

**Curriculum for Specialty Training
In
Restorative Dentistry**

**Approved by the GDC
April 2009**

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CHAPTER 1

INTRODUCTION.

DEVELOPMENT OF THE CURRICULUM

Initial discussion has taken place at the Specialist Advisory Committee (SAC) in Restorative Dentistry and within the Specialty about the need to develop the curriculum published previously in draft form in 2003, basing it now on the standards of good practice laid down by PMETB for medical postgraduate training. This has been underpinned by recent guidance from the General Dental Council (GDC) and its Specialist Dental Education Board (SDEB), who have adapted the PMETB curriculum standards to dental specialty training. A lack of central direction on curriculum until recently has stalled progress with this initiative, which did however set the basic template for the discipline's curriculum. Recent emphasis on an outcome based curriculum with appropriate competency assessment has allowed further work to be undertaken.

The areas for training assessment within Restorative Dentistry require to be developed further, with those available at present being based on locally produced competency assessments from Specialist Training Committees of the various Deaneries who have worked independently to develop various aspects of competency assessment based on the previous draft curriculum. After formal adoption of the new curriculum all new trainees will be required to complete their training within the new curriculum framework.

This curriculum has been developed by a working party from the SAC in Restorative Dentistry, chaired by Mr Stewart Barclay (curriculum lead for the SAC) and including Mr Paul King (SAC chair 2004-2007), Prof A W G Walls (SAC chair 2007-2010), Mr Raj Joshi (consultant trainer), Mr Suresh Nayar (trainee representative). It has been discussed at the SAC, and has been sent for consultation to the relevant professional societies (the British Endodontic Society, the British Societies for Periodontology, Restorative Dentistry and the Study of Prosthetic Dentistry), the Association of Consultants and Specialists in Restorative Dentistry and the Specialist Registrars Group in Restorative Dentistry. This consultation process has therefore involved individuals with expertise in curriculum development, Consultant and Specialist Trainers and trainees. The final version of the curriculum was also reviewed by the Joint Committee for Specialist Training in Dentistry

RATIONALE

PURPOSE OF THE CURRICULUM

This curriculum is designed to guide the training of Specialist Registrars in Restorative Dentistry. This training will produce dentists who are specialists in the field of Restorative Dentistry who will become registered on the GDC Restorative Dentistry Specialty specialist list on completion of training. In future this curriculum may be used as the framework for evaluation of prior training, experience and skill in the development of "top-up" training in Restorative Dentistry.

Additionally elements of the curriculum will be utilised as the Restorative core and fundamentals of the specialty curricula for training of specialists in Endodontics, Prosthodontics and Periodontology.

Individuals who have completed a 5-year training programme in Restorative Dentistry will be eligible to sit the relevant specialty Membership examinations if they wish also to be included onto the specialist lists for Endodontics, Periodontology and Prosthodontics.¹

CONTEXT OF TRAINING

The specialist training period will follow as a continuum a minimum of 2 years basic dental foundation training post qualification as a dentist. Currently dental trainees are expected to complete vocational training during this period. It is desirable that during the early training years the individual has experienced work in as many sectors of dental provision as possible.

The training will provide a basis for the individual to develop into a life-long learner who is capable of self-reflection and self-directed learning. It will provide the basis of further ongoing development in the field of Restorative Dentistry at Specialist level. Completion of a training programme and recognition on the GDC specialist list in Restorative Dentistry will be essential requirements for eligibility for new appointments to Consultant posts within the NHS.

The roles and responsibilities of Consultants in Restorative Dentistry are as defined in the BDA report (2005) "Consultant Practice in the Dental Specialities" and in the Consultant and Specialist group (ACSRD) report "Role of the Consultant in Restorative Dentistry" (2007).

ENTRY REQUIREMENTS

A specialist trainee must be registered with the General Dental Council prior to commencement of training.

A minimum requirement for entry to specialist training is 2 years of post-graduate foundation training or equivalent which may include a period of vocational training (VT), but should also include a period of training in secondary care in an appropriate specialist environment.

The essential and desirable criteria within a person specification for a Specialist Registrar in Restorative Dentistry have been developed by the SAC and Postgraduate Dental Deans, examples are available from the COPDEND <<http://www.copdend.org.uk/>> website. Evidence of excellence in terms of attributes such as motivation, career commitment etc will be expected, as will an ability to demonstrate the competences required for entry to specialist training either by successfully completing a period of agreed dental foundation training or by demonstrating that those competences have been gained in another way.

Markers of completion of a 2 year foundation training period may include MJDF (Membership of Joint Dental Faculties RCS England) or MFDS (Membership of the Faculty of Dental Surgery RCSEd and RCPS Glasg) or MFD (Membership of the faculty of Dentistry RCSI). The SAC feel that successful completion of one of these quality assured membership diplomas of Royal College Dental Faculties in England, Scotland and Ireland remains a useful indicator that an individual has achieved the necessary level of competence for entry into specialist training. However it is recognised that this will not be essential and that candidates may be able to demonstrate such competence in different ways.

¹ The GDC has approved, in principle, entry to the lists for the three curricula based on this criterion. The policy will not be finalised until the GDC has considered the three new curricula.

EQUALITY & DIVERSITY

The SAC in Restorative Dentistry is committed to the principle of diversity and equality in employment, examinations and training. As part of this commitment we are concerned to inspire and support all those who work with us directly and indirectly.

Integral to this approach is the emphasis we place on our belief that everyone should be treated in a fair, open and honest manner. Our approach is a comprehensive one and reflects all areas of diversity, recognising the value of each individual. We aim to ensure that no one is treated less favourably than another on the grounds of ethnic origin, nationality, age, disability, gender, sexual orientation, race or religion. Our intention is to reflect not only the letter but also the spirit of equality legislation.

Our policy will take account of current equality legislation and good practice. Key legislation includes:

The Race Relations Act 1976 and the Race Relations Amendment Act (RRAA) 2000

The Disability Discrimination Act 1995 and subsequent amendments

The Sex Discrimination Act 1975 and 1986 and the 1983 and 1986 Regulations

The Equal Pay Act 1970 and the Equal Pay (Amendment) Regulations 1983 and 1986

The Human Rights Act 1998

The Employment and Equality (Sexual Orientation) Regulations 2003

The Employment and Equality (Religion or Belief) Regulations 2003

Gender Recognition Act 2004

The Employment Equality (Age) Regulations 2006.

The SAC collects information about the gender and ethnicity of trainees as part of their registration with their Deanery. This information is recorded nationally by the SAC and statistics are published on an annual basis. These data are collated along with the outcome of annual ARCP reviews for all trainees and the National Trainees survey to ensure that the principles of Equality and Diversity for all are being met.

TRAINING PERIOD

Restorative Dentistry is a complex discipline. Its *raison d'être* is to provide an appropriately trained individual to provide and where necessary coordinate the care of individuals with complex multidisciplinary needs within the specialist arena and both secondary and tertiary care settings as well as undertaking an interdisciplinary treatment planning service for colleagues in the primary care sector. At the end of training a specialist needs to have developed competence across a range of clinical disciplines including Operative Dentistry, Fixed & Removable Prosthodontics, Endodontics and Periodontics. Some of these disciplines have specific 3-year training programmes for that discipline alone. In addition trainees need to have sufficient experience in the integration of plans of care between these disciplines to deliver a comprehensive treatment and treatment planning service. Finally they must have experience in planning and managing care for individuals requiring complex inter-disciplinary treatment, for example people with cleft lip and palate, hypodontia, orthognathic

cases, older patients with complex restorative treatment needs and those patients who have head and neck cancer.

For these reasons a period of training of 5-years is recommended for an individual entering training direct from a 2-year foundation programme.

Postgraduate Dental Deans will *“have responsibility for recommendation of the award of CCSTs to the GDC”*. The normal length of full-time training will be defined by the curriculum, so PGDDs will normally set CCST dates for individuals who are entering training directly from a foundation programme or shortly thereafter. Where it is necessary to take account of prior learning for individuals who can demonstrate skills or training over and above that required for the completion of foundation training, the Deaneries will usually seek advice from the SAC to set an appropriate training period to ensure a national standard is maintained for this process. The current working practice of the SAC in recognising prior learning is attached as appendix 2 to this curriculum and is predicated by our understanding that the minimum period of training for any given specialty is 3-years under European law.

