UK Dental Core Training Curriculum

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Development of the Dental Core Training Curriculum and acknowledgments

This curriculum has been developed by a UK wide working group with collaboration within UK Committee of Postgraduate Deans and Directors (COPDEND). There has been widespread involvement of dental stakeholders and a period of formal consultation with many valuable responses which have heavily influenced the final version. Financial support was provided by Health Education England (HEE), Health & Social Care Services in Northern Ireland (HSCNI), NHS Education for Scotland (NES) and Wales Deanery. This curriculum covers the whole of the UK. Consequently due to different NHS organisational arrangements and bodies that apply in the constituent countries some items are specified as "where they apply". This needs to be interpreted as these will apply in the countries where those bodies exist.

The development of this curriculum has built on similar developments in medicine in particular the UK (medical) Foundation Programme curriculum.

Particular acknowledgment goes to Julie Browne, Senior Lecturer in Academic Practice, Cardiff University Medical School who has provided valued medical education advice and guidance.

Executive Summary

Until now there has been no formal Curriculum for Dental Core Training (DCT). This forms the training period between Foundation and Specialty training for some dentists or an additional period of training for dentists to develop additional competences and exit into primary dental care (General Dental Service, Community Dental Services and Public Dental Services) or hospital posts.

This curriculum aims to improve the educational standards for Dental Core Training whilst maintaining a focus on patient safety. Patient safety is at the core of this curriculum: dental trainers and trainees have a duty to ensure that that patient safety is paramount and the care of patients is of an appropriate standard.

The design of training posts has been *ad hoc* to date, dependent on the type of post and setting. The curriculum describes the possible outcomes of DCT and how this fits into dental career development. There are a set of mandatory outcomes at all levels of post. DCT posts will focus on training although it is stressed that trainees will learn in the workplace and hence will provide service during their training.

DCT year 1 will focus on generic outcomes, rather than concentrating on procedure based outcomes. DCT year 2 and 3 will focus on further development of these generic outcomes with the possibility of development towards optional outcomes in suitable posts, including procedure based development within specific dental specialty areas.

The trainee will agree a personal development plan with their educational supervisor at the beginning of a training period and collect evidence of training in the defined areas including workplace based assessments. At the end of each training period there will be a formal review of clinical progression and a certificate of achievements awarded. This will also highlight areas in which competence was planned but not achieved due to lack of suitable patients or when performance did not meet the expected level and competence was not met.

In future, DCT will be a programme for a maximum of three years. Development of additional competences or experience after this will be expected to be either specialty training or in service posts. Consequently from September 2016 no trainee will be accepted to a DCT post at DCT4 level or higher.

Section 1: Background

1.1 Background and Justification

DCT is that period of postgraduate development which extends from the end of Dental Foundation Training (DFT)/ Dental Vocational Training (VT) to the start of specialty training, specialist practice, generalist practice or many other possible career options. As such, it is a training period that has multiple endpoints and a varied duration of from one to three years. It should be noted that there is no statutory or contractual requirement for any dental graduate to undertake DCT. It is, however, seen by many recent dental graduates as being an extremely valuable training and education experience that helps clarify their own professional career intentions.

The DCT grade has been reorganised and renamed several times in the past five years- from Dental Senior House Officer (SHO) to Dental Foundation Training (DFT) Year 2, to Career Development post, to DCT. The current name splits this period of training to DCT1 and DCT2/3 according to stage of training. There are 710 DCT posts in the UK[1]. Based on these figures, in any given year, approximately half of the UKs Dental Foundation/Vocational trainees could apply for and secure a DCT year 1 post.

It is expected that trainees spending this length of time in further training posts will be able to clearly demonstrate progress and professional development in multiple areas of their personal portfolio. The range and content of this development is wide and has not always been adequately evidenced by trainees or trainers. There has been a significant element of service delivery in DCT posts which has often limited the training and development focus of posts.

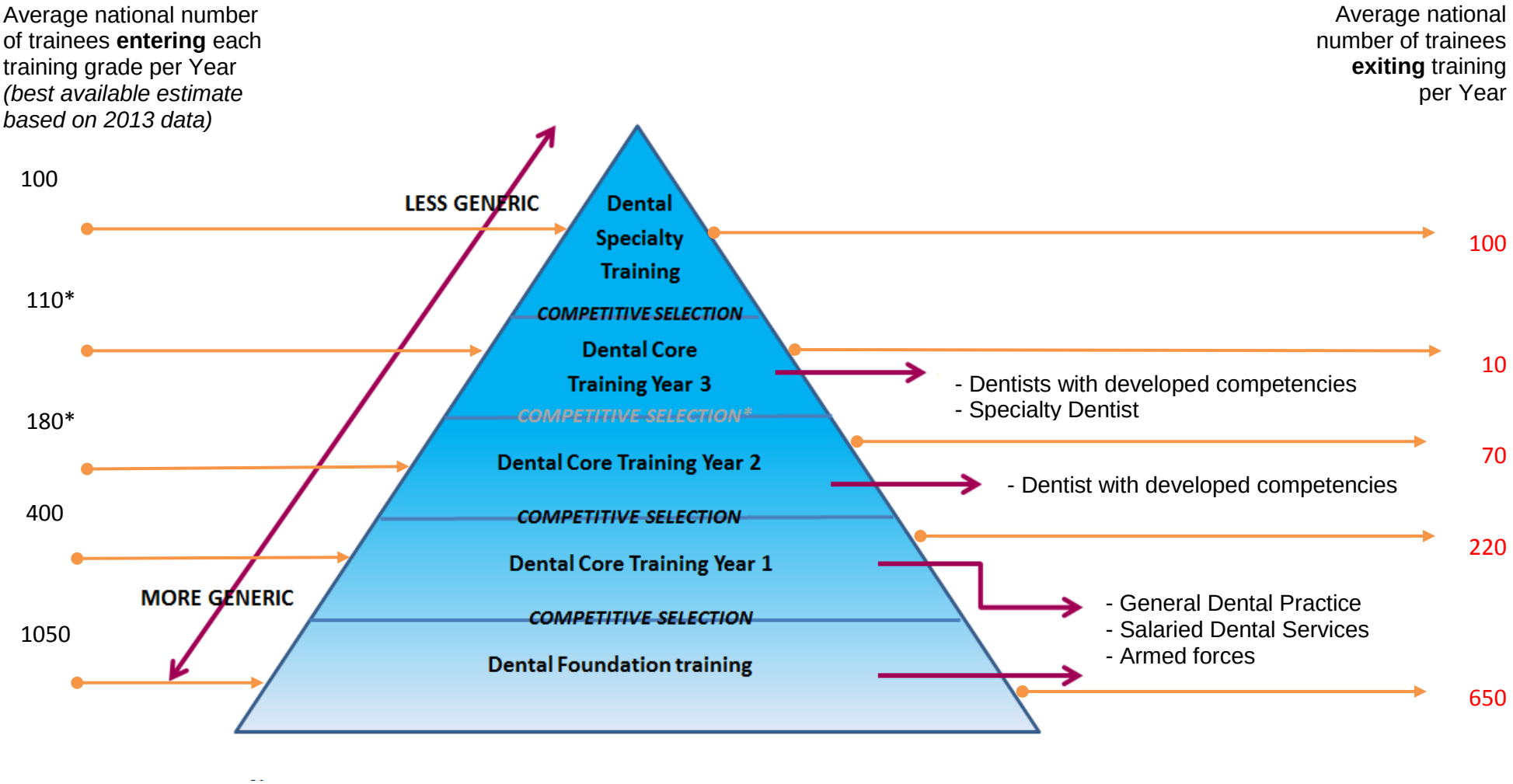
The lack of a meaningful curriculum and assessment framework for this training period has compounded the problem and in many cases trainees have not been able to make best use of potential training opportunities. Equally, the curriculum that has been used has not mapped well to the training opportunities available in the various environments of DCT and has been focussed on competence acquisition, rather than evidence of outcomes.

DCT occurs **prior** to entry to specialty training and does not lead to run through training in the specialties. It is most often a standalone period of training with a number of exits into different career choices.

It is in this context that this new curriculum has been produced and will need to be delivered. It is designed to support trainees and trainers in the process of early postgraduate professional development. The curriculum provides a competence framework of knowledge, skills and behaviours which indicate professional attitudes along with the use of appropriate tools for the assessment of their acquisition. This curriculum will therefore guide all post foundation dental trainees towards numerous possible career destinations.

[1] (SOURCE: COPDEND survey of DCT posts 2013: 418 DCT1 and 292 DCT 2/3)

Figure 2. Indicative Post numbers in Dental Careers



Note

* Not applicable with 2 year rotation posts. In some instances there will be competitive selection into DCT3
* Estimate as breakdown between DCT2 and DCT3 is not available

1.2 Purpose of Dental Core Training

DCT is that period of postgraduate training that follows DFT/VT and for some trainees leads to specialty training. The training period varies from one to three years and has multiple endpoints. This period of training is an extremely valuable training and education experience for dental graduates. Whilst there is no statutory or contractual requirement to complete DCT many trainees see it as invaluable training and education experience that enables clarification of their future professional career intentions.

Methodology for selection to DCT posts will reflect the attributes required in order to achieve the outcomes of DCT. This will ensure that those undertaking DCT will have the required values, attitudes and behaviours. Future recruitment to DCT will include a Situational Judgement Test (SJT) which is a validated tool to test those attributes. A number of dentists undertaking DCT will in future work in different settings which will include primary dental care as generalists or specialists or in a hospital or secondary care setting as consultants who may also undertake patient care in a primary care setting. This change in the focus of delivery of care in the primary care setting will necessitate an emphasis in the future on recruiting individuals who meet the requirements of a primary dental care setting e.g. the need for a Performer/NHS List number.

As dental workforce development moves forward, distinct roles and levels of training are now clearer at the different levels. The DCT 1 is training aimed at development of the skilled generalist; whilst DCT2 is more aimed at the development of (or readiness for) specialist skills and DCT 3 at the enhancement of specialist skills which may enable further progression into specialist. Thus exit from DCT may result in a post as a dentist with additional competences developed beyond those in DFT training or into specialty training.

Currently the majority of posts across the UK are in Oral and Maxillofacial Surgery (OMFS) Units in District General Hospitals, whilst the remainder are mostly in the Dental Hospitals, with a few in the Salaried/Public Dental Service and General Dental Practices (GDP) with Specialist input. It is likely that over the next few years that further posts will be developed in primary dental care. A limited number of academic DCT posts are available.

Dental Core Training will allow trainees to:

- Experience work and training in a different setting compared to DFT/VT
- Work in a supportive environment where they are adequately supervised, enabling them to learn through service delivery whilst ensuring that patients are not put at risk
- Practise within their own level of competence and to be provided with appropriate supervision and feedback to reach higher levels of competence in existing skills and into acquiring new skills
- Learn from many different supervisors in different settings
- Learn to manage patients referred from Primary Care
    - Patients with complex dental conditions.
    - Patients with complex medical conditions.
    - Patients with complex mental health / psychiatric conditions
    - Patients with both complex medical and dental conditions
- Become part of a large multidisciplinary team
- Consolidate knowledge of clinical and organisational governance including audit
- Learn to communicate with a wide variety of different healthcare workers
- Work with experts in their field
- Participate in local learning opportunities e.g. lectures, tutorials, regional study days etc.
- Develop leadership skills

- Study and take postgraduate exams
- Present at local/regional meetings
- Learn many new clinical skills
- Maintain a portfolio of learning development and formative assessment
- Develop their preference of career choice

1.3 Values and commitment to patient safety

A good trainee is a safe, compassionate and effective practitioner who is committed to high quality patient care and treats all patients with respect. The dental trainee will be expected to demonstrate the following values:

- Working together for patients
- Respect and dignity
- Care and compassion
- Improving lives
- Everyone counts
- Openness, honesty and responsibility
- Quality and teamwork

The DCT will also be expected to demonstrate;

- Integrity
- Compassion
- Altruism
- Aspiration to excellence via continuous improvement
- Respect all aspects of equality and diversity
- Regard to the principles of equity
- Ethical behaviour
- Probity
- Honesty
- Leadership

At all times trainees must promote patient safety by:

- Practising within their competence
- Practising in accordance with prevailing professional standards and requirements including those expected in their placement
- Seeking advice from more experienced clinicians whenever appropriate in the workplace.

Section 2: Overview of the Curriculum

2.1 How to use the Curriculum

2.1.1 Dental Core Trainees

Overall, the expectation of trainees is that they will drive their training against an agreed set of objectives and timeline in order to maximise their training opportunities and development. Clinical Supervisors, Educational Supervisors and members of the Deanery or local HEE teams all have a role, but the primary responsibility for training progression sits with the individual trainee.

The curriculum assumes that the individual trainees will be proactive in managing their continuing education and career development and that they will take responsibility for recording all achievements and progress within their portfolio.

- **How trainees will be supported educationally:**
  Educational and clinical supervisors are available to support trainee driven learning there to help trainees. The learning and teaching responsibilities of trainers (page 11) identify and explain the system of workplace based learning and other educational opportunities which should be made available to trainees.

- **Induction, educational and clinical supervision:**
  At the start of each period of DCT programme there will be a local induction which introduces the programme and sets out how it is delivered and assessed by the education provider. There will be further clinical induction sessions at the start of each placement.

