, is there any reason why the named Foundation Dentist is not ready for Independent Practice?*

* For the majority of FDs, the response to the question will be ‘No’ as they will have engaged with the programme and demonstrated the necessary competencies to date
* The FD’s training will, of course, continue for at least two months after you have completed your report so some elements are unlikely to have been fully completed. You should take this into account and , if you are confident that the FD will be ready for independent practice at the completion of training, you should still respond ‘No’ to the question
* If you are not confident that the FD will be ready for independent practice at the end of training, you should answer ‘Yes’ to the question
* If you answer ‘Yes, you should state your reasons and the supporting evidence in the box below
* A Panel will take into consideration your Report and Declaration as part of all the information and evidence available to it. The responsibility for deciding which Outcome to recommend will be made by a Panel taking account of the overall context of all the information provided.

**Guidance G10**

**Dental Foundation Training**

**Satisfactory Completion Timeline**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activities** | | **Month** | **Reviews** | **Notes** |
| DOPS | Induction | **1** | Early Stage Review (ESR) |  |
| ADEPTs & CbDs |  | **2** |  |
| Record Card Audit | **3** |  | Completed by FD and reviewed by ES |
| PSQs and MSFs | **4** |  |  |
| **5** |  |  |
| Targeted ADEPTS and/or CbDs (where required) | **6** | Interim Review of Competence Progression (Interim RCP) |  |
| **7** |  |  |
| **8** | Additional PSQs and/or MSFs and/or Record Card Audit (if required) |
| **9** |
|  | **10** | Final Review of Competence Progression (Final RCP) |  |
| **11** |  |
| Final RCP Appeals |
| **12** |  |

**Guidance G11**

**Satisfactory Completion of Dental Foundation Training**

**Review of Competence Progression (RCP)**

**Quick Reference Guide**

*If further information or detail is required reference should be made to the main text of the Dental Blue Guide*

**What is the purpose of the Reviews?**

The review panels provide a formal process which uses the evidence gathered by the Foundation Dentist, relating to his/her progress in the training programme. They are not in themselves a means or tool of assessment but have been designed to:

* provide an effective mechanism for recording the evidence of the Foundation Dentist’s progress
* make judgements about the competences acquired by a Foundation Dentist and their suitability to progress provided adequate documentation has been presented
* provide a final statement of the Foundation Dentist's successful attainment of the competences and prescribed elements for Dental Foundation Training and thereby the completion of the training programme. This will enable the Postgraduate Dental Dean to award a Certificate of Satisfactory Completion of Dental Foundation Training

The RCP process is applicable to all Foundation Dentists

There are two types of RCP Review each with its own Panel composition – an Interim Review at six months and a Final Review at ten months. Reviews may be undertaken at other times when training has been extended or in exceptional circumstances. Final RCP Reviews may be divided into Stage 1 and Stage 2 if required.

**The RCP Panels**

1. **Interim RCP Panels**

Interim RCP Panels will have a local composition and should consist of at least the following panel members:

* Regional Foundation Programmes Advisor/Associate Dean or equivalent
* TPD from another Scheme in the Deanery/HEE Local Office area
  + TPD from the Foundation Dentist’s Scheme (in attendance)

Interim Review Panels can award Outcomes 1, 2 or 5 only

Where an Outcome 2 is anticipated the inclusion of an assessor from another Deanery/HEE Local Office) should be considered.

For operational purposes a Panel could review more than one Scheme at a sitting.

1. **Final RCP Panels (Stage 1)**

Final RCP Panels (Stage 1) will have more externality and should consist of at least **two** of the following three panel members:

* Regional Foundation Programmes Advisor/Associate Dean or equivalent
* TPD from another Scheme within the Deanery/HEE Local Office area
* TPD from another Scheme outside the Deanery/HEE Local Office area
  + TPD from the Foundation Dentist’s Scheme (in attendance)

Final Review Panels (Stage 1) will meet during the tenth month of Dental Foundation Training and can award an Outcome 5 (Insufficient Evidence) or 6 (Satisfactory Completion) or 6R (Demonstrated all competences and prescribed elements subject to completion of identified actions) or refer the case to a Stage 2 Panel (Outcome 7)

1. **Final RCP Panels (Stage 2)**

Final RCP Panels (Stage 2) will have additional externality and should consist of at least the following four panel members:

* Regional Foundation Programmes Advisor/Associate Dean or equivalent
* Regional Foundation Programmes Advisor/Associate Dean or equivalent from another Deanery/HEE Local Office
* TPD from another Scheme in the Deanery/HEE Local Office area or in another area
* Lay member

Final Review Panels (Stage 2) will meet towards the end of the tenth month or the beginning of the eleventh month to consider any cases referred to it by a Stage One Panel. Final Review Panels can award Outcomes 3, 4, 6 or 6R.