MODELS OF LEARNING IN RESTORATIVE DENTISTRY

Restorative Dentistry trainees will undertake their learning in several ways:

- Learning at formal, timetabled and protected events which may include a Masters level degree course (or similar) if not already achieved
- Learning in the workplace to include attendance at Consultant-led new-patient assessment clinics, Consultant or Specialist supervised clinical training sessions, specific and dedicated time on courses to develop awareness of new clinical skills or techniques.
- Clinical meetings –departmental, regional and national e.g. Royal College / Specialist Society
- Appropriate opportunity for learning from peers including Journal Club review and case discussion sessions
- Self-directed and independent study,

Examples of the methods by which learning will occur are identified below in relation to each learning requirement.

As a major part of the training will take place in the workplace there is a need to have flexibility in the curriculum to enable learning opportunities to be taken when available. This is a strength in terms of non-routine problem solving and professional and educational development. The level of supervision will vary depending on the progress through training and the individual trainee level of competence in an area. There will need to be flexibility in both location and order of training. Specific examples are given in the subsequent tables

SUPERVISION AND FEEDBACK

TRAINING LOCATIONS AND ORGANISATION OF TRAINING

Specialist Registrar training will take place in programmes approved by the relevant Post-graduate Deanery. These will be in a variety of geographic locations and within various healthcare organisations. These currently include principally Dental Teaching institutions and Hospitals, District General Hospitals and in a few cases Primary Care Trusts. Academic training programmes are available. These programmes include a large component of NHS Service work to ensure a Specialist Registrar is able to deliver Restorative Dentistry in a non-academic NHS environment at the completion of training. Training locations may well evolve as health and social care structures change.

Deaneries that provide training in this discipline have a Training Programme Director (TPD) in Restorative Dentistry who co-ordinates training together with all designated trainers. Each trainee will have a designated lead trainer (educational supervisor) who will co-ordinate the training throughout the training period. At each training site the Specialist Registrar will have a designated trainer appointed as part of the approval of the training programme by the Post-graduate Deanery. The detailed training programme description is available from the TPD in the relevant Deanery.

All trainers will be expected to have undergone an appropriate personal education programme as a trainer ("Training the Trainers" or equivalent) and will be expected to maintain their skills as a trainer. Training for trainers is a regular feature of the annual programme of the Association and Consultants and Specialists in Restorative Dentistry as well as the educators groups of various specialist societies and from the relevant Surgical Royal Colleges. Attendance at these external opportunities would be regarded as examples of good practice. The trainers will be subject to regular anonymous peer review by the trainees for whom they are responsible. Any deficiencies in training will be identified and addressed by the Training Programme Director and the relevant individuals from the Post-graduate Deanery.

FEEDBACK ON LEARNING

Specialist Registrars will have a learning needs assessment undertaken by their trainers at the beginning of the programme, to identify areas of previous experience and training. There will be a learning contract agreed for each training location and period, which will identify areas for learning and projects to be undertaken towards specified outcomes. Specialist Registrars will have 6 monthly appraisals which will include a self-reflection process as well as trainer assessment leading to development of a progressive personal development plan producing agreed time-based actions on the basis of each appraisal. There should be standard Restorative Dentistry paperwork for use in appraisal. Attitudinal learning outcomes will be measured by the behaviour demonstrated relevant to that attitude. Behaviour is more readily measured in an objective manner than the underlying attitude. Assessment of competence will be collated by multiple assessment methods through multiple assessors. A common method of multisource feedback in the speciality will be introduced as soon as possible. Assessment methods will also include mini clinical examination (mini-CEX), direct observation of procedural skills (DOPS), Case-based discussion (CBD), log book records (including regularly produced mini case reports) Multi-source Feedback (MSF) and reflective summaries. These systems will provide a regular review of progress towards desired outcomes and give a record of

progress over time. Appraisal and assessment will in turn advise the Training Programme Director to make a recommendation to the Deanery RITA (Record of in training assessment) – soon to be modified to ARCP (Annual Review of Competence Progression) - process. This will in turn lead to confirmation of satisfactory progress or the need for increased supervision or increase in proposed length of training.

Satisfactory progress in the RITA /ARCP process and success in an exit assessment by examination is required before award of Certificate of Completion of Specialist Training (CCST) / Certificate of Completion of Specialty Training (CCST).

RECORD OF TRAINING

The Specialist Registrar will need to keep a record of training through the training period in a log book to inform the RITA / ARCP process and will need to keep copies of all RITA / ARCP paperwork. This will assist trainers where there may be movement between training locations to be informed on an individual's current progress towards outcome development. A rolling PDP facilitating movement towards the desired outcomes will give a readily accessible summary (As above). The log will include treatment and casemix summaries, outcomes and reflection by trainee and trainer on each major project. A record of all appraisals will be kept alongside the log book. During training all possibly relevant documents will be included to facilitate the RITA / ARCP process and moves between trainers and to inform the RITA / ARCP process. Keeping the log book and portfolio of cases completed and up to date is a trainee responsibility

ARRANGEMENTS FOR QUALITY MANAGEMENT AND QUALITY ASSURANCE

Quality management and quality assurance of training will be led by the relevant Postgraduate Deanery, with assistance from the SAC in terms of expert advice and external assurance during programme visitations and with the RITA / ARCP process as required. The GDC will require to see how the curriculum and assessment processes ensure that those joining the lists meet the needs of patients. The relevant responsibilities are identified in the Memorandum of Understanding (the MoU) between the JCSTD, the Surgical Royal Colleges, the GDC and its SDEB and COPDEND (appendix 2). Details of the working arrangements between the SAC and COPDEND are given in and agreement between COPDEND and the JCSTD (appendix 3)

CURRICULUM REVIEW AND UPDATING

This curriculum should be regarded as a living document. Curriculum review will be informed by a number of different processes. For instance the SAC will be able to use information gathered from specialty heads, specialty deans and the National Health Service. It will have available to it results of the trainee survey, which will include questions pertaining to their specialty. Interaction with the NHS will be particularly important to understand the performance of specialists within the NHS and feedback will be required as to the continuing need for that specialty as defined by the curriculum.

It is anticipated that the curriculum will be reviewed formally by the SAC on a 5-yearly basis with any proposals for modification submitted to the JCSTD and SDEB. The SAC will formally notify the SDEB when the curriculum has been reviewed and of any conclusions from that review process (even if the conclusion is that the curriculum remains fit for purpose without modification).

CHAPTER 2

CURRICULUM IMPLEMENTATION

AIMS

- a) A Restorative Dentistry specialist registrar will acquire knowledge and understanding of Restorative Dentistry theory and practice.
- b) The specialty registrar will acquire and become proficient in the skills required for Restorative Dentistry practice with an emphasis on multidisciplinary treatment planning, disease prevention, and provision of advanced restorative dentistry treatment techniques for those clinical cases meriting specialist care in either primary or secondary care settings. The specialist registrar will acquire and become proficient in the skills necessary to devise treatment plans specific to the needs and expectations of an individual patient, within the sphere of his or her specialist expertise and communicate these effectively to the patient and colleagues in primary or secondary care who may require to execute them.
- c) The specialty registrar will acquire and demonstrate attitudes necessary for the achievement of high standards of Restorative Dentistry practice, both in relation to the oral health needs of populations and to his or her own personal development. They will undertake to maintain the principles of practice in dentistry encapsulated in the GDC's "Standards for Dental Professionals" Guidance.

OUTCOMES

By the end of the training programme, the Specialty Registrar must be able to:

- demonstrate knowledge of the anatomy and physiology of the oral and peri-oral tissues.
- demonstrate knowledge of the aetiology, pathobiology and clinical presentations of diseases of the oral and peri-oral tissues.
- demonstrate knowledge of general and clinical epidemiology of oral diseases.
- demonstrate knowledge of materials' science and technology in relation to Restorative Dentistry.
- demonstrate knowledge of the impact of systemic diseases on oral tissues and of oral diseases on systemic health.
- demonstrate knowledge of the role of behavioural, psychological and social factors in oral diseases.