- **What trainees are expected to achieve:**
  The lists of competences are split into sub subsections. Each subsection is headed by outcome descriptors indicating the levels of performance that trainees must achieve in DCT year 1 and how they should be developing their ability to work with increasing independence in DCT2/3 year. The outcomes are the standard against which their performance will be judged and are achievable without the need to demonstrate achievement of each individual competence

- **The Trainee Learning Agreement and Personal Development Plan (PDP):**
  A part of the initial appraisal meeting with the Educational Supervisor is a key discussion that underpins the process of training. The meeting should result in a clear learning agreement and PDP with Specific, Measurable, Attainable, Relevant and Timely (SMART) objectives.

- **How trainees competence will be assessed in the workplace:**
  Trainees should familiarise themselves with the assessment section in the curriculum. Clinical and Educational supervisors must complete reports on their trainees during and at the end of each placement. Their summative assessment will be based on multiple

observations, throughout each placement, of the trainee's performance and progress, using the tools of Supervised Learning Events (SLEs) (also known as Workplace Based Assessments (WBA)), by many –Clinical Supervisors and other healthcare professionals. A good way to ensure that Clinical Supervisors are able to comment on a trainee's performance is for the trainee to seek out appropriate SLEs early on in the placement and also to recruit in good time an appropriate number of raters for the multisource feedback (MSF).

- **How to record progress in the e-portfolio:**
  Trainees must enrol and become familiar with the (DCT) e-portfolio as a record of learning. It is the trainees' responsibility to populate their e-portfolio with evidence of development. To achieve this, trainees and their trainers must engage with the process of SLEs from the very start of DCT training. Trainees working in a surgical environment are encouraged to log treatment activity and e-logbooks are available to record activity in specialty settings.

- **Reflective practice:**
  Trainees should reflect on, record and learn from both their positive and negative experiences in order to demonstrate clinical development.

- **How to make sure that progress is being made and that targets are set for future development:**
  This is best done by undertaking regular SLEs with senior staff. SLE feedback will indicate how the trainee is performing and suggest actions which will help develop skills in the workplace. SLEs should start early in each placement to give trainees time to gain the most from feedback. Trainees should also read the feedback and comments from MSF and discuss any areas of concern with the educational supervisor.

2.1.2 DCT1 and DCT2/3 outcomes

Trainers and employers have a responsibility to ensure patient safety throughout all environments where training takes place. In addition to ensuring that the learning opportunities available within a placement are appropriate for the level of training.

Trainers must ensure, and employers should verify that the learning environment is appropriate for the relevant training year:

DCT 1:

- Should be as generic as the setting allows
- Builds on the skills, knowledge and behaviours gained in DFT/VT
- When completed, the trainee should be more knowledgeable, skilful and confident
- Prepare the trainee for either a return to general dental practice or advancement to DCT2

DCT 2/3:

- Should be attractive to those determined to pursue dental specialty training or become a dentist with developed competence in some areas
- Dental Specialty focused
- Posts will involve the acquisition of additional optional outcomes

Posts may also be available either for one year or for two years as a rotational post.

2.1.3 Trainers

A trainer is an appropriately trained and experienced clinician who has responsibility for the education and training of trainees in the clinical environment. A Trainer has a central role in ensuring patient safety while education is taking place, provides appropriate supervision and is involved in and contributes to the learning culture. Trainers provide feedback for learning and may have specific responsibility for assessment.

Overall, the expectation of trainees is that they will drive their training against an agreed set of objectives and timeline in order to maximise their training opportunities and development. Clinical Supervisors, Educational Supervisors and members of the Deanery teams all have a role, but the primary responsibility for training progression sits with the individual trainee. Similarly, it will be expected that the trainee is able to adequately evidence outcomes against the agreed areas of the DCT curriculum at each of the formal reviews in the timeline.

Trainers should read the **Executive Summary** and **How to use the Curriculum** sections above and the definitions of the role of the clinical and educational supervisor (Appendix 2).

It is essential that the employer and the dental profession recognise trainers' central roles in:

- Providing educational support in the workplace
- Helping the trainee to understand the role of the portfolio
- Providing judgement about the trainees progress (to inform the assessment process based on personal observations of their performance in the workplace).
- Undertaking and directing SLE and giving immediate feedback and action points for the trainees development
- Teaching both in the workplace and as part of structured learning programmes and contributing to other forms of learning
- Leading a culture of education and learning where every clinical encounter affords an opportunity to improve
- Encouraging trainees to develop skills for managing both acute and long-term conditions
- Undertaking formal roles such as an Educational Supervisor or a Clinical Supervisor

Trainers should be supported in their role by the local education provider (LEP) HEE, NHS Education for Scotland (NES), Northern Ireland Medical and Dental Training Agency (NIMDTA) or Wales Deanery. These bodies and employing organisations should support trainers to receive training for all their different roles which contribute to postgraduate education. Trainers should have adequate time agreed within their job plan to carry out agreed postgraduate training roles to a high standard.

2.2 Key outcomes of Dental Core Training

The curriculum is outcome based and is comprised of five sections.
Section 3 contains the seven domains which list the mandatory outcomes for DCT for all trainees. This section also contains the specialty specific outcomes.

Each Domain has corresponding competence descriptors in section four and section five contains information on the assessment framework for DCT.

Throughout the curriculum the outcome descriptors for DCT2/3 will always include those defined for DCT1, to indicate that trainees are building upon previous experience and practicing at a more sophisticated and increasingly independent level.

Trainees do not have to demonstrate that they have achieved every competence descriptor but will be expected to discuss or demonstrate evidence of achievement in each of the major outcomes.

This evidence will be based on a combination of knowledge, skills and behaviours from the competence descriptors. For the mandatory outcomes, it is essential that a wide range of knowledge, skills and behaviours are evidenced from across the competence descriptors.

For the clinical outcomes, trainees should evidence a range of competences that support the generic outcomes (Domain 4). The specialty specific outcomes may be evidenced by a narrower range of competence descriptors focused on the clinical setting.

Outcome of DCT1

The outcomes from DCT 1 training are the fundamental skills, behaviours and knowledge that would be expected of a skilled generalist. As a minimum this would be commensurate with performance slightly higher than the level 1 of the tiered clinical pathways designed to support the delivery of dental services in the UK.

These focus on the enhancement of a broad range skills in relation to holistic professional practice, rather than procedure based competence acquisition. There will also be scope for procedure based competences to be accrued in keeping with the trainee's PDP and opportunities available in the placement.

Trainees should be able to demonstrate evidence against the following areas / outcomes:

- Enhanced clinical skills relevant to primary or specialist dental care
- Understanding the impact, mechanism, benefits and appropriateness of specialist or inter-specialty referral
- Options to work partly in OMFS services, dental hospital services and partly in community /public dental services
- Out of hours work where this forms part of the contract of employment
- Increased team working and working in multidisciplinary teams
- Development as a professional
- Enhanced skills in self-reflection and construction of effective PDP
- Improved self-awareness
- Academic achievement (Membership of the Faculty of Dental Surgery (MFDS)/ Membership of the Joint Dental Faculties (MJDF, Audits, Presentations, Prizes)

- Enhanced awareness of career options and intentions
- Ability to cope with patients with more challenging and complex conditions
- Communication with different providers/referrers and patients and their carers as well as other peer groups

Outcome of DCT2/3

As trainees progress through DCT1, 2, 3 it would be expected that the balance of skills and attributes will change in line with expected career progression and anticipated career destinations from DCT.

The outcomes will build on those achieved in DCT 1 and although these are not repeated in the list of outcomes it is expected that increased evidence in these DCT1 outcome areas is also added.

DCT level 2 and 3 trainees should therefore be able to demonstrate evidence of:

- Enhanced clinical skills
- Portfolio of outcomes which may be required for provision of referral services in the future.
- Portfolio of outcomes required for entry to specialty training
- Increased generic experience and level of responsibility, including leadership and audit/governance
- More specialty specific experience
- Enhanced academic achievement (e.g. publications, presentations, teaching, research, further examinations)
- Awareness of leadership and importance of this clinical care and the work environment

Section 3: Mandatory Outcomes

A. The Dental Core Trainee as a developing professional

Domain 1. Professional behaviour and trust

1.1 Acts Professionally
DCT 1 and DCT2/3 outcomes: The trainee must: • Act with professionalism in the workplace and in interactions with patients (and where necessary carers and relatives) and colleagues • Demonstrate punctuality and organisational skills • Participate actively in all aspects of training • Work in partnership with others in an open and transparent manner, treats people as individuals and respects their perspective/views on their own treatment • Deal with underperformance by colleagues • Take personal responsibility for and is able to justify decisions and actions DCT2/3 outcomes: The trainee must • Deal increasingly with queries from patients and relatives

1.2 Delivers patient-centred care and maintains trust
DCT1 and DCT 2/3 outcomes: The trainee must: • Prioritise the needs of patients above personal convenience without compromising personal safety or safety of others • Ensure continuity of patient care is established and that it is communicated clearly to patients and relevant colleagues • Ensure that patients are an integral part of the decision making of their care • Break bad news to patients or carer/relative effectively and compassionately and provides support, where appropriate • Recognise where patient's capacity is impaired and takes appropriate action in less straightforward circumstances DCT2/3 outcomes: The trainee must: • Demonstrate increasing ability and effectiveness in communicating more complicated information in increasingly challenging circumstances

1.3 Behaves in accordance with ethical and legal requirements

DCT1 and DCT 2/3 outcomes:
The trainee must:

- Practise in accordance with General Dental Council Standards for the Dental Team
- Comply with all statutory regulatory and employment requirements of the dental professional
- Protect confidentiality of patient information
- Recognise many organisations and bodies that are involved in dental education and the regulation of dentistry
- Obtain consent as appropriate in accordance with professional, legal and employers requirements
- Understand the relevant legal basis on which consenting practice is currently based
- Know how to safeguard/protect children, young adults and vulnerable adults according to legislation

DCT2/3 outcomes:
The trainee must:

- Increase the breadth of procedures for which consent is taken

1.4 Keeps practice up to date with learning and teaching

DCT 1 and DCT2/3 outcomes:
The trainee must:

- Engage with learning opportunities with colleagues and peers/students
- Participate in the assessment of healthcare professionals and provides constructive feedback
- Reflect on feedback from learners and supervisors to improve own teaching and training skills

DCT2/3 outcomes:
The trainee must:

- Deliver presentations at Regional/National/International meetings
- Make contributions to peer reviewed publications or research projects

1.5 Engages in career planning

DCT 1 and DCT2/3 outcomes:
The trainee must:

- Maintain personal development e-portfolio by recording learning needs and personal reflection including career development and planning
- Comply with GDC requirements for Continuing Professional Development (CPD)

DCT2/3 outcomes:
The trainee must:

- Recognise personal learning needs, address these proactively and set SMART goals

Domain 2. Communication, team working and leadership

2.1 Communicates clearly in a variety of settings

DCT1 and DCT2/3 outcomes:
The trainee must:

- Communicate in an appropriate and effective manner and develops these skills (verbal, non-verbal, written and electronic methods)
- Demonstrate empathy and understanding when communicating with others and dealing with straightforward queries from patients, their carers and relatives.
- Demonstrate understanding of barriers to communication.
- Discuss with patients in an empathic manner, how their expectations may or may not, be met
- Use a systematic approach to evaluate a patient's wishes

DCT2/3 outcomes:
The trainee must:

- Deal independently with queries from patients and relatives and other staff
- Work with patients and colleagues to develop sustainable individual care plans to manage patients' maxillofacial, oral and dental treatment needs

2.2 Works effectively as a team member

DCT1 and DCT2/3 outcomes:
The trainee must:

- Display an understanding of personal role within their team including supporting the team leader and listening to the views of other healthcare professionals
- Liaise with other dental care professionals

DCT2/3 outcomes:
The trainee must:

- Organise and allocate or receive work within their clinical team to optimise effectiveness

2.3 Demonstrates leadership skills

DCT1 and DCT2/3 outcomes:
The trainee must:

- Act as a role model and where appropriate a leader for students and other junior dentists, and assists and educates colleagues including DCPs
- Demonstrate a leadership role within the team in certain clinical situations, e.g. when supporting dental students on clinics

DCT2/3 outcomes:
The trainee must:

- Make decisions when dealing with complex situations.
- Delegate where appropriate and follow this through
- Demonstrate extended leadership role within the team by making decisions and dealing with complex situations

Domain 3. Clinical safety and quality

3.1 Recognises and works within limits of professional competence

DCT1 and DCT2/3 outcomes:
The trainee must:

- Demonstrate resilience and perseverance when faced with challenges
- Delegate tasks appropriately and ensure they are completed
- Know when to seek help and when to refer
- Deal with challenges and seeks advice when necessary

DCT2/3 outcomes:
The trainee must:

- Show an understanding on how to deal with challenges and seek assistance in a timely manner
- Delegate tasks and ensure that they are completed on time and to the required standard
- Organise handover and task allocation, anticipating problems for the next clinical team.

3.2 Makes patient safety a priority in clinical practice

DCT1 and DCT2/3 outcomes:
The trainee must:

- Deliver high quality care in accordance with local/national guidelines
- Recognise situations which might lead to complaint or dissatisfaction.
- Apologise for errors and takes steps to prevent/minimise impact.
- Recognise that fatigue and health problems in healthcare workers (including self) can compromise patient care

DCT2/3 outcomes:
The trainee must:

- Recognise fatigue/stress/illness in members of the clinical team and seek senior guidance to manage this.

3.3 Contributes to quality improvement

DCT1 and DCT2/3 outcomes:
The trainee must:

- Undertake clinical audit, significant event analysis and/or peer review.