Depending on the number of assessments referred to the Final RCP Stage 2 process, the Stage 2 Panels may be combined to carry out reviews for more than Deanery/HEE Local Office.

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

**How the panels work**

The process is an assessment of the documented and submitted evidence that is presented in advance by the Foundation Dentist and the Foundation Dentist should not normally attend the panel process unless it has been indicated that there may be an unsatisfactory outcome.

In the case of an unsatisfactory outcome, the Foundation Dentist can meet with the panel after it has reached its decision is to discuss the recommendations for focused or additional remedial training if these are required.

If additional remedial training is required (Outcome 3), the panel should indicate the intended outcome and proposed timescale.

**RCP Outcomes**

**Outcome 1:** Demonstrating progress and the development of competences at the expected rate.

**Outcome 2:** Development of specific competences required.

**Outcome 3:** Inadequate progress by the Foundation Dentist – additional training time required. The outcome of any additional training (Outcome 3) will be reviewed by a Final Review Panel (Stage 2) convened for that purpose.

**Outcome 4:** Released from training programme with competences demonstrated/not demonstrated identified.

**Outcome 5:** Incomplete evidence presented – if Outcome at Final RCP stage, additional training time may be required.

**Outcome 6:** Demonstrated all required competences and prescribed elements. Recommendation for completion of training

**Outcome 6R**: Demonstrated all required competences and prescribed elements. Recommendation for completion of training subject to completion of the identified requirements

**Outcome 7:** Referral to Stage 2 Panel for further consideration

**Reviews**

A review is a process where a Panel which originally made a decision returns to it to reconsider whether it was appropriate.

The award of an Outcome 2 will be subject to a review process if requested by the Foundation Dentist who has received that award.

**Appeals**

An appeal is a procedure whereby the decision of a panel is considered by another different panel set up for that purpose. Those involved in an appeal must not have played a part in the original decision or the review.

The award of Outcomes 3 or 4 will be subject to an appeal process if requested by the Foundation Dentist who has received that award or as the result of the Regional Advisor/Associate Dean having requested that the panel convene specifically to consider the progress of a Foundation Dentist causing concern, despite informal attempts to address these through the appraisal process

The appeals procedures are set out in detail in Subsections 5.22-5.26 of the ‘Blue Guide’

**Guidance G12A**

**Sample Certificate of Satisfactory Completion of Dental Foundation Training**

**(CSCDFT)**

[nhs logo](http://www.doh.gov.uk/nhs.htm)

**THIS IS TO CERTIFY THAT:**

**[Name of dentist and qualification]**

**has**

**Satisfactorily Completed**

**DENTAL FOUNDATION TRAINING**

**in accordance with the requirements of COPDEND**

**and the National Health Service**

**(Performers Lists) (England) Regulations 2013**

**(or equivalent in Wales and Northern Ireland)**

**Certificate No.:**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postgraduate Dental Dean**

**Date:**

**GDC registration number: Date of registration:**

**Guidance G12B**

**Sample Certificate of Completion of Dental Foundation Training**

**(CCDFT)**

[nhs logo](http://www.doh.gov.uk/nhs.htm)

**THIS IS TO CERTIFY THAT:**

**Name of dentist and qualification**

**has**

**undertaken a period**

**of**

**DENTAL FOUNDATION TRAINING**

**in accordance with the**

**National Health Service**

**(Performers Lists) (England) Regulations 2013**

**(or equivalent in Wales and Northern Ireland)**

**Competencies demonstrated are set out on the reverse of this document**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postgraduate Dental Dean**