- demonstrate knowledge of the impact and outcomes of preventive and treatment modalities for oral and related systemic diseases.
- demonstrate knowledge of the behavioural, clinical and technical procedures involved in the treatment of patients requiring restorative dentistry.
- perform all appropriate examinations that allow collection of biological, psychological and social information needed to evaluate the oral and related medical conditions for all patients.
- determine the differential, provisional or definitive diagnosis by interpreting and correlating findings from the history, clinical and radiographic examination together with other diagnostic tests.
- recognise and manage behavioural and related social factors which affect oral health.
- use the information to implement strategies that facilitate the delivery of oral health care for the individual patient.
- initiate and arrange appropriate referral to other specialist or general practitioners.
- co-ordinate overall treatment and care of patients.
- provide treatment to the highest ethical and technical standards in line with current knowledge and with the full and valid consent of patients.
- show a sound knowledge of the structures, processes and working relationships associated with the NHS and other healthcare systems, and the opportunities and limitations of operating within them.
- demonstrate a full and clear understanding of Equality and Diversity legislation as it applies to the workplace and to professional practice so that they will treat all team members and other colleagues fairly and in line with the law and treat patients fairly and in line with the law. The Specialty Registrar will promote actively equal opportunities for all patients. (S)he will not discriminate against patients or groups of patients because of their sex, age, race, ethnic origin, nationality, special needs or disability, sexuality, health, lifestyle, beliefs or any other irrelevant consideration.
- manage time effectively and have good personal, teamwork, IT and operational skills in order to contribute to the efficient delivery of healthcare to an optimum quality standard.
- demonstrate knowledge of the issues and skills required in the management of administration of units, departments and hospitals.
- demonstrate full and detailed knowledge of clinical governance issues.
- show a good understanding of working practices within the NHS at specialist level and related contractual issues.
- communicate individually with patients and other professionals and in general educational and professional settings.

- demonstrate competency in teaching methods, use of information technology and current software used in presentations, appraisal and assessment techniques and development of appropriate learning methods for life long learning.
- show evidence of ability to undertake research.

OBJECTIVES

The learning objectives are defined as learning outcomes. These cover the 3 areas of knowledge, skills and attitudes.

ASSESSMENT

METHODS OF ASSESSMENT

- The purpose of training is to promote patient safety by working to ensure that specialists have achieved the appropriate learning outcomes. The SAC in Restorative Dentistry aims to promote excellence in the practice of restorative dentistry and to be responsible for maintaining standards through training, assessments, examinations and professional development.
- The purpose of the assessment system follows the guidelines of Surgical Royal Colleges (UK) and the principles laid down by the PMETB (*Principles for an assessment system for postgraduate medical training*). The purposes of the assessments include:
 - indicate suitability of choice at an early stage of the chosen career path
 - indicate the capability and potential of a trainee through tests of applied knowledge and skill relevant to the specialty
 - demonstrate readiness to progress to the next stage(s) of training having met the required standard of the previous stage
 - provide feedback to the trainee about progress and learning needs
 - support trainees to progress at their own pace by measuring a trainee's capacity to achieve competencies for their chosen career path
 - help to identify trainees who should change direction or leave the specialty
 - drive learning demonstrated through the acquisition of knowledge and skill
 - enable the trainee to collect all necessary evidence for the Annual Review of Competence Progress (ARCP or RITA for trainees remaining under the "old" curriculum)
 - gain Fellowship of one of the Surgical Royal Colleges (UK)
 - provide evidence for the award of the CCST
 - assure the public that the trainee is ready for unsupervised professional specialist practice.

Trainees will be assessed in a number of different ways during their training. Satisfactory completion of all assessments and examinations will be monitored as part of the ARCP/RITA process and will be one of the criteria upon which eligibility to progress will be judged. A pass in the Intercollegiate Specialty Fellowship Examination in Restorative Dentistry is required as part of the eligibility criteria for the award of the CCST in Restorative Dentistry.

ASSESSMENT OF TRAINEES WILL TAKE TWO FORMS:

EXAMINATION

The Intercollegiate Specialty Fellowship Examination in [Restorative Dentistry](#) organised jointly by the dental faculties of the Royal Colleges of Surgeons of Edinburgh and England, the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Surgeons of Ireland.

WORKPLACE-BASED ASSESSMENTS

The principal form of continuous assessment of progress and competence will be workplace-based assessments throughout the entire duration of training. The principle of workplace-based assessment is that trainees are assessed on work that they are doing on a day-to-day basis and that the assessment is integrated into their daily work.

The assessment process is **initiated by the trainee**, who should identify opportunities for assessment throughout their training. The trainee should therefore choose the assessment tool, the procedure and the assessor. Assessments should be undertaken by a range of assessors and should cover a broad range of activities and procedures appropriate to the stage of training.

The assessment methods currently available for use in restorative dentistry are:

- Directly observed practical skills (DOPS) (5 satisfactory outcomes will normally be required per year)
- Case-based discussion (CbD) (5 satisfactory outcomes will normally be required per year)
- Mini clinical evaluation exercises (Mini-CEX) (5 satisfactory outcomes will normally be required per year)
- Multi-source feedback (MSF) (annual). This must involve formal 360° feedbacks at least twice during the period of training between times, feedback from trainers for an annual assessment by the Educational Supervisor to feed into the RITA/ARCP process
- Critical Incident Review (to be used as and when appropriate and recorded in the trainees log book)

It is also expected that trainees will participate in individual or group tutorials which may also involve a degree of assessment and will take a full part in both audit and clinical governance activity within the training units. These may inform trainers when feeding back to the Educational Supervisor / Programme Directors as part of the MSF process.

The assessment methods are blueprinted to the curriculum in the tables that follow. It is not intended that each component of the curriculum is assessed by each method. The assessment methods are indicative of the methods that may be used for each subject area, and should be applied as appropriate to the stage of training and circumstances of the training environment. Trainees should note that the Surgical Royal College examinations are wide ranging and most subject areas covered in the curriculum may be formally examined.

LEARNING OUTCOMES

The Tables that follow define the agreed learning outcomes for Restorative Dentistry training.

EXAMINATION AND DIAGNOSIS

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment
<p>An ability to:</p> <p>carry out a thorough and appropriate assessment and examination of the patient, their dental, oral and peri-oral tissues in relation to the presenting complaints of the patient, arriving at an appropriate diagnosis of the condition from the information provided and examination and investigations undertaken</p>	<p>Describe:</p> <ol style="list-style-type: none"> 1. Relevant biology, anatomy, physiology of normal and abnormal intra- and extra-oral structures and tissues 2. Dental, medical and social history factors likely to be relevant to the presenting condition and its previous management 3. The influence of peri-oral structures on the appearance of the patient and their potential influence on function and stability of prostheses 	<p>Able to:</p> <ol style="list-style-type: none"> 1. Complete a thorough examination of the patient and their: <ol style="list-style-type: none"> a. oral mucosae and related structures b. periodontium c. dental hard tissues and make appropriate diagnoses 2. Be aware of any systemic factors likely to have a bearing on the above. 3. Complete a thorough examination of any existing prosthesis and related tissues and structures and be able to evaluate the biological and aesthetic quality of the prosthesis 4. Use and interpret correctly all appropriate investigations (e.g. radiographic, vitality tests, haematological and microbiological tests and appropriately articulated study casts) to diagnose oral problems 	<ul style="list-style-type: none"> • A holistic approach with no prejudice on any grounds, with appropriate listening, communication and questioning skills • Recognises importance of biological aspects of the oral and peri-oral structures • Recognises urgency of patients requiring immediate assessment and treatment, and differentiates from non-urgent. • Recognises own limits and chooses appropriately when to ask for help. 	<p>Workplace (clinical) experience with appropriate trainers, for example attendance at a variety of Consultant-led new-patient clinics</p> <p>Attendance at didactic teaching sessions within department</p> <p>Journal club review</p> <p>suitable courses</p> <p>suitable meetings</p> <p>Undertaking</p> <p>Self-directed study</p>	<p>DOPS</p> <p>CBD</p> <p>ISFE</p>