DCT2/3 outcomes:

- Manage, analyse and present at least one quality improvement project and use the results to improve patient care.

B. The Dental Core Trainee as a safe and effective practitioner

Domain 4. Good Clinical Care

Across all of the subsequent clinical domain areas, which are grouped by specialty themes, these values must underpin competence acquisition and professional development:

4.1 Obtains history and performs clinical examination

DCT1 and DCT2/3 outcomes:
The trainee must:

- Obtain accurate patient history using all relevant sources of information including carers/family
- Utilise existing patient records and other sources of evidence/information
- Perform clinical examination of orofacial region including cranial nerves

4.2 Requests relevant investigations/special tests and acts on them

DCT1 and DCT2/3 outcomes:
The trainee must:

- Explain to patients the risks, possible outcomes and implications of investigation results and gains informed consent
- Understand diagnostic limitations of and contraindications to common investigations
- Request and interpret necessary investigations to confirm diagnosis

4.3 Formulates differential diagnosis and treatment/management plan

DCT1 and DCT2/3 outcomes:
The trainee must:

- Determine and document differential diagnosis and establishes a problem list
- Prioritise actions on the basis of the differential diagnosis and clinical risks
- Communicate treatment/management plan as appropriate

4.4 Prescribes safely

DCT1 and DCT2/3 outcomes:
The trainee must:

- Prescribe medicines correctly and accurately
- Prescribe safely for different patient groups

4.5 Performs clinical procedures safely

DCT1 and DCT2/3 outcomes:
The trainee must:

- Explain the procedure to patients, including possible complications, and gains valid informed consent
- Prescribe and/or administer appropriate analgesia where relevant
- Recognise, record and undertake emergency management of common dental conditions
- Safely dispose of equipment, including sharps
- Document the procedure and gives instructions for appropriate aftercare

4.6 Is trained in managing medical emergencies

DCT1 and DCT2/3 outcomes:
The trainee must:

- Know where resuscitation equipment is located
- Be trained to provide immediate life support

4.7 Promotes general and oral health

DCT1 and DCT2/3 outcomes:
The trainee must:

- Provide advice about the prevention of dental caries and periodontal diseases
- Discuss with patients the role alcohol plays in dental disease and traumatic injury.
- Discuss the role smoking and tobacco products play in oral health and offers brief intervention and referral

C. Specialty specific outcomes:

The following outcomes will apply only to some trainees in certain posts or workplace settings. The agreement to their inclusion in the training programme will be made as part of the personal development plan at the beginning of the relevant training period.

C1 Restorative Dentistry (Periodontics, Endodontics, Prosthodontics)

DCT1 and DCT2/3 outcomes:

The trainee in restorative dentistry should:

- Gain an understanding of the principles of managing the restorative dentistry treatment needs of patients referred from the primary care setting.
- Use appropriate diagnostic and clinical techniques for non-surgical endodontics.
- Carry out non-surgical root canal treatment for cases with normal root canal anatomy.
- Carry out non-surgical root canal treatment for simple re-treatment cases.
- Recognise and manage all common variants of periodontal disease.
- Provide direct and indirect dental restorations for appropriate clinical situations.
- Provide removable immediate, copy, partial or complete dentures for appropriate situations.
- Under supervision, carry out clinical stages to deliver implant-retained or supported prostheses.

C2 Orthodontics

DCT1 and DCT2/3 outcomes:

The trainee in Orthodontic dentistry should:

- Have a basic understanding of orthodontic provision in the secondary care service.
- Be able to make basic orthodontic diagnoses and undertake basic and emergency orthodontic treatments.

C3 Oral Surgery

DCT1 outcomes:

The trainee in Oral Surgery should:

- Have an understanding of oral surgery provision in primary and secondary care with reference to the surgical management of oral mucosal, salivary gland and oro-facial pain.
- Be able to make working diagnoses, undertake initial and emergency treatments and know when to refer.
- Have an understanding of the importance of medical history and co-morbidities in patient care.

DCT 2/3 outcomes:

The trainee in Oral Surgery should:

- Be able to diagnose and manage straightforward oral surgery treatments under local anaesthesia with consideration of co-morbid states, the outcomes of care and involvement of other specialties as necessary.
- Have an *in depth* understanding of the pathological basis of oral surgery diagnoses and the role of targeted investigations in the support of clinician decision making.

C4 Paediatric Dentistry

DCT 1 Outcome:

The trainee in Paediatric Dentistry should :

- Have a basic understanding of paediatric dentistry provision in the secondary care service.
- Be able to make basic paediatric dental diagnoses and undertake basic and emergency dental treatments for children.

DCT 2/3 Outcome:

The trainee in Paediatric Dentistry should:

- Have a practical set of skills and knowledge base to deliver a range of dental management for children in primary and secondary care.

C5 Special Care Dentistry / Behaviour management and Anxiolysis

DCT1 and DCT2/3 outcomes:

The trainee in Special Care Dentistry should:

- Have an understanding of the improvement of oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of a number of these factors.
- Have an understanding of a holistic approach that is specialist led in order to meet the complex requirements of people with special needs.
- Have an understanding of disability issues and the impact that they can have on oral health; as well as a comprehensive understanding of the impact that oral health can have on the lives of people with disabilities and complex needs.

C6 Oral Medicine

DCT1 outcomes:

The trainee in Oral Medicine should:

- Have an understanding of oral medicine provision in primary and secondary care with reference to the non-surgical management of oral mucosal, salivary gland and non-odontogenic causes of oro-facial pain.
- Be able to make working diagnoses, undertake initial and emergency treatments and know when to refer.
- Understanding of the importance of medical history and co-morbidities in patient care.

DCT 2/3 outcomes:

The trainee in Oral Medicine should:

- Be able to diagnose and manage straight forward oral medicine diagnoses with consideration of co-morbid states, the response to interventions over time and involvement of other specialties as necessary.
- Understanding of the pathological basis of oral medicine diagnoses and the role of targeted investigations in the support of clinical decision-making

C7 Oral Pathology

DCT1 outcomes:

The trainee in Oral Pathology should:

- Have an understanding of the range of oral diseases that contribute to oral and dental disease.
- Have an awareness of diagnostic processes in oral pathology.

DCT 2/3 outcomes:

The trainee in Oral Pathology should:

- Understands the range of oral pathologies and able to construct differential diagnoses and arrange investigations.
- Be able to interpret pathological reports for a range of common oral diseases.
- Be able to explain oral pathology findings to patients and answer questions appropriately.

C8 Dental and Maxillofacial Radiology

DCT1 and DCT2/3 outcomes:

The trainee in Dental and Maxillofacial Radiology (DMF) should:

- Have a basic understanding of DMF/Radiology provision in the secondary care service.
- Have an up to date knowledge of Ionising Radiation Protection guidance and best practice.

C9 Oral Microbiology

DCT1 outcomes:

The trainee in Oral Microbiology should:

- Have an understanding of the role of the diagnostic microbiology in the management of orofacial infection.
- Be able to undertake sampling of lesions and interpret reports, with assistance, if required.
- Be able to apply principles of infection prevention and control to everyday practice.
- Have a working knowledge of antimicrobial stewardship principles.

C9 Oral Microbiology

DCT 2/3 outcomes:

The trainee in Oral Microbiology should:

- Be competent to request and interpret microbiological investigations, and recognise when expert advice may be required.
- Be competent to participate in clinical governance relating to antimicrobial stewardship and quality management systems relating to decontamination.

C10 Dental Public Health & Epidemiology

DCT1 and DCT2/3 outcome:

The trainee in Dental Public Health & Epidemiology should:

Demonstrate an understanding of:

- The prevention of dental disease including water fluoridation.
- Strategies for improving oral health (e.g. Delivering Better Oral Health in England).
- The role alcohol plays in dental disease and traumatic injury.
- The role smoking and tobacco products play in oral health and how to offer brief intervention and referral.
- The impact of dementia on society, oral disease and dental services.
- Dental epidemiology – collection and use of information.

Section 4: Competence Descriptors

Trainees will be expected to evidence their competence development over time in order to meet the outcomes set as objectives in their PDP. It is not expected that all trainees will be able to evidence **ALL** of the competences in these descriptors, but that these are used effectively to develop objectives and then to demonstrate evidence to underpin outcomes.

The outcome descriptors for DCT2/3 will always include those defined for DCT1, to indicate that trainees are building upon previous experience and practising at a more sophisticated and increasingly independent level.

Trainees do not have to demonstrate that they have achieved every competence descriptor but will be expected to discuss or demonstrate evidence of achievement in each of the major outcomes.

This evidence will be based on a combination of knowledge, skills and behaviours from the competence descriptors. For the mandatory outcomes, it is essential that a wide range of knowledge, skills and behaviours are evidenced from across the competence descriptors.

For the clinical outcomes, trainees should evidence a range of competences that support the generic outcomes. The specialty specific outcomes may be evidenced by a narrower range of competence descriptors focused on the clinical setting.

Training will be relevant to the individual's career destination and the posts held. The competencies listed here do not include attitudes, as attitudes are not easy to evidence objectively. The outcomes include behaviours which are reflective of attitudes and are not able to be measured.

A. The Dental Core Trainee as a developing professional

Domain 1 - Professional behaviour and trust

1.1 Behaviour in the workplace Knowledge	Skills	Behaviours
1. The principles of ethics, including patient autonomy and confidentiality, as they apply to clinical practice. 2. The legal and regulatory issues relating to clinical practice in the training environment. 3. The appropriate use and sharing of clinical information. 4. Information governance and standards of data protection. 5. Is aware of patient expectations of personal presentation of clinicians, such as dress and social behaviour.	6. Shows confidence in own abilities, working independently within these boundaries of competence 7. Maintains a personal development portfolio and undertake workplace-based assessments 8. Able to adapt quickly to changing circumstances and demonstrate flexibility. 9. Aware of own limitations and practices within them. 10. Identifies development needs in practice and self after reflection on experience and feedback.	11. Behaves in keeping with NHS values 12. Acts as a responsible employee in accordance with employer's policies e.g. - Completion of mandatory training - Responsibility for organising leave - Responsibility for prompt reporting of absence. 13. In all interactions with patients and colleagues takes into account potential issues relating to equality and diversity. 14. Takes personal responsibility and works independently where appropriately. 15. Shows confidence in own abilities, working independently within these boundaries of competence. 16. Acts with empathy, honesty and sensitivity and in a non-confrontational manner. 17. Respects and supports the privacy and dignity of patients. 18. Is courteous, polite, considerate, honest and professional with patients, relatives and colleagues. 19. Has a non-judgemental approach. 20. Maintains professional and personal boundaries. 21. Demonstrates maturity, courtesy and

1.1 Behaviour in the workplace Knowledge	Skills	Behaviours
		professionalism in approach and appearance. 22. Demonstrates honesty and integrity. 23. Adheres to formal standards, guidelines and procedures, e.g. GDC requirements. 24. Demonstrates accountability for own mistakes. 25. Shows insight into strengths and limitations, willing to seek advice or assistance where appropriate. 26. Intellectually curious.

1.2 Time management Knowledge	Skills	Behaviours
1. Understands the importance of punctuality and organisation of time. 2. Aware of the impact of personal time management on others. 3. Able to determine priorities in competing work streams and organise self and others.	4. Integrates supervised learning events (SLEs) and other learning responsibilities into the weekly programme of work. 5. Demonstrates the ability to adjust decision-making in situations where staffing levels and support are reduced e.g. staff absence. (leave/sickness), out of hours 6. Supervises others to ensure appropriate prioritisation and delivery of care	7. Is punctual for all duties, including handovers, clinical commitments and teaching sessions. 8. Keeps a list of allocated tasks and ensures that all are completed competently. 9. Organises and prioritises workload regularly and appropriately. 10. Delegates or calls for help in a timely fashion when falling behind or works with others to address workload situations.

1.3 Continuity of care		
Knowledge	**Skills**	**Behaviours**
1. Understands the importance of continuity of care and clarity of patient information.	2. Monitors clinical evolution and treatment plan for patients under their care. 3. Summarises accurately and documents the main points of patients' diagnoses, active and potential problems, and management plans. 4. Ensures satisfactory completion of tasks at the end of the shift/day with appropriate reflection on performance. 5. Ensures safe continuing care of patients by handover to on-call staff. 6. Identifies potential problems and required actions. 7. Makes adequate arrangements for cover e.g. handing over bleep during educational sessions.	8. Recognises that handover of care is central to patient safety. 9. Accepts handover directions and allocation of tasks from seniors. 10. Ensures satisfactory completion of tasks at the end of the shift/day with appropriate reflection performance. 11. Ensures that problems and required actions are highlighted clearly in handover to colleague.

1.4 Treats the patient as the centre of care within a consultation or treatment episode		
Knowledge	**Skills**	**Behaviours**
1. Recognises the provisions of the relevant legislation regarding capacity when formulating and agreeing treatment plans. 2. Understands the principles of safeguarding and child protection.	3. Able to discuss management options with patients and / or appropriate others. 4. Able to consider care pathways and the process of care from the patients' perspective. 5. Deals appropriately with angry or dissatisfied patients.	6. Considers the patient holistically, respecting their individual needs, dignity and right to privacy, autonomy and confidentiality. 7. Recognises where appropriate patients' expertise about their care. 8. Respects patients' views and encourages patients with knowledge of their condition to make informed decisions about their care. 9. Demonstrates understanding that respect of patient's views and wishes is central to the provision of high quality care. 10. Respects patients' right to refuse treatment or take part in research.

