**Quality Indicators for DCTs working in OMFS posts – Sept 2017**

These QIs are derived from the BAOMS COPDEND Joint Guidelines 2016. Trainees and trainers are asked to check they are consulting the most recent iteration of these guidelines.

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| **Number** | **Title of standard** | **Red Amber Green** | **Notes** |
| i. | Patients should be aware that postgraduate dentists are involved in their care. |  |  |
| ii. | Training should be in the context of the DCT Curricula. |  |  |
| iii. | Ideally, in an average week, DCTs should have access to appropriate training opportunities.  a. Outpatient clinic  b. Minor oral surgery under local anaesthetic  c. Minor oral surgery in a day surgery unit  d. Managing inpatients  e. Working in theatres, including emergency theatres  f. Managing emergency and urgent referrals/patients  g. Work with other dental specialities where available e.g. orthodontics, restorative, Special Care Dentistry  h. Formal education/teaching/study time |  |  |
| iv. | Induction and formal training courses should be provided. |  |  |
| v. | DCTs should have a Learning and Development Plan. |  |  |
| vi. | Trainees should keep a Record of Training –  TURAS Portfolio and eLogbook |  |  |
| vii. | The role of Educational and clinical supervision (Trainers) should be clear . |  |  |
| viii. | Delegated consent and delegated duties should be defined and documented. TURAS. |  |  |
| ix. | Supervision and training for ‘non-dental’ procedures should be documented and signed off by a competent person. |  |  |
| x. | All on-call and out-of-hours work should be safe and appropriate. |  |  |
| xi. | There must be a balance between training and service delivery. |  |  |
| xii. | Changes in Service and Training must be consensual. |  |  |
| Trainers’  Training | All trainers are appropriately trained eg. completed an appropriate Training the Trainer/ Educational/ Clinical Supervision course within last 3 years. |  |  |