2. DEVELOPMENT OF TREATMENT STRATEGIES AND PLANS

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment
<p>An ability to:</p> <ul style="list-style-type: none"> • Devise strategies and plans based on the likely prognosis and outcomes of the various treatment options, taking into account the analysis of appropriate examination and investigations, and relating this to prognosis without treatment and establishing a resultant priority and sequence of treatment while considering the relevant ethical and fiscal issues • Develop a treatment strategy in conjunction with the patient producing a plan according to their needs and preferences, including future need for revision or modifications. • Assess the level of risk for disease and disease progression 	<p>Describe:</p> <ol style="list-style-type: none"> 1. Relevant biology, anatomy, physiology of normal and abnormal intra- and extra-oral structures and tissues 2. Dental, medical and social history factors likely to be relevant to the presenting condition, its previous and proposed management. 3. The influence of ageing and systemic disease on disease risk and the outcomes of care 4. The influence of peri-oral structures on the condition of the patient and their potential influence on function and stability of restorations and prostheses 5. Dental materials, equipment and technical requirements to achieve each treatment goal 	<p>Able to:</p> <ol style="list-style-type: none"> 1.Co-ordinate all clinical examination, history and investigative findings in development of an effective treatment strategy 2.Communicate in lay terms appropriate to the intellectual capacity of the patient 3.Communicate with the patient and their carer if required on the impact of their oral status and the proposed treatment on their quality of life 4.Advise on the possible outcomes of the treatment options and the need for future supportive care, prevention and maintenance 5.Be aware of the impact on proposed treatment of constraints of the political and financial systems 6.Delineate strategies and plans according to the skills of other clinicians involved in the care of the patient <p>Develop plans of care that take</p>	<p>Acknowledgement of:</p> <ul style="list-style-type: none"> • the impact of the oral status and the proposed treatment on the patient's quality of life • the need for future supportive care, prevention and maintenance • the impact of an individual's medical or social circumstances on their ability to tolerate the care proposed • the impact on proposed treatment of constraints of the political and financial systems • the need to work with other clinicians and DCPs in provision of treatment, within their skill base and 	<p>Workplace (clinical) experience with appropriate trainers, for example attendance at a variety of Consultant-led new-patient clinics</p> <p>Workplace domiciliary care experience with appropriate trainers</p> <p>Attendance at didactic teaching sessions within department</p> <p>suitable courses</p> <p>suitable meetings for example case study review sessions within a clinical programme giving opportunity for review both by peers and trainers</p> <p>Undertaking</p> <p>Self-directed study</p>	<p>DOPS</p> <p>CBD</p>

		into account the ability of the individual patient to accept the treatment proposed and to continue to maintain the health of their oral tissues	designated role, to achieve appropriate outcomes.		
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3. HEALTH PROMOTION, PREVENTION OF DISEASES INCLUDING INFECTION CONTROL

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment
<p>An ability to:</p> <ul style="list-style-type: none"> • Advise each patient on appropriate preventive methods especially in relation to oral hygiene, smoking cessation and home use of preventive chemical agents • Be able to use and deploy all methods to prevent occurrence and recurrence of dental diseases in individual patients • Develop a care strategy in conjunction with the patient, producing a plan according to their needs and preferences • Advise other health care professionals on methods and technologies to prevent infection during dental treatment procedures, between patients and staff and during transport of materials and prostheses between the laboratory and the clinic 	<p>Describe:</p> <ol style="list-style-type: none"> 1. Relevant biology, anatomy, physiology, pathology and microbiology 2. infection control measures in dentistry and the value of appropriate vaccinations for self and other staff 3. Dental materials, equipment and technical requirements to achieve this 	<p>Able to:</p> <ol style="list-style-type: none"> 1. Communicate in lay terms appropriate to the intellectual capacity of the patient 2. Communicate with the patient on the impact of their oral status and the proposed advice on disease progression and quality of life 3. Advise on the possible outcomes of non-compliance and the need for supportive care, prevention and maintenance 4. Be able to use all methods and technologies to prevent infection during treatment procedures, between patients and staff and during transport of materials and prostheses between the laboratory and the clinic 	<p>Acknowledgement of:</p> <ul style="list-style-type: none"> • the impact of the patient's oral and general health status and the proposed advice on their quality of life • the need for supportive care, prevention and maintenance • the need to work with other clinicians and DCPs in provision of treatment, within their skill base and designated role, to achieve appropriate outcomes. 	<p>Workplace (clinical) experience with appropriate trainers</p> <p>Attendance at didactic teaching sessions within department</p> <p>suitable mandatory courses within NHS Trusts on infection control and hand hygiene</p> <p>suitable meetings</p> <p>Undertaking Self-directed study</p>	<p>CBD</p> <p>Clinical Audit</p>

4. ENDODONTICS

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment
<p>An ability to:</p> <ul style="list-style-type: none"> • use the appropriate diagnostic and clinical techniques, materials and technologies available for all forms of endodontics including management of acute dental trauma in the adult patient • carry out surgical and non-surgical root canal treatment for vital and non-vital de novo and re-treatment cases for all teeth including the management of iatrogenic damage to the root canal system or to treat teeth that have sustained trauma • provide treatment plans for primary care practitioners in relation to management of endodontic pathology 	<p>Describe:</p> <ol style="list-style-type: none"> 1. relevant biology, anatomy, physiology, pathology and microbiology, including appropriate antimicrobial prescription where necessary 2. current and seminal literature, including epidemiology and biostatistics of endodontic disease 3. dental materials, equipment and technical requirements to provide relevant treatment 	<p>Able to:</p> <ol style="list-style-type: none"> 1. diagnose, assess prognosis and plan treatment for patients who require conventional and surgical endodontics 2. use appropriate clinical techniques to manage the range of presentations of endodontic anatomy and pathology 3. use appropriate magnification / operating microscopes in non-surgical and surgical endodontic treatment 4. monitor and evaluate the effectiveness of all forms of endodontic treatment. 5. manage combined periodontal/ endodontic lesions 	<p>Recognise:</p> <ul style="list-style-type: none"> • The relevance and inter-relationship of endodontic pathology and treatment on overall restorative care • The relevance of endodontic pathology on patient symptoms and general health and well-being 	<p>Workplace (clinical) experience with appropriate trainers, for example dedicated periods of training with Consultants / Specialist trainers with specific expertise in Endodontics</p> <p>Completing</p> <p>Appropriate range of clinical cases for observational and personal treatment</p> <p>Attendance at</p> <p>didactic teaching sessions within department</p> <p>suitable courses, for example hands-on courses to develop specific aspects of clinical skill or meetings of Professional Societies</p> <p>Undertaking</p> <p>Self-directed study</p>	<p>RITA / ARCP Case reports</p> <p>CBD</p> <p>DOPS / Mini -CEX – to be developed</p>

5. PERIODONTICS

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment
<p>An ability to:</p> <ul style="list-style-type: none"> • Recognise and manage all variants of periodontal disease • use the appropriate techniques, materials and technologies available for all forms and stages of periodontal disease • carry out non-surgical and surgical procedures to manage periodontal disease including the management of iatrogenic or traumatic damage to the periodontal tissues • provide treatment plans for primary care practitioners / DCP (hygienist / therapist) in relation to management of periodontal disease 	<p>Describe:</p> <ol style="list-style-type: none"> 1. relevant biology, anatomy, physiology, pathology and microbiology, including appropriate antimicrobial prescription where necessary 2. current and seminal literature 3. dental materials, equipment and techniques to provide relevant treatment 	<p>Able to:</p> <ol style="list-style-type: none"> 1. diagnose, assess prognosis and plan treatment for patients who require non-surgical and surgical periodontal therapy 2. identify appropriate clinical techniques to manage the range of presentations of periodontal disease 3. perform appropriate non-surgical and surgical periodontal treatment 4. monitor and evaluate the effectiveness of all forms of periodontal treatment. 5. manage combined periodontal/ endodontic lesions 	<p>Recognise:</p> <ul style="list-style-type: none"> • The relevance and inter-relationship of periodontal pathology and treatment on overall restorative care • The relevance of periodontal pathology on patient symptoms and general health and well-being 	<p>Workplace (clinical) experience with appropriate trainers, for example dedicated periods of training with Consultants / Specialist trainers with specific expertise in Periodontology</p> <p>Completing</p> <p>Appropriate range of clinical cases for observational and personal treatment</p> <p>Attendance at</p> <p>didactic teaching sessions within department</p> <p>suitable courses, for example hands-on courses to develop specific aspects of clinical skill or meetings of Professional Societies</p> <p>Undertaking</p> <p>Self-directed study</p>	<p>ARCP/RITA Case reports</p> <p>CBD</p> <p>DOPS</p> <p>Mini -CEX</p>