1.5 Communication with patients		
Knowledge	**Skills**	**Behaviours**
1. Understands the impact of the environment on good communication.	2. Ensures sufficient time and appropriate environment for communication. 3. Responds to patients' queries or concerns. 4. Seeks advice promptly when unable to answer patients' queries or concerns. 5. Explains options clearly and checks patients' understanding in relation to obtaining consent. 6. Provides or recommends relevant written/on-line information appropriate for individual patient's needs. 7. Accurately and contemporaneously documents communications with patients in their records. 8. Able to write and communicate succinctly & appropriately with health care professionals in a timely manner.	9. Listens actively and enables patients to express concerns and preferences, ask questions and make personal choices. 10. Recognises that patients may have unspoken concerns and communicates in an empathic manner to elicit and address these.

1.6 Communication in difficult circumstances		
Knowledge	**Skills**	**Behaviours**
1. Understands how the communication might vary when the patient or carer has learning or communication difficulties themselves e.g. deafness.	2. Considers any acute or chronic mental or physical condition that may have an impact on communication understanding. 3. Ensures sufficient time and a suitable environment for discussions. 4. Demonstrates the ability to communicate when English is not a patient's first language, including the appropriate use of an interpreter. 5. Manages three-way consultations e.g. with an interpreter or with a child patient and their family/carers. 6. Deals appropriately with angry or dissatisfied patients, trying to resolve the situation and seeking assistance as appropriate.	7. Considers patients' personal factors. 8. Demonstrates involvement with others in the team when breaking bad news. 9. Acts on views of others. 10. Deals appropriately with distressed patients/carers and seeks assistance as appropriate.

1.7 Ethical principles and confidentiality		
Knowledge	**Skills**	**Behaviours**
1. Understands and describes the principles of confidentiality. 2. Describes and demonstrates an understanding of the main principles of medical ethics, including autonomy, justice, beneficence, non-maleficence and confidentiality.	3. Uses and shares clinical information appropriately while respecting confidentiality. 4. Completes the local or national fitness to work documentation for patients appropriately where it applies.	5. Provides care and treatment in accordance with the principles of patients' best interests, autonomy and rights. 6. Ensures privacy when discussing sensitive issues. 7. Applies the principles of confidentiality. 8. Maintains confidentiality and only shares clinical information spoken or written, with appropriate individuals or groups where clinically relevant or legally required. 9. Complies with information governance standards of confidentiality and data protection.

1.8 Legal framework of clinical practice	
Knowledge	**Skills and Behaviours**
1. Understands ethical and legal issues that occur during the management of patients with dental problems, medical problems or mental illness. 2. Knowledge of the legal issues relating to clinical practice, including safeguarding. 3. Work within legal frameworks.	4. Demonstrates personal standards in work that are in line with expected ethical and legal principles. 5. Discusses the risks of legal and disciplinary action if a dentist fails to achieve the necessary standards of practice and care. 6. Minimises risk of exposing a pregnant woman to radiation.

1.9 Comprehension of relevance of outside bodies to professional life	
Knowledge	**Skills and Behaviours**
1. Understands that many local, national and international organisations and bodies are involved in NHS structure, the safe practice of dentistry the delivery of dental education and regulation of dentistry:	2. Complies with the statutory standards set by Regulatory bodies.

1.10 Consent		
Knowledge	**Skills**	**Behaviours**
1. The concept of valid, informed consent, and the potential difficulties in obtaining this, and how these difficulties may be overcome. 2. Knowledge of up to date legislation and advice in relation to consent.	3. Obtains valid consent	4. Shows understanding of own abilities in regard to consenting patients and asks for support when required

1.11 Safeguarding children and adults Knowledge	Skills	Behaviours
1. Knowledge of current relevant safeguarding legislation. 2. Definition of a Vulnerable Adult and categories/classifications. 3. Concept of safeguarding, including how, when and to whom seek advice from / make a referral. 4. Concepts and types of abuse, including physical, psychological, sexual, financial, discriminatory, domestic, institutional, and neglect and acts of omission. 5. The safeguarding principles of empowerment, protection, prevention, proportionality, partnerships and accountability.	6. Able to identify at risk adults / children.	7. Behaves non-judgementally in matters of safeguarding and child protection. 8. Makes a clear and accurate referral to relevant body when required.

1.12 Generic – Teaching and learning Knowledge	Skills	Behaviours
1. Recognises that dentists have a role as teachers. 2. Understands the role and value of supervised learning events including 'developing the clinical teacher'. 3. Understands different styles of learning and teaching.	4. Teaches supports and gives feedback to dental students and other members of the MDT where appropriate. 5. Draws on teaching and learning skills when working in partnership with patients.	6. Curiosity for further learning. 7. Encourages an open, blame free working environment where trainees can be honest about mistakes and errors and understand how important it is to learn from them. 8. Demonstrates appropriate preparation for teaching/presentations at meetings. 9. Acts as a role model for other dentists and healthcare workers.

1.13 Lifelong learning		
Knowledge	**Skills**	**Behaviours**
1. Recognises that trainees need to demonstrate acquisition of the knowledge, attitudes, behaviours and skills to maintain self-directed lifelong learning. 2. Understands the process of PDP setting and using this to drive development. 3. Recognises that all clinicians continue to refine their practice throughout their careers to enhance personal contribution to the quality of patient care.	4. Identifies role models and learning opportunities from the behaviours of the best clinical practitioners and leaders. 5. Engages in lifelong learning by seeking feedback from experienced trainers on aspects of clinical practice through supervised learning events (SLEs). 6. Recognises errors and mistakes and demonstrates measures to learn from them by discussion and reflection. 7. Implements changes in practice to improve performance as a result of reflecting on personal experience, multi-source feedback (MSF and feedback from SLEs). 8. Reflects on experiences and learns from them.	9. Demonstrates commitment to Dentistry and an understanding of career opportunities and pathways. 10. Arranges and prepares for own appraisal in a timely manner. 11. Provides evidence to demonstrate continuing personal and professional development via e-portfolio and supporting documentation. 12. Takes responsibility for own learning, proactively identifying and seizing development opportunities. 13. Regards all undertakings as learning opportunities. 14. Engages in continual professional development. 15. Reviews professional learning needs and reflects on the best conditions for personal learning.

Domain 2 - Communication, team working and leadership

2.1 Generic - Communication		
Knowledge	**Skills**	**Behaviours**
1. Can describe the role of appraisal, training and review of colleagues. 2. Understands principles of giving and receiving effective feedback. 3. Understands different communication modes and styles.	4. Communicates in a clear, concise and succinct manner; both verbally and in writing. 5. Successfully influences others and negotiates with colleagues to achieve the best patient outcomes. 6. Able to find appropriate meaning in non-verbal communication. 7. Able to maintain appropriate eye contact and body language. 8. Able to provide others with an appropriate level of information and effective summaries. 9. Able to adapt language to suit the target audience and the situation. 10. Able to listen actively, seeking clarification to ensure understanding and responding to cues. 11. Seeks advice promptly when unable to deal with patient's questions or concerns. 12. Maintains accurate, concise and contemporaneous patient records.	13. Behaves with due regard for dignity, right to privacy, autonomy and confidentiality of patients. 14. Shows that patients' ideas concerns and expectations are taken into account.

2.2 Team-working		
Knowledge	**Skills**	**Behaviours**
1. Awareness and understanding of each member's role and responsibilities within the team. 2. Understanding of Human Factors i.e. the things that enhance or decline human performance. 3. Understanding of organisational structures and lines of responsibility. 4. Principles of line management. 5. Knowledge of GDC scope of practice guidance. 6. Knowledge of NHS financial and management systems. 7. Understanding of the operational issues related to the management of referrals and targets related to referral treatment times including fast track referrals.	8. Integrates and interacts appropriately with their clinical team. 9. Correct utilisation of other members of the dental team. 10. Contributes to multidisciplinary team (MDT) meetings and works effectively with that MDT. 11. Builds professional relationships and support networks, drawing on these where necessary. 12. Understanding of the operational issues related to the management of referrals and targets related to referral to treatment times including fast track referrals. 13. Manages conflict within the team effectively.	14. Demonstrates a personable and approachable style, building trust and liaising well with other team members. 15. Demonstrates awareness of work pressures on others and willingness to support other staff and help reorganise workloads as necessary. 16. Respects the expertise of others, drawing on this where appropriate. 17. Reflects on feedback. 18. Acts a role model in the workplace. 19. Encourages open and appropriately directed communication within healthcare teams. 20. Accepts appropriate directions and allocation of tasks.

2.3 Leadership		
Knowledge	**Skills**	**Behaviours**
1. Understands: - organisational structures - chains of responsibility including principles of line management of clinical and non-clinical staff. 2. Knows: - The importance of leadership. - The difference between management and leadership. - The different styles of leadership.	3. Shows leadership skills where appropriate and at the same time works effectively with others towards a common goal.	4. Shows openness to the views of others.

Domain 3 - Clinical safety and quality

3.1 Coping with pressure		
Knowledge	**Skills**	**Behaviours**
1. Understands how time pressure and deadlines can affect cognitive performance.	2. Maintains a high level of performance even when working under pressure. 3. Manages own time efficiently. 4. Takes proactive measures to ensure multiple priorities can be handled effectively.	5. Employs effective coping mechanisms to handle difficulties and challenges. 6. Attends to own physical and mental wellbeing. 7. Keeps emotions under control in difficult or challenging situations.

3.2 Quality and safety improvement		
Knowledge	**Skills**	**Behaviours**
1. Understands systems of quality assurance and clinical improvement in clinical work and training. 2. Understands and can describe root-cause analysis.	3. Performs a quality improvement project and is able to understand the quality improvement process. 4. Recognises opportunities for improving the reliability of care following audit, adverse events or 'near misses'.	5. Contributes to discussions on improving clinical practice. 6. Takes part in clinical governance initiatives. 7. Demonstrates understanding of the importance of reporting, discussing and learning from all incidents and concerns related to patient safety.

3.3 Clinical quality - General competence descriptors		
Knowledge	**Skills**	**Behaviours**
1. Understands the clinical governance framework in the context of clinical quality improvement. 2. Understands the principles of quality and safety improvement in healthcare. 3. Understands the need to raise concerns where patient safety is potentially compromised and understands whistleblowing legislation.	4. Able to critically appraise evidence. 5. Recognises the benefits and limitations of guidelines and care pathways.	6. Acts in accordance with the principles of safe practice at all times. 7. Reflects on care plans used to improve patient safety. 8. Discusses safety issues in the framework of case based discussions. 9. Demonstrates awareness of local major incident planning and their potential role in any such incident.

3.4 Audit Competence descriptors		
Knowledge	**Skills**	**Behaviours**
1. The principles of internal and external quality assurance. 2. Describes the audit cycle and knows how it relates to the improvement of clinical care. 3. Understands the benefit of audit to patient care and individual performance.	4. Makes audit links explicitly to learning/professional development portfolios. 5. Recognises the features of an effective audit that makes real changes in practice. 6. Design and complete audit projects.	7. Shows reflective learning on an audit or Health Improvement Project related to a patient safety issue. 8. Participates in a trust or directorate audit/clinical governance meeting.

3.5 Risk assessment and risk management competence descriptors		
Knowledge	**Skills**	**Behaviours**
1. Knowledge of the principles of risk assessment.	2. Able to carry out a risk assessment, develop and apply relevant procedures.	3. Responds appropriately to risk assessment and takes steps to reduce risks in the workplace.

3.6 Guidelines Competence descriptors		
Knowledge	**Skills**	**Behaviours**
1. The content of guidelines applicable to the clinical practice and training environment. 2. Knowledge of dental commissioning guidelines where these apply.	3. Can interpret and apply guidelines in the clinical practice and training environment. 4. Shows regard for individual patient needs when utilising guidelines.	5. Demonstrates application of clinical guidelines. 6. Audits practice of self and others against relevant clinical guidelines.

3.7 Patient Safety Competence descriptors Knowledge	Skills	Behaviours
1. Describe the adverse effects and contraindications of therapeutic interventions. 2. Be aware of local and national microbial prescribing policies. 3. Know the principles of the chain of infection and how to prevent cross infection to patients and staff. 4. Knowledge of the principles of Safer Surgery and checklists to reduce never events. 5. Able to describe the hazards of dental / medical equipment. 6. Know how to report an adverse drug reaction. 7. Know the principles of management of fitness to practice cases. 8. Know the role of the National Patient Safety Agency (NPSA) and the National Clinical Assessment Service (NCAS) where they apply. 9. Know the principles of Adult and Paediatric Basic Life Support. 10. Knows role of commissioning contracts, monitoring contracts where relevant. 11. Knows the requirements for entry to all dental list or performers list relating to the country of practice. 12. Know responsibilities of being registered with the Care Quality Commission (CQC) where this applies. 13. Have an understanding of commissioner and providers and performers.	14. Ensures patient safety in a clinical setting. 15. Confidence and routine use of a Safer Surgery checklist when required. 16. Ensures the correct and safe use of dental / medical equipment and appropriate reporting of any defective items. 17. Able to recognise and respond to manifestations of a patient's deterioration of physical or mental health. 18. Able to recognise and report adverse effects of medications. 19. Adult and Paediatric Basic Life Support using current guidelines. 20. Immediate Life Support when treating patients with General Anesthetic and Sedation. 21. Able to employ good antimicrobial stewardship principles. 22. Able to undertake infection control procedures.	23. Shows regard for patient safety. 24. Recognises importance of the wider dental team for patient safety and when using Safer Surgery Checklist. 25. Demonstrates a willingness to participate in safety improvement strategies. 26. Is willing to intervene if appropriate when concerns are raised. 27. Recognises their own limitations and practice within them. 28. Focuses on patient's safety and best interests, in line with duty of candour. 29. Takes a holistic view to delivering patient care, considering each patient's personal circumstances and tailoring the treatment plan accordingly. 30. Demonstrates a non-judgmental, empathetic, courteous and sensitive approach, providing reassurance where appropriate. 31. Adhere to good antimicrobial prescribing policies and engage in audit of practices. 32. Demonstrates up to date knowledge of local and national infection control policies and leads by example by compliance.