**Date:**

**GDC registration number: Date of registration:**

**Guidance G12B (cont)**

**Competencies Demonstrated**

|  |  |  |  |
| --- | --- | --- | --- |
| **Domain** | **Major Competency** | **Demonstrated**  (Y/N) | **Comments**  (If not demonstrated) |
| **Clinical** | 1 Patient examination & diagnosis |  |  |
| 2 Treatment planning & patient management |  |  |
| 3 Health promotion & disease prevention |  |  |
| 4 Medical & dental emergencies |  |  |
| 5 Anaesthesia, sedation, pain & anxiety control |  |  |
| 6 Periodontal therapy & management |  |  |
| 7 Hard & soft tissue surgery |  |  |
| 8 Non-surgical management of the hard & soft tissues of the head & neck |  |  |
| 9 Management of the developing dentition |  |  |
| 10 Restoration of teeth |  |  |
| 11 Replacement of teeth |  |  |
| **Communication** | 12 Patients, carers & the public |  |  |
| 13 Clinical team & peers |  |  |
| 14 Other professionals |  |  |
| **Professionalism** | 15 Ethics |  |  |
| 16 Patients, carers & the public |  |  |
| 17 Self |  |  |
| 18 Clinical team & peers |  |  |
| **Management & Leadership** | 19 Personal & practice organisation & management |  |  |
| 20 Legislation & regulation |  |  |
| 21 Financial management |  |  |
| 22 Clinical leadership |  |  |
| **Outstanding Requirements**  (if any) |  | | |

**Guidance G13**

**COPDEND Domains and Standards for Training**

(See ‘Quality Development of Postgraduate Dental Training in the UK 2012’ - click on the link below to access the document)

[http://copdend.org//data/files/Guidance/COPDEND%20Quality%20Development%20standards%20Final%20Documentation%20(updated)%20July%202012.doc](http://copdend.org/data/files/Guidance/COPDEND%20Quality%20Development%20standards%20Final%20Documentation%20(updated)%20July%202012.doc)

**Domain 1: Patient safety**

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

**Domain 2: Quality Assurance, Review and Evaluation**

* Postgraduate training must be quality controlled locally by Deaneries/HEE Local Offices, working with others as appropriate

**Domain 3: Equality, Diversity and Opportunity**

* Postgraduate training must be fair and based on principles of equality. This domain deals with equality and diversity matters pervading the whole of the training - widening access and participation, fair recruitment, the provision of information, programme design and job adjustment.
* Responsibility: Postgraduate Deans and institutions providing training, trainers and trainees, other colleagues working with trainees and local faculties.
* Evidence: Surveys, outcome data, deanery quality control data and visits.

**Mandatory requirements of Domain 3:**

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

**Domain 4: Recruitment, selection and appointment**

* Processes for recruitment, selection and appointment must be open, fair, and effective and those appointed must be inducted appropriately into training.

**Domain 5: Delivery of curriculum including assessment**

* The requirements set out in the curriculum must be delivered.

**Domain 6: Support and development of trainees, trainers and local faculty**

* Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload and time to learn.

**Domain 7: Management of Education and Training**

* Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

**Domain 8: Educational resources and capacity**

* The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

**Domain 9: Outcomes**

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

**Guidance G14**

**COPDEND Standards for Dental Educators**

(See ‘Standards for Dental Educators 2013’ - click on the link below to access the document)

[http://www.copdend.org//data/files/Downloads/COPDEND\_Standards%20high%20resolution.pdf](http://www.copdend.org/data/files/Downloads/COPDEND_Standards%20high%20resolution.pdf)

**Core Values**

The dental educator is committed to:

* Enhancing the care of patients through dental education
* Modelling good professional behaviour and attitudes at all times
* Continuously seeking to improve his or her educational practice
* Learner-centred education, safeguarding learner wellbeing
* Enabling a culture of personal and professional development
* Actively contributing to and supporting the education of colleagues
* Equality and diversity
* 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

**Guidance G15**

**COPDEND standards for Deaneries/HEE Local Offices**

*(see COPDEND website for further information)*

**The Postgraduate HEE Local Office/Deanery:**

* must adhere to, and comply with, COPDEND’s Standards and Requirements for Dental Educators **(Standard 1)**
* will articulate clearly the rights and responsibilities of the trainees **(Standard 2)**
* should have structures and processes that enable the COPDEND educational standards to be demonstrated for all foundation and specialty training and for the trainees, within the sphere of their responsibility **(Standard 3)**
* must have a system for use of external advisers **(Standard 4)**
* will work effectively with relevant stakeholders and employer organisations **(Standard 5)**