6. FIXED PROSTHODONTICS

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment
<p>An ability to:</p> <ul style="list-style-type: none"> • Plan and provide all types of plastic dental restorations and fixed dental prostheses for appropriate clinical circumstances • Understand and use the appropriate techniques, materials and technologies available for all types of fixed dental prostheses including the use of implants to support such prostheses • liaise appropriately both in writing and verbally with dental technicians with respect to necessary laboratory requirements • provide treatment plans for primary care practitioners in relation to provision of fixed prosthodontic treatment • Monitor and evaluate the effectiveness of fixed prosthodontic treatment 	<p>Describe:</p> <ol style="list-style-type: none"> 1. relevant biology, anatomy, physiology, pathology, microbiology and technical requirements in provision of such prostheses 2. current and seminal literature on indications for, success / failure criteria and biomechanical implications of such restorations 3. dental materials, equipment and techniques to provide relevant treatment and the response of the dental tissues to this treatment 	<p>Able to:</p> <ol style="list-style-type: none"> 1. Show a high degree of skill in the choice and execution of appropriate operative techniques for all stages of the planned treatment 2. Carry out appropriate tooth preparations 3. Provide direct restorations using appropriate materials 4. Manage soft tissues atraumatically so as to obtain accurate impressions or otherwise assist in provision of excellent restorations 5. Obtain accurate impressions for manufacture of all types of laboratory restorations and prostheses 6. Record accurately the appropriate occlusal relationship including the use of facebows or their equivalent 7. Provide appropriate provisional restorations for intermediate stages of treatment 8. Fit restorations using appropriate adhesives or 	<p>Recognise:</p> <ul style="list-style-type: none"> • The relevance and inter-relationship of fixed prosthodontic treatment on overall restorative care and long term maintenance and function • The relevance of fixed prosthodontic treatment on pulpal and periodontal health and pathology and patient well-being and self-esteem 	<p>Workplace (clinical) experience with appropriate trainers, for example dedicated periods of training with Consultants / Specialist trainers with specific expertise in Prosthodontics</p> <p>Completing</p> <p>Appropriate range of clinical cases for observational and personal treatment</p> <p>Attendance at</p> <p>didactic teaching sessions within department</p> <p>suitable courses, for example hands-on courses to develop specific aspects of clinical skill or meetings of Professional Societies</p> <p>Undertaking</p>	<p>ARCP/RITA Case reports</p> <p>CBD</p> <p>DOPS</p> <p>Mini -CEX</p>

		cements ensuring that appearance, occlusion and function are in harmony with the remaining dentition and patient's wishes		Self-directed study	
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7. REMOVABLE PROSTHODONTICS

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment
<p>An ability to:</p> <ul style="list-style-type: none"> • Plan and provide removable immediate, copy or replacement partial or complete dentures, incl. overdentures, obturators, sectional, precision attachment- or implant-retained appliances, with the appropriate clinical and technical procedures utilised for varying clinical circumstances, while ensuring overall health of the remaining teeth and oral structures. • Understand and use the appropriate techniques, materials and technologies available for all types of removable dental prostheses • liaise appropriately with dental technicians with respect to laboratory requirements • undertake procedures to repair or modify complete or partial dentures to extend lifespan of the prostheses and avoid damage to the supporting structures • provide treatment plans for primary care practitioners in relation to provision of 	<p>Describe:</p> <ol style="list-style-type: none"> 1. relevant biology, anatomy, physiology, pathology, microbiology and technical requirements in provision of such prostheses 2. current and seminal literature on indications for, success / failure criteria and biomechanical implications of such restorations 3. dental materials, equipment and techniques to provide relevant treatment and the response of the dental tissues to this treatment 	<p>Able to:</p> <ol style="list-style-type: none"> 1. Show a high degree of skill in the choice and execution of appropriate operative techniques for all stages of the planned treatment 2. Carry out appropriate tooth preparations or pre-prosthetic tissue management where necessary so as to obtain accurate impressions or otherwise assist in provision of excellent restorations 3. Record accurately the appropriate occlusal relationship, including the use of facebows or equivalent technologies where appropriate 4. Fit restorations ensuring that appearance, occlusion and function are in harmony with the remaining dentition, facial tissues and patient's wishes 	<p>Recognise:</p> <ul style="list-style-type: none"> • The relevance and inter-relationship of removable prosthodontic treatment on overall restorative care and long term maintenance and function • The relevance of removable prosthodontic treatment on mucosal and periodontal health and pathology and patient well-being and self-esteem 	<p>Workplace (clinical) experience with appropriate trainers, for example dedicated periods of training with Consultants / Specialist trainers with specific expertise in Prosthodontics</p> <p>Completing</p> <p>Appropriate range of clinical cases for observational and personal treatment</p> <p>Attendance at</p> <p>didactic teaching sessions within department</p> <p>suitable courses, for example hands-on courses to develop specific aspects of clinical skill or meetings of Professional Societies</p>	<p>ARCP/RITA Case reports</p> <p>CBD</p> <p>DOPS</p> <p>Mini -CEX</p>

removable prosthodontic treatment • Monitor and evaluate the effectiveness of prosthodontic treatment				Undertaking Self-directed study	
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8. MAXILLOFACIAL PROSTHODONTICS / DENTAL ONCOLOGY

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment
<p>An ability to:</p> <ul style="list-style-type: none"> • Perform an appropriate examination of the patient prior to any planned cancer treatment and devise appropriate procedures to aid eventual rehabilitation • Evaluate patients with acquired maxillo-facial defects, neuromuscular handicap or with congenital maxillo-facial defects who may have undergone a range of clinical interventions • Plan and provide intra- and extra- oral prostheses incl. obturators, precision attachment- or implant-retained appliances considering anatomical, medical and psychological limitations. • Utilise the appropriate clinical and technical procedures for varying clinical circumstances, to ensure maintenance of health of the remaining teeth, oral and peri-oral structures. • appropriately liaise with multidisciplinary team 	<p>Describe:</p> <ol style="list-style-type: none"> 1. relevant biology, anatomy, physiology, pathology, microbiology and technical requirements in provision of such care 2. current and seminal literature on indications for, success / failure criteria and biological implications of preventive and restorative advice and treatment 3. dental materials, equipment, medicaments and techniques to provide relevant treatment and the response of the dental / oral tissues to treatment regimes 	<p>Able to:</p> <ol style="list-style-type: none"> 1. Show a high degree of skill in the choice and execution of appropriate operative techniques for all stages of the planned treatment in conjunction with other specialists treating the patient and technicians fabricating appliances 2. Carry out appropriate tooth preparations or pre-prosthetic tissue management where necessary so as to obtain accurate impressions or otherwise assist in provision of excellent restorations 3. Record accurately the appropriate occlusal relationship, including the use of facebows or equivalent technologies where appropriate 4. Fit restorations ensuring that appearance, occlusion and function are in harmony with the remaining dentition, oral health, facial tissues and patient's wishes 	<p>Recognise:</p> <ul style="list-style-type: none"> • The relevance and inter-relationship of restorative dental treatment and team planning and execution of that treatment on overall patient care and long term maintenance and function and on patient well-being and self-esteem • The need for empathy and patient counselling skills 	<p>Workplace (clinical) experience with appropriate trainers including attendance at appropriate multidisciplinary clinics and theatre sessions</p> <p>Completing</p> <p>Appropriate range of clinical cases for observational and personal treatment</p> <p>Attendance at</p> <p>didactic teaching sessions within department</p> <p>suitable courses, for example hands-on courses to develop specific aspects of clinical skill or dedicated courses for maxillo-facial Prosthodontics designed specifically for trainees in Restorative Dentistry</p> <p>Undertaking</p>	<p>ARCP/RITA Case reports</p> <p>CBD</p> <p>DOPS</p> <p>Mini -CEX</p>