3.8 Complaints		
Knowledge	**Skills**	**Behaviours**
1. Understands that complaints do not necessarily imply blame and is open to discussion of the issues concerned. 2. Demonstrates understanding of the local complaints process and its value in learning for both the individual and the organisation. 3. Identifies or describes a potential complaint and the role of the multidisciplinary team in methods of resolution. 4. Knows of the GDC duty of candour.	5. If involved in a complaint, deals with it under guidance including: 6. Ensuring appropriate arrangements for patient care. 7. Communicating with other staff and patients where appropriate. 8. Demonstrating appropriate learning from episode. 9. Obtaining appropriate mentoring advice and counselling. 10. Seeks to remedy patients' or relatives' concerns with help from senior colleagues and/or other members of the multidisciplinary team. 11. Consults with other members of the team on factual information/explanations of error to ensure that the patient is given a single clear picture of causation of fault rather than suggestions or probabilities. 12. Follows an untoward incident or complaint through the relevant process.	13. Understands and addresses common reactions of patients, family and clinical staff when a treatment has been unsuccessful or when there has been a clinical error.

3.9 Use of information technology competence		
Knowledge	**Skills**	**Behaviours**
1. The principles of retrieval and utilisation of data recorded in clinical systems. 2. Demonstrate an understanding of the legal aspects relating to holding electronic and digital records.	3. Applies the principles of confidentiality in the context of information technology. 4. Uses digital imaging devices effectively.	5. Shows a proactive and enquiring attitude to new technology.

B. The Dental Core Trainee as a safe and effective practitioner

Domain 4 - Good Clinical Care

4.1 Generic descriptors		
Knowledge	**Skills**	**Behaviours**
1. Basic science relevant to dentistry – anatomy, biology, physiology, pathology and microbiology. 2. Understands evidence base and clinical pathways in relevant clinical areas. 3. Understands limitations of clinical pathways in certain individual patient circumstances. 4. Understands common medical emergencies. 5. Has good knowledge of common drugs and knows how to find out more about other drugs.	6. Delivers high quality patient care in a timely manner. 7. Always recognises own level of competence and asks for help from appropriate sources in an appropriate and timely fashion. 8. Delegates only to colleagues with appropriate experience and qualifications. 9. Recognises the potentially vulnerable patient e.g. children, older people, those with learning difficulties or mental health issues (Inc. dementia) potential victims of abuse and those in need of extra support. 10. Is able to prescribe drugs. 11. Able to address medical emergencies appropriately.	12. Shows commitment to providing excellent standards of patient care, demonstrating enthusiasm to exceed expectations. 13. Supports colleagues who have problems with their performance, conduct or health or seeks help with doing so. 14. Draws attention to potential risks to patients regardless of status of colleagues. 15. Identifies poor performance in self and colleagues, including senior colleagues, willing to raise concerns if they exist.

4.2 Clinical Knowledge		
Knowledge	**Skills**	**Behaviours**
1. Common oral medicine conditions and oral pathologies. 2. Common medical problems, including mental health issues. 3. Assessment of those teeth that require extraction and those that can be restored and how. 4. Diagnosis and management of a localised dental abscess/infection. 5. When an impacted tooth requires removal and its management in a safe manner including appropriate referral where required. 6. Understand the causative factors of dental diseases, including caries. 7. Epidemiology and management on non-carious tooth surface loss. 8. Commonly used materials and techniques for the restoration of primary and permanent teeth. 9. The classification, aetiology, epidemiology and management of dental anomalies. 10. Assessment of the developing dentition and when to refer to an orthodontist. 11. Diagnosis and management of endodontic disease.	12. Carries out a thorough and appropriate assessment and examination of the patient including their oral and peri-oral tissues in relation to the presenting complaints of the patient. 13. Constructs an appropriate differential diagnosis of the condition from the information provided and examination and investigations undertaken. 14. Undertakes a simple biopsy. 15. Recognise a potentially malignant lesion. 16. Able to safely extract a tooth and assess potential complications and those that may arise. 17. Undertakes surgery in a safe manner. 18. Able to identify dental cause for infection and manage in a safe manner. 19. Undertakes interventions towards smoking cessation and make referrals as appropriate. 20. Recognition and management of complications that may arise. 21. Assessment of soft tissue swelling and identification of the possible causes. 22. Diagnosis and management of periodontal disease and endodontic issues. 23. Diagnosis, evaluation and management of temporomandibular joint disorders.	24. Shows thoroughness and attention to detail in all aspects of clinical work. 25. Identifies alcohol consumption beyond recognised safe limits and make appropriate referrals as indicated. 26. Identifies substance misuse from presenting oral features and make appropriate referrals as indicated.

4.3 Critical Thinking and Decision Making Competence descriptors		
Knowledge	**Skills**	**Behaviours**
1. Understanding of basic framework and theories to assist with critical thinking.	2. Synthesizes and assimilates rapidly large amounts of information. 3. Accurately evaluates information, identifying key issues and risks. 4. Recognises when to use own initiative to make independent decisions. 5. Seeks further relevant information where appropriate, from suitable sources.	6. Explores options, weighing up the appropriateness of various courses of action. 7. Demonstrate attention to detail. 8. Makes decisions and diagnoses based on sound clinical judgement & application of knowledge.

4.4 Clinical Examination and Assessment Competence descriptors		
Knowledge	**Skills**	**Behaviours**
1. Understands the relevant biology, anatomy and physiology of normal and abnormal intra-and extra- oral structures and tissues. 2. Understands the sensitivity and specificity of diagnostic tests. 3. Understands the dental, medical, psychiatric and social history factors likely to be relevant to the presenting condition and its previous management.	4. Completes a thorough history from the patient/carer. 5. Able to examine the oral mucosa and related structures; the periodontium and dental hard tissues and make appropriate diagnoses. 6. Takes into account any systemic factors likely to have a bearing on the above. 7. Uses all appropriate investigations (e.g. radiographic, sensitivity and vitality tests) to diagnose oral conditions. 8. Recognises if a diagnosis is out with the competency of the trainee to manage and understands the appropriate escalation procedures.	9. Embraces a holistic, patient centred approach. 10. Recognises the urgency of patients requiring immediate assessment and treatment, and be able to differentiate from non-urgent.

4.5 Management of Dental and Facial Injuries Competence descriptors Knowledge	Skills and behaviours
1. Describes: - Aetiology of facial trauma. - Priorities of management. - Assessment of airway and level of consciousness (Glasgow coma scale). - Signs and symptoms of fractures of facial skeleton. - Classification of dental trauma and dento-alveolar fractures. - Assessment of head injury and cranial nerve function. - Aetiology. - Interpretations of radiographs. - Potential complications. 2. Understands the aetiology presentation, investigation and management of dento-alveolar, intraoral/perioral soft tissue, maxillofacial injuries. 3. Understand the implications of domestic violence. 4. Understands the potential for injury to be non-accidental in nature.	5. Diagnose and provide emergency management of pain, infection and dento-alveolar trauma including avulsed teeth. 6. Identifies injured teeth of poor prognosis in the intermediate and the long-term. 7. Provides aesthetic restoration of fractured permanent anterior teeth with appropriate materials. 8. Undertakes immediate management of dento-alveolar injuries in the primary and permanent dentition. 9. Engages in effective multidisciplinary communication and planning where appropriate. 10. Able to assess and examine a patient with facial trauma. 11. Manages airway and treats emergency dento-alveolar trauma. 12. Formulates treatment plan and prioritises management. 13. Performs clinical examination of orofacial region including cranial nerves.

4.6 Preventative Care & Maintenance of Oral Health Competence descriptors		
Knowledge	**Skills**	**Behaviours**
1. Knowledge of delivering better oral health. 2. Knowledge of appropriate guidelines. 3. Knowledge of delivering better oral health and oral health prevention including the science behind recommendations you make. 4. Knowledge of Delivering Better Oral Health v3 or Childsmile or Designed to smile evidence base and outcomes as applicable to each country. 5. Knowledge of risk factors for oral disease. 6. Knowledge of caries disease progression. 7. Knowledge of interval for recall/radiographs. 8. Awareness of different age strategies. 9. Causes of dental pathology.	10. Able to motivate patients to understand the importance of prevention. 11. Able to deliver individual tailored health education to a patient /parent/family. 12. Able to conduct oral health risk assessment. 13. Management of behaviour change. 14. Able to give effective smoking cessation advice. 15. Recognise early stages of disease to allow for early intervention.	16. Conveys information effectively. 17. Demonstrates oral health techniques in simple manner. 18. Communicates at a level appropriate for the patient.

4.7 Record Keeping Competence descriptors	
Knowledge	**Skills and Behaviours**
1. The key elements of high quality record keeping. 2. The principles of diagnostic coding. 3. Understands the legal aspects of holding patient records. 4. Understands the need for prompt and accurate communication. 5. Demonstrates an understanding of information governance.	6. Shows attention to detail and accuracy in own record keeping. 7. Communicates effectively through patient records. 8. Applies the principles of confidentiality in the context of patient records.

C. Specialty specific competence descriptors

OPTIONAL OUTCOMES (as agreed at the beginning of a training year in PDP)

C1 Restorative Dentistry (Periodontics, Endodontics, Prosthodontics)	
Knowledge	**Skills and Behaviours**
1. Have knowledge about Endodontics, Periodontics and Fixed and Removable Prosthodontics. 2. Understand prevention, diagnosis and management of periodontal disease. 3. Recognise when periodontal disease may be related to systemic disease. 4. Recognise patients for whom specialist periodontal opinion/ management may be indicated. 5. Understand factors affecting success of endodontic, prosthodontic, periodontal outcome. 6. Know modern root canal preparation and obturation techniques. 7. Have knowledge of the principles of fixed prosthodontics. 8. Have knowledge of the principles of removable prosthodontics. 9. Understanding of the principles of occlusion. 10. Causative factors, risk factors, prevention and management of dental caries, tooth surface loss, discoloured teeth, tooth loss and periodontal diseases. 11. Relevant dental materials, equipment and techniques. 12. Responses of dental tissues to restorative treatment.	13. Demonstrates a range of clinical skills with experience across specialties. 14. Able to work in a multidisciplinary team including contributing to and learning from consultant led consultation clinics. 15. Able to complete a comprehensive e/o and i/o examination in a timely fashion. 16. Able to diagnose basic pathology / pain. 17. Able to undertake structured treatment planning for a patient's restorative treatment needs. 18. Demonstrates good manual and operative dexterity. 19. Executes treatment plans of a straightforward nature. 20. Delivers appropriate and effective preventive and interceptive periodontal treatment programmes including mechanical and antimicrobial plaque control, making appropriate use of Dental Care Professionals support. 21. Carries out fixed prosthodontic procedures considered appropriate to the level of training and on patients requiring secondary care services. This could include conventional crowns and bridges, resin retained bridges, complex composite restorations and simple implant retained prostheses. 22. Carries out removable prosthodontic procedures considered appropriate to the level of training and on patients requiring secondary care services. This could include construction of partial and complete dentures, including copy dentures, occlusal splints and sleep apnoea devices.

C1 Restorative Dentistry (Periodontics, Endodontics, Prosthodontics)	
Knowledge	**Skills and Behaviours**
	23. Constructs comprehensive and accurate technical prescriptions and communicate effectively with dental technologists. 24. Carries out endodontic procedures considered appropriate to the level of training and on patients requiring secondary care services. This could include *de novo* single and straightforward multiple root canal treatment and simple surgical endodontics. 25. Diagnoses dental caries, tooth surface loss, discoloured teeth, tooth loss and periodontal diseases. 26. Selects and uses appropriate clinical techniques and materials. 27. Manages soft and hard tissues atraumatically. 28. Performs appropriate non-surgical periodontal care. 29. Uses a facebow and semi-adjustable articulator. 30. Uses operating microscopes in non-surgical endodontics. 31. Performs appropriate surgical periodontal treatment for pocket reduction.

C2 Orthodontics	
Knowledge	**Skills and Behaviours**
1. Knowledge of normal embryonic development. 2. Oral health in relation to orthodontic therapy. 3. Common craniofacial abnormalities – including cleft lip and palate and orthodontic needs of these patients (knowledge of how these patients are best managed). 4. Referral processes and orthodontic commissioning guidelines. 5. Treatment principles for types of malocclusion e.g. class II 1, crowding,	13. Able to understand Orthodontic diagnosis including the assessment of skeletal, dento-alveolar and soft tissues. 14. Able to assess the development of the normal occlusion and deviations from it that represents abnormal development. 15. Able to assess the risk/benefit of orthodontics. 16. Ability to adjust an orthodontic appliance to render comfortable and safe without compromising its effectiveness – removable, functional and fixed appliance.

C1 Restorative Dentistry (Periodontics, Endodontics, Prosthodontics)	
Knowledge	**Skills and Behaviours**
ectopic canine etc. 6. Surgical treatment for severe malocclusion. 7. Anchorage devices. 8. Ideal occlusal goals – static and dynamic. 9. Complications of orthodontics in adults. 10. Common complications of orthodontics and iatrogenic damage. 11. Retention Protocols. 12. Knowledge and use of Awareness of Peer Assessment Rating (PAR) and Index of Orthodontic Treatment Need (IOTN).	17. Able to bond/rebond a fixed retainer to repair and undertake initial placement. 18. Able to adjust a removable retainer appliance. 19. Able to design a removable orthodontic appliance to treat cross bite (with displacement) or to retain. 20. Able to make appropriate Orthodontic referrals – at the appropriate time. 21. Able to interpret radiographs to accurately locate impacted teeth, using parallax techniques. 22. Able to assess an impacted tooth and can give treatment options to a patient in broad terms. 23. Able to undertake exposure of superficially impacted teeth. 24. Able to place separators for orthodontic bands and paediatric stainless steel crowns. 25. Able to communicate the risk involved with orthodontic extractions. 26. Able to discuss patients Index of Treatment Need (IOTN) accurately.

C3 Oral Surgery Knowledge	Skills and Behaviours
1. Diagnosis of common mucosal diseases. 2. Understands when mucosal biopsy in primary care is appropriate. 3. Knows a variety of incisional/excisional biopsy techniques and when to use each technique. 4. Knowledge of dental & oral pathology. 5. Understands the basis of pain and anxiety management. 6. Has a working knowledge of clinical medicine and relevance to surgery. 7. Knowledge of surgical procedures and techniques. 8. Knows the origin and management of dental infections. 9. Knows what investigations are required for teeth that require extraction. 10. Able to describe common indications for tooth extraction. 11. Able to describe the pharmacology and therapeutics of analgesia. 12. Describe the anatomy of mouth, jaws, teeth and supporting structures relevant to the operation. 13. Recognises the importance of basic science in understanding health and disease. 14. Knows when to submit tissue for pathological examination. 15. Understands sensitivity and specificity of diagnostic tests. 16. Describes complications associated with removal (and retention) of impacted teeth. 17. Understands indications for removal of impacted wisdom teeth including National Institute for Health and Care Excellence (NICE)/ Scottish	26. Able to take a detailed medical, surgical and social history focussed on presenting complaint. 27. Able to undertake routine extractions. 28. Able to remove retained roots including raising an appropriate mucoperiosteal flap independently. 29. Has excellent manual dexterity. 30. Able to demonstrate skills around inpatient management. 31. Able to assess impacted third molars. 32. Able to surgically remove third molars. 33. Able to recognise when to undertake surgical extractions as a starting point. 34. Able to treat/drain infection intraoral and/or remove tooth. 35. Able to use instruments safely and appropriately. 36. Able to carry out techniques under local anaesthesia, or sedation. 37. Able to undertake surgical exposure or transplantation of unerupted tooth, including techniques of exposure and bone removal. 38. Able to formulate a treatment plan including aftercare. 39. Able to undertake techniques for tooth splintage. 40. Able to undertake intra-oral suturing technique. 41. Able to resist pressure from patient or carer to provide inappropriate treatment e.g. extraction of tooth that does not warrant such. 42. Able to institute aftercare and review.

C3 Oral Surgery Knowledge	Skills and Behaviours
Intercollegiate Guidelines Network (SIGN) guidelines. 18. Understands potential complications and how to manage them. 19. Understands relevant pharmacology and therapeutics of postoperative analgesia prescribed. 20. Able to explain why and when to leave a retained root. 21. Understands immunocompromised states and their relevance to treatment. 22. Knows when it is appropriate to biopsy. 23. Understands the place and practice of surgical endodontics. 24. Knows when it is appropriate to biopsy. 25. Able to explain: - Signs and symptoms. - Differential diagnosis. - Potential complications. - Aetiological factors and differential diagnosis. - Investigations. - Possible relationship to systemic disease. - Relevant pharmacology and therapeutics. - Signs of malignant disease.	43. Able to surgically remove a fractured tooth:Use techniques of bone removal and tooth division. 44. Able to explain potential complications to the patient. 45. Able to provide appropriate emergency care. 46. Able to undertake extra oral suturing. 47. Able to take a mucosal biopsy of a simple lesion. 48. Able to handle soft tissue appropriately. 49. In the management of Infection able to: a. Recognise the relevance of early involvement of microbiologist. b. Treatment/drain infection intra-orally c. Recognise airway risk. d. Recognise difference between local and spreading infection. e. Recognise signs of systemic sepsis. f. Recognise infection as an early indicator of immunosuppression e.g. diabetes. 50. Able to undertake Intravenous cannulation. 51. Able to undertake emergency admission of patients. 52. Take into account any systemic factors likely to have a bearing on treatment. 53. Use all appropriate investigations (e.g. radiographic, sensitivity and vitality tests to diagnose oral problems.

C4 Paediatric Dentistry Knowledge	Skills and Behaviours
1. Current evidence based guidelines relevant to Paediatric dentistry. 2. Dental development abnormalities and management techniques. 3. Behavioural management techniques. 4. Inhalation sedation. 5. Dental eruption dates. 6. Recognises presentation of child physical abuse. 7. The management of non-vital immature permanent teeth.	8. Appropriately manages child behaviour. 9. Diagnoses complications associated with the developing dentition. 10. Applies knowledge of children's rights to the clinical situation. 11. Describes and applies the principles of child protection procedures. 12. Able to undertake restorative treatment and place stainless steel crowns. 13. Able to provide good pain control. 14. Able to restore traumatised teeth with open/closed apices. 15. Able to undertake root canal treatment of a single root canal. 16. Able to undertake appropriate treatment planning for children. 17. Able to extract primary and permanent teeth. 18. Able to provide treatment under Inhalation sedation (supervised). 19. Able to provide care under General Anaesthetic (Supervised). 20. Demonstrate acute management/treatment of trauma to primary teeth. 21. Demonstrate Acute Management/treatment of trauma to permanent teeth. 22. Demonstrate Orthodontic extrusion of traumatised teeth. 23. Demonstrates restoration of teeth with crown, crown/root and root fractures. 24. Recognises dental anomalies and management techniques.

C5 Special Care Dentistry / Behavior management and Anxiolysis Knowledge	Skills and Behaviours
1. Knows common mental health problems. 2. Awareness of anxiety management techniques. 3. Awareness of behaviour management techniques. 4. Understanding of behavioural sciences. 5. Awareness of Sedation guidelines and protocols. 6. Knowledge of appropriate selection of treatment techniques. 7. Understands / knows how to deal with a patient who cannot consent. 8. Understanding of how social history/ medical history impacts provision of care. 9. Knowledge of General Anaesthetic treatment modalities. 10. Knowledge of Cognitive Behavioural Therapy. 11. Knowledge of Hypnosis. 12. Knowledge of Psychology as it relates to behaviour modifications and change.	13. Able to manage and deliver oral health care, and oral health promotion programmes. 14. Able to use behaviour management techniques required to provide oral care for people who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability and able to provide comprehensive oral care using the most appropriate treatment modality. 15. Able to administer Inhalation Sedation safely and competently under supervision. 16. Able to undertake cannulation. 17. Able to administer sedation. 18. Demonstrates patience when undertaking patient care. 19. Able to modify patient's behaviour with positive outcome and acceptance. 20. Able to treatment plan for special care patients recognising appropriate compromise.

C6 Oral Medicine Knowledge	Skills and Behaviours
1. Detailed knowledge of normal oral anatomy and physiology of relevance to clinical practice. 2. Knowledge of the underlying pathoaetiologies and natural histories of conditions that fall within the scope of Oral Medicine practice (oral soft tissues, salivary gland and non-odontogenic pain). 3. Knowledge of the differential diagnoses for clinical presentations involving the scope of Oral Medicine practice. 4. Understands that oral presentations can prompt consideration of involvement beyond the orofacial tissues (physical and mental health). 5. Understands that oral presentations can prompt consideration of iatrogenic factors. 6. Understands the day-to-day impact of the condition on a patient with consideration of symptoms and the psychology of illness. 7. Understands the role of clinical photography in patient care (including for diagnosis, longitudinal care and referral). 8. Understands the relevance and use of focused investigations/tests for diagnosis and monitoring including phlebotomy, microbiology, tissue pathology (mucosal & minor salivary gland biopsy) and radiological imaging. 9. Understands that patient lifestyle choices contribute to adverse oral health outcomes and how lifestyle choices may be modified. 10. Understand management options with consideration of the overall circumstances and views of the patient, the balance of risk/benefit and factors that will influence concordance with topical and other treatments. 11. Understands how to recognise the outcomes of management.	12. Able to elicit and record a clinical history of relevance to the practice of Oral Medicine. 13. Able to undertake clinical examination (intra-oral and extra-oral) of relevance to the practice of Oral Medicine. 14. Able to synthesize information from different sources to inform clinical decision-making. 15. Able to diagnose and initiate management of patients with simple conditions involving the orofacial tissues. 16. Able to recognise situations where delay in care has the potential to lead to adverse outcomes (such as malignancy, vesiculobullous disease and trigeminal neuralgia). 17. Able to liaise effectively and work with other healthcare practitioners in a timely way in the best interests of the patient. 18. Able to keep high quality clinical records including effective letter-writing skills. 19. Able to interpret features captured by clinical photography with recognition of the associated limitations. 20. Able to request and interpret investigations/tests to an appropriate time frame with insight into when to seek advice. 21. Able to undertake diagnostic incisional and excisional oral soft tissue biopsies. 22. Able to advise patients on lifestyle choices and work with other healthcare practitioners where patient choice increases the risk of an adverse outcome. 23. Able to explain conditions and first-line management options to patients in ways that are understandable with recognition that many conditions are chronic and incurable.

C6 Oral Medicine Knowledge	Skills and Behaviours
	24. Able to support patients in achieving high concordance with interventions including topical treatments over extended periods of time. 25. Able to recognise when different treatment choices should be offered and how this can be achieved. 26. Able to recognise the circumstances where on-going review, shared-care, referral or discharge is appropriate.

C7 Oral and Maxillofacial Pathology Knowledge	Skills and Behaviours
1. Understands the pathology laboratory workflow including accurate record keeping and the importance of accurate patient and clinical information. 2. Understands the importance of different types of biopsy. 3. Knowledge of normal head and neck, oral and dental anatomy, terminology for macroscopy and orientation of specimens. 4. Understands principles of tissue processing, embedding and section cutting and staining, including decalcification. 5. Understands importance and methods of working in a quality assured and regulated environment. 6. Understands the importance of clinic-pathological correlation in accurate diagnosis. 7. Understands the role of radiology in accurate diagnosis of bone specimens. 8. Understands of the pathogenesis of oral disease including cysts, traumatic and inflammatory and immune mediated mucosal disease, potentially malignant and malignant mucosal disease, salivary gland disease and bone disease. 9. Knowledge of how biopsy specimens are reported and reports issued. Understands the importance of timely issuing of biopsy reports. 10. Understand clinician's requirements for cancer reporting and the role of pathology in cancer management. 11. Understand IT systems required for pathology practice.	12. Is able to recognise when important information is missing and take appropriate action. 13. Able to liaise with clinical staff with good technical communication relevant to pathology. 14. Able to distinguish incisional and excisional biopsy specimens appropriately. 15. Able to describe routine diagnostic specimens macroscopically at cut up, able to trim sections appropriately, able to orientate them correctly for processing and separate out those for decalcification. 16. Able to answer telephone queries about pathology specimens. 17. Able to follow standard operating procedures, raise non-conformances and adapt procedures with other members of the team. 18. Requests clinical information appropriately. 19. Is able to request/access radiographs when appropriate. 20. Is able to recognise histologically normal oral tissues and simple pathological changes. 21. Is able to draft reports on simple pathological specimens and code them appropriately. 22. Is able to show good organisational and time management skills to ensure timely issuing of biopsy reports. 23. Is able to recognise such specimens and take appropriate action to ensure rapid turnaround. 24. Able to access and use systems as relevant locally such as laboratory information management system (LIMS), EPR, PACS, Mobile Device Managers (MDM) software and Cancer systems.

C8 Dental and Maxillofacial Radiology Knowledge	Skills and Behaviours
1. Understands legislation relating to the use of lionising radiation. 2. Understanding Imaging types and equipment. 3. Understanding of different imaging modalities. 4. Knows when to request imaging. 5. Knows how images are interpreted. 6. Understands the importance of ultrasound investigations in the diagnosis of head and neck soft tissue lesions. 7. Understands use of PACS. 8. Understand when specialist radiology opinion is desirable. 9. Understands limitations of imaging tests	10. Able to complete a radiography request to a high standard. 11. Able to report plain films. 12. Able to provide Clinical Correlation of imaging findings. 13. Able to interpret different investigations correctly. 14. Able to take a systematic approach. 15. Ability to critically analyse imaging results and draw conclusions. 16. Able to take plain radiographs safely. 17. Able to use equipment appropriately. 18. Ability to use electronic patient records and PACS systems. 19. Able to write high quality reports. 20. Able to interpret plain film radiographs. 21. Able to grade diagnostic usefulness of images.