<p>members and other carers</p> <ul style="list-style-type: none"> • Understand and use the appropriate techniques, materials, and medicaments available for appropriate preventive advice, maintenance of dental health and restoration of function and aesthetics for oncology patients • liaise appropriately with dental technicians with respect to necessary laboratory requirements • provide treatment plans for primary care practitioners and DCPs (hygienists / therapists) in relation to routine maintenance and special precautions • Monitor and evaluate the effectiveness of preventive and restorative treatment 				<p>Self-directed study</p>	
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9. PAIN CONTROL, ANALGESIA, SEDATION AND ANAESTHESIA

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment
<p>An ability to:</p> <ul style="list-style-type: none"> • Provide appropriate analgesics for control of pain, pre- and post-operatively • Provide profound and sufficient local analgesia during all treatment procedures taking account of the patient's medical status and treatment needs • Practice administration of local analgesia in complete safety and be able to manage any associated complications • Use as trained, or in conjunction with appropriate specialists, conscious sedation techniques and develop treatment and preventive strategies for patients who require such management so that prolonged or repeated use is avoided • Plan provision of appropriate Restorative Dentistry for patients who can be treated only by the use of general anaesthesia and develop treatment and preventive strategies for patients who require such management so 	<p>Describe:</p> <ol style="list-style-type: none"> 1. relevant biology, anatomy, physiology, pathology, microbiology and technical requirements in provision of such care 2. current and seminal literature on indications for, success / failure criteria and biological implications of provision of local or general anaesthesia or conscious sedation techniques 3. Anaesthetic agents, equipment, medicaments and techniques to provide relevant treatment and the response of the patient to treatment regimes 	<p>Able to:</p> <ol style="list-style-type: none"> 1. Show a high degree of skill in the choice and execution of appropriate anaesthetic or sedation techniques for all stages of the planned treatment in conjunction with other specialists/ dental care professionals managing the patient 2. Carry out appropriate procedures for safe and effective administration of local anaesthesia or conscious sedation and work closely with colleagues providing general anaesthesia. 	<p>Recognise:</p> <ul style="list-style-type: none"> • The relevance and inter-relationship of restorative dental treatment under local or general anaesthesia or conscious sedation on overall patient care and long term maintenance and function and on patient well-being and self-esteem • The need for empathy and patient counselling skills 	<p>Workplace (clinical) experience with appropriate trainers including attendance at appropriate multidisciplinary clinics, theatre sessions and training sessions in conscious sedation</p> <p>Completing</p> <p>Appropriate range of clinical cases for observational and personal treatment</p> <p>Attendance at</p> <p>didactic teaching sessions within department</p> <p>suitable courses, for example diploma course in conscious sedation</p> <p>Undertaking</p> <p>Self-directed study</p>	<p>ARCP/RITA Case reports</p> <p>CBD</p> <p>DOPS</p> <p>Mini -CEX</p>

<p>that prolonged or repeated use is avoided.</p> <ul style="list-style-type: none"> • Liaise with professionals who are responsible for the administration of these techniques and immediate post-operative care of the patient. • Monitor and evaluate the effectiveness of treatment provided under any of these pain management modalities 					
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10. ORAL AND DENTAL IMPLANTOLOGY

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment
<p>An ability to:</p> <ul style="list-style-type: none"> • Complete the clinical stages necessary to construct surgical and radiographic guides to aid planning of number, position and angulation of fixtures • Complete the clinical stages necessary to construct and deliver satisfactory provisional and definitive implant-retained or -supported prostheses • Formulate multidisciplinary treatment plans for implant retained fixed or removable prostheses, liaising effectively with colleagues in planning and management including the use of appropriate radiographic images • Use precision attachments in implant dentistry, such as bar and clip, studs and magnets. • Monitor and evaluate the effectiveness of implant rehabilitation 	<p>Describe:</p> <ol style="list-style-type: none"> 1. relevant biology, anatomy, physiology, pathology, microbiology and technical requirements in provision of dental implants with a range of implant systems 2. current and seminal literature on indications for, success / failure criteria and biological implications of provision of dental implants 3. surgical techniques for implant placement, healing and exposure 4. biological benefits of and indications for their use 5. principles and practice of prevention of diseases relating to implant structures 	<p>Able to:</p> <p>Show a high degree of skill in the choice and execution of appropriate techniques for all stages of the planned treatment in conjunction with other specialists/ dental care professionals managing the patient</p> <p>Have personal hands-on experience of surgical implant placement.</p> <p>Have personal hands-on experience of the use of guided tissue regeneration techniques for use during implant placement.</p> <p>Recognise the limitation of their training and experience in relation to implant placement particularly involving surgery to the maxillary sinus and harvesting bone for grafting. In such circumstances an appropriately trained specialist colleague should be involved in the treatment process</p>	<p>Recognise:</p> <ul style="list-style-type: none"> • The relevance and inter-relationship of dental implant treatment on overall patient care and long term maintenance and function and on patient well-being and self-esteem • The cost implications of treatments involving implants and guidelines applicable to provision of such treatment 	<p>Workplace (clinical) experience with appropriate trainers including attendance at appropriate multidisciplinary clinics and theatre sessions</p> <p>Completing</p> <p>Appropriate range of clinical cases for observational and personal treatment</p> <p>Attendance at</p> <p>didactic teaching sessions within department</p> <p>suitable courses, for example for example dedicated courses for specific implant systems</p> <p>suitable meetings of Professional Societies</p> <p>Undertaking</p> <p>Self-directed study</p>	<p>ARCP/RITA Case reports</p> <p>CBD</p> <p>DOPS</p> <p>Mini -CEX</p>

11. MANAGEMENT OF TEMPOROMANDIBULAR DISORDERS

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment
<p>An ability to:</p> <ul style="list-style-type: none"> • Diagnose oral parafunction and other factors in the development of dysfunction of mandibular movements and the TMJs. • Provide behavioural advice for the management of these problems • Construct appropriate occlusal appliances for the diagnosis and treatment of these problems • communicate and work with colleagues on the multidisciplinary management of these problems • Monitor and evaluate the effectiveness of treatment regimes 	<p>Describe:</p> <ol style="list-style-type: none"> 1. relevant biology, anatomy, physiology, pathology and radiology in provision of care and advice for temporomandibular disorders 2. current and seminal literature on diagnosis and management of these disorders 3. different treatments available for TMJ disorders and recognise their limitations (jaw exercises, interocclusal appliances, jaw registration techniques, occlusal adjustment, conformational and reorganised approaches to oral reconstruction, psychological approaches, biofeedback) 	<p>Able to:</p> <ol style="list-style-type: none"> 1. Communicate effectively and empathically with patients to identify potential aetiological factors and signs and symptoms of temporomandibular disorders 2. Show a high degree of skill in the choice and execution of appropriate techniques for treatment in conjunction with other specialists/ dental care professionals managing the patient 	<p>Recognise:</p> <ul style="list-style-type: none"> • The need for empathy and patient counselling skills • The relevance of treatment of temporomandibular disorders on overall patient care and long term function and on patient well-being 	<p>Workplace (clinical) experience with appropriate trainers including attendance at appropriate multidisciplinary clinics</p> <p>Completing</p> <p>Appropriate range of clinical cases for observational and personal treatment</p> <p>Attendance at</p> <p>didactic teaching sessions within department</p> <p>suitable courses</p> <p>suitable meetings of Professional Societies</p> <p>Undertaking</p> <p>Self-directed study.</p>	<p>ARCP/RITA Case reports</p> <p>CBD</p> <p>DOPS</p> <p>Mini -CEX</p>