C9 Oral Microbiology Knowledge	Skills and Behaviours
1. Aetiology and pathogenesis of orofacial infection including bacterial, fungal and viral disease. 2. Understand the role of diagnostic microbiology investigations in the diagnosis and management of orofacial infection. 3. Have a basic understanding of the processing of specimens from infection (DCT 2/3). 4. Antimicrobials used in the management of orofacial infection including antibacterial, antifungals and antivirals. 5. Knowledge of principles of antimicrobial stewardship including adherence to local/national guidelines and role of clinical governance activities. 6. Knowledge of potential infectious agents and routes of infection in the practice of dentistry. 7. Understand the scientific principles of decontamination.	8. Ability to liaise with microbiologists and laboratory staff regarding appropriate sampling methods and specimen transport to facilitate accurate diagnosis. 9. Appropriate interpretation of microbiology results and communication with microbiologists when required. 10. Appropriate prescribing based on nature of infection and patient factors. 11. Apply knowledge of infectious agents to adopt and promote safe infection control procedures. 12. Know how to respond to accidental exposures to infectious agents including undertaking risk assessment and liaising with appropriate experts. 13. Ensure the principles of decontamination are applied to instruments, equipment and clinical environment and participate in quality management systems.

C10 Dental Public Health & Epidemiology Knowledge	Skills	Behaviours
1. Understand public health surveys and dental epidemiology surveys within the relevant country. 2. Understands community based prevention. 3. Understanding of policy development. 4. Understands local authority structure and function. 5. Understands legal framework relevant to dentistry and public health. 6. Knows structures of the NHS within the relevant country. 7. Knowledge of Oral health needs assessment processes. 8. Aware of Data sources e.g. Adult Dental Health (ADH)/Child Dental Health (CDH) surveys. 9. Knowledge of Population demographics of locality and country. 10. Awareness of cultural diversity. 11. Knowledge of Screening and prevention programmes in the relevant countries. 12. Knowledge of 'delivering better oral health' document. 13. Understands the relationship between life cycle and oral health. 14. Understands inequality (population based). 15. Knowledge of current guidelines for commissioning provision of service. 16. Knowledge of current guidelines for prevention. 17. Understanding of population wide and targeted approaches. 18. Understanding of health systems and collaborative working for health within the relevant country. 19. Understanding of statistical analysis.	20. Able to construct a persuasive argument. 21. Able to critically appraise research. 22. Able to negotiate and influence. 23. Able to undertake Data analysis. 24. Able to Conduct surveys/ epidemiological. 25. Demonstrates ability to translate knowledge to patient care. 26. Demonstrates ability to take a population approach. 27. Ability to be trained/calibrated in order to undertake epidemiological surveys.	28. Analytical. 29. Shows non-judgemental style. 30. Shows that a trainee can take account of an overall vision.

Section 5: Assessment of Dental Core Trainees

5 .1 Learning in the workplace

5.1.1 The Timeline for assessments

There are two kinds of assessment in the DCT programme:

- Those that are made of the trainee's performance in the workplace over time – the formative assessment using multiple inputs over the training placement to evidence progress and competence. These are specific to the needs of the trainee and the placement.
- The summative assessments made at defined time points during training and reviewed by a formal process which is consistently applied across all HEE local teams/Deaneries against a quality management framework.

This brief description highlights the key steps and expected timeline.

- **The Initial Appraisal meeting** with the Educational Supervisor is a key meeting and discussion which underpins the process of training. This should take place as soon as possible after the start of the placement and certainly within the first month. The meeting should result in a clear learning agreement and PDP with SMART objectives
- **The early review meeting** with the Educational Supervisor should take place at 3 months after the start of training and should use the trainees PDP, Portfolio and objectives as a framework to assess progress made in the first three months.
- **The Interim Review of Competence Progression (RCP)** at 6 months is a summative assessment of all the evidence accumulated to date and allows a decision to be made regarding progress of the trainee at that point.
- **The end of placement review (Final)** will take place at or around the tenth month of training and will result in a Certificate of Achievement following a summative assessment of all the evidence of progress during the placement.
- **The Certificate of Achievement (Outcomes of DCT1, 2 and 3)** - At the end of each Dental Core Training year trainees will receive a Certificate of Achievement which is formal acknowledgement of the trainee's attainments during their training. The certificate will list the specified outcomes that have been met and define the areas of development for outcomes that were specified in the learning agreement but not yet acquired during this year of training. Outcomes that were planned but not achieved through lack of opportunity rather than lack of competence will also be identified.

5.1.2. Assessments in the workplace

Trainees will need to complete an early stage self-assessment at the start of their placement, which will support them in constructing an effective and realistic PDP. This will form the basis of the initial appraisal meeting with the educational supervisor.

Over the duration of the placement, trainees should accumulate at least 24 SLEs in each 12 month period. These must be varied according to the learning opportunities outlined above and should capture the breadth of training experiences. The assessments should be of different types

for example (Clinical Based Discussion, mini Clinical Evaluation exercise, Direct Observation Procedure and patient questionnaires) and should be undertaken with as many different trainers as is practical. Trainees and trainers should work together to ensure these are accumulated throughout the period of training and not bunched together prior to RCP review. A minimum of one multi source feedback would be expected to be undertaken in the last 6 months of each DCT training year. A SLE related to developing the learning of others would also be expected.

Trainees should not simply complete 24 assessments as a tick box exercise. In order to gain the best learning and development from each post, trainees should expect to carry out a MINIMUM of 24 assessments and trainers should encourage them to exceed this figure significantly during a 12 month period when opportunities arise. This will inevitably strengthen the final record of attainments within the Certificate of Achievement at the end of the training placement.

5.1.3. Review of competence progression (RCP)

RCP represents a formal process by which a panel assesses evidence provided by the trainee relating to his/her progress in the training programme and makes judgements on progress against the expected learning outcomes of DCT.

The RCP process is applicable to all trainees and is aimed at ensuring that the required competences are being gained at an appropriate rate and through appropriate experience.

The reviews are not in themselves a means or tool of assessment but have been designed to:

- provide a means whereby the evidence of the outcome of formal assessment (e.g. SLEs and other assessment strategies) is coordinated and recorded to provide a coherent record of a trainee's progress
- make judgements about the competences acquired by a trainee at the relevant level, provided adequate documentation has been presented
- make recommendations about the development of further competencies during the remainder of that year of the training programme (Interim RCP panel)
- provide a final statement of the trainee's successful attainment of the curricular competencies, areas of development and completion of the training programme. This will enable recommendations to be made regarding the trainee's future PDP and further training requirements (Final RCP panel)

A Certificate of Achievement will be awarded by the Final RCP panel which will detail the progress made and define the areas of development for outcomes set for that year of training but not yet acquired during this period of training.

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/eleven months. Reviews may be undertaken at other times in exceptional circumstances at the request of the Training Programme Director/ Associate Dean for DCT or the trainee.

The RCP Panels

The purpose of the RCP Panel is to consider and approve the adequacy of the evidence and documentation provided by the trainee which, as a minimum, must consist of a review of the trainee's educational portfolio including a structured report from the educational supervisor documenting assessments (as required by the appropriate section of the DCT curriculum) and other achievements. Evidence should also include a current PDP, CPD log, involvement in audit, multisource feedback outcomes and patient feedback.

A. Interim RCP Panel

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

- Local HEE/Deanery TPD (or equivalent) for DCT
- Senior clinical trainer from the same Deanery**/** HEE local team
- Educational Supervisor from the trainee's programme in attendance where practical

B. Final RCP Panel

Final RCP Panels should have an element of externality and should consist of at least **three** of the following four panel members:

- HEE local team/Deanery Training Programme Director (TPD) (or equivalent) for DCT
- Senior clinical trainer from the same Deanery/HEE local team
- TPD/Lead for DCT or equivalent from another HEE local team/Deanery
- Lay member
- Educational Supervisor from the trainee's programme in attendance where practical

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

How the RCP Panels work

RCP Panels will be convened by the HEE local team/Deanery and will normally be chaired by the HEE local team/Deanery TPD (or equivalent) for DCT.

The RCP Panels will review and assess the evidence which should be provided by the trainee at least 2 weeks in advance of the RCP Panel meeting. Outcomes and recommendations will be recorded on the appropriate RCP Panel Outcome Form. In the case of the Final RCP Panel a Certificate of Achievement will be issued if appropriate.

If the trainee has supplied incomplete or no information, the RCP panel will be unable to make any statement about progress or otherwise. If this occurs, the trainee should be given the opportunity to supply the panel with the required documentation by a designated date.

Once the required documentation has been received, the panel may then consider it and issue an appropriate outcome. This should take place "virtually" if practicable. Alternatively, if no information is subsequently provided a Certificate of Achievement may not be awarded.

Trainees should **not** normally attend the RCP Panel review but should receive feedback from HEE/Deanery TPD (or equivalent) for DCT as soon as is practicable.

Trainees may also request the opportunity to meet with the panel chair or panel representative after the review has been completed to discuss any recommendations for further development and training in the future.

For operational purposes a panel may review trainees from more than one training location at a sitting.

Evidence for RCP Panels

The following evidence may be appropriate for a trainee to provide to an RCP Panel for review:

- Educational portfolio
- Structured Educational Supervisor report
- Trainee assessment form
- Clinical activity log
- Audit activity
- Evidence of completed SLEs
- Teaching and research involvement
- Personal Development Plan (PDP)
- Continuing Professional Development (CPD) log
- Multi-source feedback (for the Final RCP review)
- Patient feedback (for the Final RCP review)
- Trainee Assessment form

RCP Indicative Outcomes within DCT

Interim Review Panels may record the following Outcomes:

1.	Predefined competencies being demonstrated at an appropriate rate
2.	Development required with specific recommendations regarding the development of further competencies during the remainder of that year of the training programme being made.
5.	Incomplete evidence provided

Final Review Panels may record the following Outcomes:

1.	Predefined competencies successfully demonstrated
2.	Development required with specific recommendations regarding competencies that were specified in the original learning agreement but not yet demonstrated during this year of training.
5.	Incomplete evidence provided

Benchmark for the successful completion of a DCT placement

- Completion of a minimum of 24 SLEs
- Completion of a clinical governance/quality improvement project (e.g. audit)
- Submission of a current PDP and progress against that PDP.
- Study Day attendance record and CPD log which is appropriate for GDC requirements
- Completed MSF
- Evidence of satisfactory patient feedback
- Evidence of formal sign-off of the trainee's period of training by the Educational Supervisor

5.1.4. Additional progress checks

In addition to the expected formal and documented meetings between trainee and supervisor, it is likely that in most placements there will also be informal "catch up" discussions over the placement between trainee and supervisor. This type of meeting is to be encouraged, as it allows for a more in depth understanding of trainees needs and is often a useful way to discuss issues such as career plans and aspirations.

Some of the Workplace based assessments (particularly CBD and Peer Assessment Tool (PAT) / Multi Source Feedback (MSF)) will generate a meeting for discussion with the supervisor and again are a useful opportunity to touch base on the broader aspects of progress as well as completing the SLE that is the trigger for the meeting.

5.1.5. Responsibility

Overall, the expectation of trainees is that they will drive their training against an agreed set of objectives and timeline in order to maximise their training opportunities and development. Clinical Supervisors, Educational Supervisors and members of the Deanery teams all have a role, but the primary responsibility for training progression sits with the individual trainee. Similarly, it will be expected that the trainee is able to adequately evidence outcomes against the agreed areas of the DCT curriculum at each of the formal reviews in the timeline.

5.2 Mandatory outcomes for DCT training with links to assessment types

Overarching outcomes	Evidence	All DCTs	DCT 2/3
1. Professional behaviour and trust			
1.1 Acts professionally	TAB, Mini CEX, DOPS	• Acts with professionalism in the workplace and in interactions with patients, their carers and relatives and colleagues • Demonstrates punctuality and organisational skills • Participates actively in all aspects of training • Works in partnership with others in an open and transparent manner, treats people as individuals and respects their perspective/views on their own treatment • Deals with underperformance by colleagues • Takes personal responsibility for and is able to justify decisions and actions	• Deals increasingly independently with queries from patients and relatives
1.2 Delivers patient-centred care and maintains trust	Mini CEX, DOPS	• Prioritises the needs of patients above personal convenience without compromising personal safety or safety of others • Ensures continuity of patient care is established and that this is communicated clearly to patients and relevant colleagues • Ensures that patients are an integral part of the decision making of their care • Breaks bad news to patients or carer/relative effectively and compassionately and provides support, where appropriate. • Recognises where patient's capacity is impaired and takes appropriate action in less straightforward circumstances	• Demonstrates increasing ability and effectiveness in communicating more complicated information in increasingly challenging circumstances
1.3 Behaves in accordance with ethical and legal requirements	TAB, Mini CEX, DOPS	• Practises in accordance with General Dental Council Standards for the Dental Team • Complies with all statutory regulatory and employment	• Increases the breadth of procedures for which consent is taken

Overarching outcomes	Evidence	All DCTs	DCT 2/3
		requirements of a dental professional • Protects confidentiality of patient information • Recognises many organisations and bodies that are involved in dental education and the regulation of dentistry • Obtains consent as appropriate in accordance with professional, legal and employers requirements • Understands the relevant legal basis on which consenting practice is currently based • Knows how to safeguard/protect children, young adults and vulnerable adults according to legislation	
1.4 Keeps practice up to date with learning and teaching	Clinical teacher form	• Engages with learning opportunities with colleagues and peers/students • Participates in the assessment of healthcare professionals and provides constructive feedback • Reflects on feedback from learners and supervisors to improve own teaching and training skills	• Delivers presentations at Regional/National/International meetings • Makes contributions to peer reviewed publications or research projects
1.5 Engages in career planning	PDP, CPD evidence	• Maintains personal development e-portfolio by recording learning needs and personal reflection including career development and planning • Complies with GDC requirements for Continuing Professional Development (CPD)	Recognises personal learning needs, addresses these proactively and sets SMART goals

Overarching outcomes	Evidence	All DCTs	DCT 2/3
2. Communication, team working and leadership			
2.1 Communicates clearly in a variety of settings	TAB, Mini CEX, DOPS	• Communicates in an appropriate and effective manner and develops these skills (verbal, non-verbal, written and electronic methods) • Demonstrates empathy and understanding when communicating with others and dealing with straightforward queries from patients, their carers and relatives. • Demonstrates understanding of barriers to communication. • Discusses with patients in an empathic manner, how their expectations may or may not, be met • Uses a systematic approach to evaluate a patient's wishes	• Deals independently with queries from patients and relatives and other staff • Works with patients and colleagues to develop sustainable individual care plans to manage patients' maxillofacial, oral and dental treatment needs
2.1 Works effectively as a team member	TAB, CBD	• Displays understanding of personal role within their team including supporting the team leader and listening to the views of other healthcare professionals • Liaises with other dental care professionals	• Organises and allocates or receives work within their clinical team to optimise effectiveness
2.2 Demonstrates leadership skills	TAB	• Acts as a role model and where appropriate a leader for students and other junior dentists, and assists and educates colleagues including DCPs • Demonstrates a leadership role within the team in certain clinical situations, e.g. when supporting dental students on clinics	• Make decisions when dealing with complex situations. • Delegates where appropriate and follow this through • Demonstrates extended leadership role within the team by making decisions and dealing with complex situations

Overarching outcomes	Evidence	All DCTs	DCT 2/3
3. Clinical safety and quality			
3.1 Recognises and works within limits of professional competence	TAB, CBD	• Demonstrates resilience and perseverance when faced with challenges • Delegates tasks appropriately and ensures they are completed • Knows when to seek help and when to refer • Deals with challenges and seeks advice when necessary	• Shows an understanding on how to deal with challenges and seek assistance in a timely manner • Delegates tasks and ensures that they are completed on time and to the required standard • Organises handover and task allocation, anticipating problems for the next clinical team.
3.2 Makes patient safety a priority in clinical practice	TAB, CBD	• Delivers high quality care in accordance with local/national guidelines • Recognises situations which might lead to complaint or dissatisfaction. • Apologises for errors and takes steps to prevent/minimise impact. • Recognises that fatigue and health problems in healthcare workers (including self) can compromise patient care	• Recognises fatigue/stress/illness in members of the clinical team and seeks senior guidance to reduce this.
3.3 Contributes to quality improvement	Audit/QI form	• Undertakes clinical audit, significant event analysis and/or peer review.	• Manages, analyses and presents at least one quality improvement project and uses the results to improve patient care.

Overarching outcomes	Evidence	All DCTs	DCT 2/3
4. Clinical Care			
4.1 Obtains history and performs clinical examination	CBD, DOPS, Mini CEX	• Obtains accurate patient history using all relevant sources of information including carers/family • Utilises existing patient records and other sources of evidence/information • Performs clinical examination of orofacial region including cranial nerves	
4.2 Requests relevant investigations/special tests and acts on them	CBD, DOPS, Mini CEX	• Explains to patients the risks, possible outcomes and implications of investigation results and gains informed consent • Understands diagnostic limitations of and contraindications to common investigations • Requests and interprets necessary investigations to confirm diagnosis	
4.3 Formulates differential diagnosis and treatment/management plan	CBD, DOPS, Mini CEX	• Determines and documents differential diagnosis and establishes a problem list • Prioritises actions on the basis of the differential diagnosis and clinical risks • Communicates treatment/management plan as appropriate	
4.4 Prescribes safely	CBD, DOPS, Mini CEX	• Prescribes medicines correctly and accurately • Prescribes safely for different patient groups	
4.5 Performs clinical procedures safely	DOPS, CBD	• Explains the procedure to patients, including possible complications, and gains valid informed consent • Prescribes and/or administers appropriate analgesia where relevant • Recognises, records and undertakes emergency management of common dental conditions • Safely disposes of equipment, including sharps	

Overarching outcomes	Evidence	All DCTs	DCT 2/3
		• Documents the procedure and gives instructions for appropriate aftercare	
4.6 Is trained in managing medical emergencies	ILS Certificate	• Knows where resuscitation equipment is located • Is trained to provide immediate adult life support	
4.7 Promotes general and oral health	Mini CEX, DOPS	• Provides advice about the prevention of dental caries and periodontal diseases • Discusses with patients the role alcohol plays in dental disease and traumatic injury. • Discusses the role smoking and tobacco products play in oral health and offers brief intervention and referral	

Appendix 1

Routes Out of Dental Core Training – A selection of case studies

Introduction

DCT is that period of voluntary postgraduate development which extends from the end of Dental Foundation Training (DFT), or equivalent, to the start of a career in general practice, specialist training, or many other possible career options. As such, it is a training period that has multiple entry points and endpoints and a varied duration of from one to three years.
The first year (DCT1) is designed to allow the recent dental graduate to build upon the knowledge, skills, attitudes and behaviours learnt and developed in dental school and dental foundation training. In addition, it gives the recent graduate the opportunity to decide upon their preferred career pathway.
The second and possibly, third year (DCT2/3) of postgraduate development and training is principally designed for those who express a keen desire to pursue dental specialty training. As such, the training is designed to be less "broad-based" than the DCT1 year; being more focused on specialty experience. It would also benefit those who aspire to become general dental practitioners with specific enhanced clinical skills.

Case Studies

Below are a number of case studies illustrating some of the common options taken by dentists leaving Dental Core Training.

Case 1 – leaving after DCT1

"I graduated from Dental School in and started Foundation Training that September. For my second job, I wanted to return to my home so when the adverts came out at the beginning of February last year, I decided to try for Dental Core Training posts. I was offered and accepted a post in an OMFS Unit. Working there was a great experience and one I shall never forget. It also gave me time to think about my career options and to realise what I really wanted to do, which was to work in dental practice. Towards the end of my DCT1 year the opportunity came along to join a dental practice as an Associate near where I wanted to live. "
Commentary:
This illustrates a likely career outcome for many DCT1 trainees. They will return to dental practice with new knowledge and skills and enriched by their DCT1 experience.

Case 2 – leaving after DCT2

"I did my DFT year in a practice in South London before getting one of my first-choice DCT1 job in OMFS.
The job really inspired me and ignited an interest in Oral Surgery. When the adverts for DCT2 posts came out, I had no hesitation in applying for all posts with an Oral Surgery focus. I was delighted to get an Oral Surgery post.
In this DCT2 post I have been able to complete a couple of audits and be a co-author on a case report with our two Oral Surgery Specialist Registrars. I have also applied for a couple of Oral Surgery StR posts but unfortunately didn't get short-listed. This experience made it very clear to me how competitive was entry into specialty training, at least in this discipline.
Soon afterwards, a Trust Doctor post was advertised. I think having by then quite a lot of oral surgery experience helped me secure the job. It is part-time, but I have been offered two days a week working as an Associate in the practice where I did DFT. At the moment, it is the best of both worlds. I might try again for entry into specialty training in a few years' time."

Commentary: Whilst there are 13 different dental specialities recognised by the GDC, the majority have small numbers of trainees in post at any one time. It is calculated that on average per year, the number of dentists needed to enter specialty training in the UK is in the order of 100. In addition, some specialities are far more popular than others, and for these competition to enter is fierce.
This case study demonstrates that whilst this DCT2 failed to secure a place in specialty training, other employment opportunities arose for which the knowledge and experience gained from two years of core training was most beneficial to their application.

Case 3 – leaving after DCT3

"I came into dentistry quite late. Before entering Dental School I had done a Batchelor of Science (BSc) in Health Care Sciences and worked for a couple of years in child social care. I knew from the outset from starting at dental school, I wanted to be a paediatric dentist. My Professor, who is also the specialty Training Programme Director, was very helpful in giving me advice and encouragement on what jobs to apply for and how best to prepare for applying for specialty training. One of the best tips in my DCT1 year was to study the application form for paediatric specialty training and make sure I spent the next 18 months to two years doing as much as possible to fulfil the requirements. Prior to starting specialty training, I did a DCT1 job at a dental school, mainly in restorative dentistry. I then did a DCT2 job in an OMFS unit and the most recent job was another DCT2 post, again in a dental hospital, in paediatric dentistry. The last job was particularly useful, as I was able to co-author a paper and get quite a lot of teaching experience with the undergraduates."
Commentary: This trainee is clearly very focused with regard to their career ambition and has wisely sought and taken advice from an expert in the field who has up to date knowledge of specialty training. Core trainees who aspire to become specialists do need to understand the requirements for entry into training to not only be able to "tick all the boxes", but also demonstrate excellence across a range of clinical and non-clinical domains.

Appendix 2

Abbreviations and acronyms

ACS	Advanced Card Systems
ADH	Adult Dental Health
BDA	British Dental Association
BSc	Batchelor of Science
CDH	Child Dental Health
COPDEND	UK Committee of Postgraduate Deans and Directors
CPA	Consumer Protection Act
CPD	Continuing Professional Development
CQC	Care Quality Commission
DCT	Dental Core Training
DFT	Dental Foundation Training
DMF	Dental and Maxillofacial Radiology
EPR	Electronic Patient Record
GDC	General Dental Council
GDP	General Dental Practices
HEE	Health Education England
HSCNI	Health & Social Care Services in Northern Ireland
IOTN	Index of Orthodontic Treatment Need
LEP	local education provider
LETBs	Local Education and Training Boards
LIMS	Laboratory Information Management System
MDM	Mobile Device Managers
MDT	Multidisciplinary Team
MFDS	Membership of the Faculty of Dental Surgery
MJDF	Membership of the Joint Dental Faculties
MSF	Multisource Feedback
NIMDTA	Northern Ireland Medical and Dental Training Agency
NCAS	National Clinical Assessment Service
NES	NHS Education for Scotland
NICE	National Institute for Health and Care Excellence
NPSA	National Patient Safety Agency
OMFS	Oral and Maxillofacial Surgery
PACS	Picture Archiving and Communications System
PAR	Peer Assessment Rating
PAT	Peer Assessment Tool
PDP	Personal Development Plan
PHE	Public Health England
RCP	Review of Competence Progression
SHO	Senior House Officer
SIGN	Scottish Intercollegiate Guidelines Network
SJT	Situational Judgement Test
SLE	Supervised Learning Event
SMART	Specific, Measurable, Attainable, Relevant and Timely
TAB	Team Assessment of Behaviours

TPD	Training Programme Director
VT	Dental Vocational Training
WBA	Workplace Based Assessment

Appendix 3

Glossary

Clinical governance

Clinical governance is the system through which National Health Service (NHS) organisations are accountable for continuously monitoring and improving the quality of their care and services, and for safeguarding the high standard of care and services.

Clinical supervisor

A Clinical Supervisor is an experienced clinician, appropriately trained in supervision skills, who oversees the work and training of a DCT on one or more sessions in the week or whilst the trainee is on-call. During a working week, the activities of a trainee will be overseen by one or several named Clinical Supervisors. The Clinical Supervisors will be expected, from time-to-time, to report on the progress of the trainee to the trainee's Educational Supervisor.

Deaneries/HEE local teams

In England, the postgraduate dental dean and their staff are employed by Health Education England within local teams. In Scotland, Wales and Northern Ireland these are known as Deaneries.

Dental trainer

A dental trainer is an appropriately trained and experienced clinician who is responsible for educating and training a "dentist in training".

Dentist in training

This is term for a dentist participating in an approved postgraduate training programme. These dentists are qualified and registered with the GDC but are developing their skills and competencies to a higher level.

Educational supervisor

A named Educational supervisor is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specific dentist's educational progress during a placement or a series of placements. The named educational supervisor regularly meets with the dentist in training to help plan their training, review progress and achieve agreed learning outcomes. The named educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about the dentist's progression at the end of a placement or a series of placements.

Educators

Individuals with a role in teaching, training, assessing and supervising learners. This includes:

1a) individuals recognised as having a trainer role

1b) other dentists, doctors or healthcare professionals involved in education and training in the course of their daily clinical practice

1c) academic staff from a range of disciplines with a role in education and training.

Educators may also include patients and members of the public who have roles in dental teaching or training, and other people whose knowledge, experience or expertise is used in teaching or training.

Learning outcomes

The competences that a learner must acquire by the end of a period of education or training.

Placement

A structured period of experience and learning in a particular specialty or area of practice in a health care setting.

Postgraduate Dean or Director

In England, the roles of the postgraduate dean and deanery sit within HEE. In Northern Ireland, these roles are held by the Northern Ireland Medical and Dental Training Agency. In Scotland, the postgraduate deans and the Scotland Deanery are part of NHS Education for Scotland. In Wales, the postgraduate dean is part of the Wales Deanery (School of Postgraduate Medical and Dental Education), Cardiff University.

Training programme

A formal alignment or rotation of posts that together comprise a programme of postgraduate training in a given specialty or subspecialty. A programme may deliver the compact elements of the curriculum.

Appendix 4

Quality Management

To be completed pending discussion about Quality Management and Quality Assurance within HEE and UK wide currently in process.