12. MANAGEMENT & ADMINISTRATION

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment
<p>An ability to:</p> <ul style="list-style-type: none"> • Demonstrate relevant skills for working in an organisational setting • Deal effectively with staff, managers and administrators • Plan and discuss management of a dental clinic/practice • Deal with complaints / grievances especially from patients • Manage time effectively and adopt strategies for coping with stress • Demonstrate a working knowledge of the employment and health and safety regulations • Discuss best practices in management and administration and contrast these with those in the training institution • Manage people in accordance with the law on equality and diversity 	<p>Describe:</p> <ol style="list-style-type: none"> 1. Local and national NHS and corporate organisational and administrative structures relevant to one's sphere of practice 2. Appropriate Health and safety (including cross-infection control) regulations legislation 3. Appropriate employment legislation 4. The law pertaining to equality and diversity 5. IT knowledge equivalent to the ECDL 	<p>Able to:</p> <ol style="list-style-type: none"> 1. Utilise appropriate communication / presentation / negotiation / counselling/ appraisal / mentoring skills 2. Communicate effectively and empathically with colleagues at all levels and to utilise appropriate negotiating and listening skills to achieve the desired result 3. treat patients, carers, colleagues and other members of the workplace team fairly and in line with the law and promote equal opportunities for all 4. Handle complaints sympathetically and efficiently 5. Manage time and delegate as appropriate 6. develop business case / strategies with appropriate input from administrative colleagues 7. Use of appropriate computer hardware and software to facilitate administration and clinical practice 	<p>Recognise:</p> <ul style="list-style-type: none"> • How to work effectively as part of a team and manage delegate appropriately • methods of communication / administration used by others and adapt to these in order to achieve an appropriate outcome • a non-discriminatory approach to patients, carers, colleagues and other members of the workplace team 	<p>Workplace (administrative) experience with appropriate trainers including attendance at suitable committees and management sessions at a relevant stage in training</p> <p>Completing</p> <p>Appropriate range of opportunities for observational and personal administration within the organisation</p> <p>Attendance at</p> <p>didactic teaching sessions within department</p> <p>suitable courses at Deanery and national level to develop management skills for Specialist Registrars. These are normally best attended close to the end of training</p> <p>Undertaking</p> <p>Self-directed study.</p>	<p>ARCP / RITA feedback</p> <p>MSF</p> <p>ISFE</p>

13. CLINICAL GOVERNANCE

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment
<p>An ability to:</p> <ul style="list-style-type: none"> • understand the principles of clinical effectiveness and clinical audit both locally and nationally and contribute where possible. • Demonstrate awareness of epidemiologically based needs assessments and systematic reviews of research evidence. • Contribute to peer review and the appraisal process. • Carry out critical/adverse incident reports and demonstrate an awareness of the ways in which this process can be used to improve clinical care. • Consider disciplinary procedures in place for all professional staff. • Show in-depth awareness of clinician's medico-legal responsibilities particularly those related to the speciality of Restorative Dentistry. • Understand quality assurance 	<p>Describe:</p> <ol style="list-style-type: none"> 1. evidence based clinical practice including cost effectiveness. 2. the development and application of clinical guidelines and standards. 3. risk assessment 4. multi-disciplinary clinical care pathways and appropriate integration of Restorative Dentistry. 5. the differences between clinical audit and research and how to apply ethics to clinical audit. 6. the process of revalidation and the assessment of individual clinical performance. 7. the role of the GDC/GMC, Royal Colleges, Specialist Societies and Universities in the process of professional self- 	<p>Able to:</p> <ol style="list-style-type: none"> 1. Utilise appropriate communication / presentation skills 2. Show the necessary skills of self-reflection and self-appraisal used to identify continuing professional development needs 3. utilise critical appraisal skills and be able to apply to research evidence 4. organise and undertake a clinical audit project including implementation of outcomes and re-audit 5. Produce and update patient information material 6. Construct, analyse and use patient surveys. 7. Use procedures to ensure consumer involvement and consultation. 	<p>Recognise:</p> <ul style="list-style-type: none"> • Importance of maintaining professional and personal standards • The need to constantly appraise and evaluate clinical practice and procedures 	<p>Workplace (administrative) experience with appropriate trainers including attendance at suitable governance sessions. Working with Consultant or Specialist trainers to undertake relevant clinical governance activity</p> <p>Completion of</p> <p>Appropriate range of opportunities for observational and personal involvement in governance within the organisation</p> <p>Attendance at</p> <p>didactic teaching sessions within department</p> <p>suitable courses</p> <p>Undertaking</p>	<p>ARCP / RITA feedback</p>

<p>in the delivery of clinical care.</p> <ul style="list-style-type: none"> • Show knowledge of human resource strategies to promote staff welfare. • Show knowledge of equality of access issues for minority groups requiring clinical care. • Show an understanding of medical records administration 	<p>regulation.</p> <p>8. the levels of responsibility and accountability within the NHS and in particular the role of a Trust's Chief Executive, Medical Director and Clinical Director.</p> <p>9. procedures for reporting concerns over the level of competency and fitness to practice of professional colleagues.</p>			<p>Self-directed study.</p>	
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14. TEACHING AND COMMUNICATION

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment
<p>An ability to:</p> <ul style="list-style-type: none"> • Communicate effectively both orally and in writing with peers, practitioners, staff, patients and the public. • Develop and present instructional sessions. • to undertake formative assessments for students. • Differentiate between appraisal and assessment and have a working knowledge of the advantages and disadvantages of each. • Manage groups with different learning needs effectively in same session of teaching 	<p>Describe:</p> <ol style="list-style-type: none"> 1. the advantages and disadvantages of various teaching modalities circumstances and styles 2. Different communication skills and styles 	<p>Able to:</p> <ol style="list-style-type: none"> 1. Utilise appropriate communication / presentation skills. 2. use different instruction materials ensuring experience in teaching, lecturing , small group facilitation, chairside and practical instruction. 3. Demonstrate awareness of learning and learning needs of students (or recipients) of instructions. 	<p>Recognise:</p> <ul style="list-style-type: none"> • personal effectiveness in delivering lectures, tutorials, seminars and clinical demonstrations • the value of course evaluations and reflective practice 	<p>Workplace experience (teaching and communication) with appropriate trainers</p> <p>Completion of</p> <p>Appropriate range of opportunities for observational and personal teaching and communication within the organisation to include where possible dental undergraduates, peers and the presentation of CPD programmes</p> <p>Attendance at</p> <p>didactic teaching sessions within department</p> <p>suitable courses / conferences / symposia/ workshops, to allow the trainee to achieve Associate Status within the Higher Education Academy</p> <p>Undertaking</p> <p>Self-directed study.</p>	<p>ARCP / RITA feedback</p> <p>MSF</p> <p>Recognition of teaching skills by the Higher Education Academy</p> <p>All CPD programmes are subject to feedback from participants</p>

15. RESEARCH

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods	Assessment
<p>An ability to:</p> <ul style="list-style-type: none"> • understand research methodology, including development and production of protocols, preparation of manuscripts and writing research grant applications. • Produce sufficient published or publishable material to satisfy the requirements of the ARCP / RITA process. 	<p>Describe:</p> <ol style="list-style-type: none"> 1. relevant data collection and data analysis techniques and methods of statistical analysis 	<p>Able to:</p> <ol style="list-style-type: none"> 1. produce written reports / articles, including preparing and altering manuscripts, where appropriate, under supervision 2. Present research work to professional colleagues or at specialists' meetings 	<p>Recognise:</p> <ul style="list-style-type: none"> • the value of critical appraisal of evidence and importance of de novo research in progressing and developing an evidence base for current clinical practice 	<p>Personal workplace experience with appropriate trainers including attendance at suitable research sessions</p> <p>Completion of</p> <p>Appropriate range of opportunities to undertake personal supervised research within the organisation. All research should be mentored by an experienced research worker</p> <p>Attendance at</p> <p>didactic teaching sessions within department</p> <p>suitable courses / conferences / symposia/ workshops, to include courses on the critical appraisal of the literature and statistical technique</p> <p>Undertaking</p> <p>Self-directed study</p>	<p>ARCP / RITA feedback</p> <p>MSF</p>

EXIT EXAMINATION ISFE

Specialist Registrars are required to be successful in the Intercollegiate Specialty Fellowship examination (ISFE) before completion of the programme. The regulations for this assessment are available from the examining body.

TRAINING WITHIN DIFFERENT HEALTHCARE SYSTEMS IN ENGLAND, SCOTLAND, WALES AND IRELAND

In recent years there has been increased diversification between healthcare systems in these countries affecting dental services. SpRs will usually be trained within a single healthcare system and the assessment system will take account of this. However, the skills developed will be transferable to all systems. The opportunity to develop experience within a different system may be possible when this is relevant.

SPECIAL INTEREST MODULES

Towards the end of training once the majority of learning outcomes are achieved the SpR may choose to undertake special interest modules. Previous opportunities have included:

- Overseas attachment to a unit recognised within the specialty as providing outstanding additional experience within the sphere of interest of the trainee
- National attachment to a unit recognised within the specialty as providing outstanding additional experience within the sphere of interest of the trainee
- Locum consultant opportunities within or outwith the training unit with the approval of the SAC.

CURRICULUM MILESTONES

These milestones will be used to record how the trainee moves from the “knows/knows how” to “shows” and “shows how” as training develops.

Attitudes will be measured by the behaviour demonstrated relevant to that attitude.

LEVEL 1

- No or very limited knowledge and experience in subject area
- Close supervision / advice required when working in subject area
- Attitude / values not well developed

LEVEL 2

- Satisfactory knowledge in subject area, moderate practical experience and skill developing
- May occasionally require supervision when working in subject area
- Attitude / values developing

LEVEL 3 (READY FOR COMPLETION OF TRAINING)

- Ability to work in area unsupervised
- Knowledge in subject area as expected of a Specialist in Restorative Dentistry
- Skill in subject area as expected of a Specialist in Restorative Dentistry
- Performance of tasks and approach to tasks as expected of a Specialist in Restorative Dentistry
- Attitudes as expected of a Specialist in Restorative Dentistry

NB Generally these levels will correspond with progress through the training period. However, this will not always be the case as some SpRs will enter the programme with extensive experience in some areas.

ATTACHMENT 1 CURRICULUM MILESTONE DOCUMENTATION

ASSESSMENT OF PERFORMANCE PROFILE – RESTORATIVE DENTISTRY SPRS					
REPORTING PERIOD:		(DATE)	TO :		(DATE)
WHAT THE RESTORATIVE DENTISTRY SPECIALIST REGISTRAR IS ABLE TO DO?	(Less well Developed)	CIRCLE THE APPROPRIATE NUMBER IN EACH ROW			(To Level of Specialist)
		1	2	3	
<i>PERFORMANCE OF TASKS- DEMONSTRATES THE ABILITY TO UNDERTAKE THE FOLLOWING AT AN APPROPRIATE STANDARD</i>					
Clinical Restorative Dentistry Procedures					
EXAMINATION AND DIAGNOSIS					
•carries out a thorough and appropriate assessment and examination of the patient and make appropriate diagnoses		1	2	3	
•Is aware of any systemic factors likely to have a bearing on the above		1	2	3	
•Can complete a thorough examination of any existing prosthesis and related tissues and structures evaluating the biological and aesthetic quality of the prosthesis		1	2	3	
•Can use and interpret correctly all appropriate investigations		1	2	3	
DEVELOPMENT OF TREATMENT STRATEGIES AND PLANS					
•Devises treatment strategies and plans based on the likely prognosis and outcomes of the various treatment options		1	2	3	
•Develops a treatment strategy in conjunction with the patient producing a plan according to their needs and preferences		1	2	3	
•Co-ordinates all clinical examination, history and investigative findings in development of an effective treatment strategy		1	2	3	
•Delineates strategies and plans according to the skills of other clinicians involved in the care of the patient		1	2	3	
•Communicates effectively with the patient		1	2	3	
•Advises on the possible outcomes of the treatment options and the need for future supportive care		1	2	3	
•Is aware of the impact on proposed treatment of constraints of the political and financial systems		1	2	3	

ENDODONTICS					
•Can diagnose, assess prognosis and plan treatment for patients who require conventional and surgical endodontics		1	2	3	
•uses appropriate clinical techniques to manage the range of presentations of endodontic anatomy and pathology					
•carries out non-surgical root canal treatment for vital de novo and re-treatment cases for all teeth		1	2	3	
•carry out non-surgical root canal treatment for non-vital de novo and re-treatment cases for all teeth		1	2	3	
•carry out surgical root canal treatment for non-vital de novo and re-treatment cases for all teeth		1	2	3	
•uses appropriate magnification / operating microscopes in non-surgical and surgical endodontic treatment		1	2	3	
PERIODONTICS					
•Can diagnose, assess prognosis and plan treatment for patients presenting with all variants of periodontal disease		1	2	3	
•uses appropriate clinical techniques, materials and technologies available for management of all forms and stages of periodontal disease		1	2	3	
•carries out non-surgical procedures to manage periodontal disease		1	2	3	
•carries out full range of surgical procedures to manage periodontal disease		1	2	3	
•provide treatment plans for all level of clinical colleagues, incl. DCPs, in managing periodontal disease		1	2	3	
•Can advise on the possible outcomes of non-compliance		1	2	3	
•uses all methods and technologies to prevent infection transmission during treatment procedures		1	2	3	
FIXED PROSTHODONTICS					
•Can plan and provide all types of plastic dental restorations and fixed dental prostheses for appropriate clinical circumstances		1	2	3	
•Uses the appropriate techniques, materials and technologies available for all types of fixed dental prostheses and restorations		1	2	3	
• can undertake procedures to repair or modify fixed prostheses to extend lifespan of the prostheses and avoid damage to the supporting structures		1	2	3	
•can provide treatment plans for all levels of clinical colleagues in relation to provision of fixed prosthodontic treatment		1	2	3	
•can liaise appropriately with dental technicians with respect to necessary		1	2	3	

laboratory requirements					
REMOVABLE PROSTHODONTICS					
•Can plan and provide removable immediate, copy or replacement partial or complete dentures		1	2	3	
•uses the appropriate techniques, materials and technologies available for all types of removable dental prostheses		1	2	3	
•undertakes procedures to repair or modify complete or partial dentures to extend lifespan of the prostheses and avoid damage to the supporting structures		1	2	3	
•can provide treatment plans for all levels of clinical colleagues in relation to provision of removable prosthodontic treatment		1	2	3	
•can liaise appropriately with dental technicians with respect to necessary laboratory requirements		1	2	3	
MAXILLOFACIAL PROSTHODONTICS / DENTAL ONCOLOGY					
•Can perform an appropriate examination of the patient prior to any planned cancer treatment and devise appropriate procedures to aid eventual rehabilitation		1	2	3	
•Can evaluate patients with acquired maxillo-facial defects, neuromuscular handicap or with congenital maxillo-facial defects who may have undergone a range of clinical interventions		1	2	3	
•Can plan and provide intra- and extra- oral prostheses		1	2	3	
•Can utilise the appropriate clinical and technical procedures for varying clinical circumstances, to ensure maintenance of health of the remaining teeth, oral and peri-oral structures.		1	2	3	
•can liaise appropriately with multidisciplinary team members and other carers		1	2	3	
MAXILLOFACIAL PROSTHODONTICS / DENTAL ONCOLOGY					
•Can perform an appropriate examination of the patient prior to any planned cancer treatment and devise appropriate procedures to aid eventual rehabilitation		1	2	3	
•Can evaluate patients with acquired maxillo-facial defects, neuromuscular handicap or with congenital maxillo-facial defects who may have undergone a range of clinical interventions		1	2	3	
•Can plan and provide intra- and extra- oral prostheses		1	2	3	
•Can utilise the appropriate clinical and technical procedures for varying clinical circumstances, to ensure maintenance of health of the remaining teeth, oral		1	2	3	

and peri-oral structures.					
•can liaise appropriately with multidisciplinary team members and other carers		1	2	3	
PAIN CONTROL AND SEDATION					
• Can use as trained, or in conjunction with appropriate specialists, conscious sedation techniques and develop treatment and preventive strategies for patients who require such management so that prolonged or repeated use is avoided		1	2	3	
• Can plan provision of care for patients who can be treated only by the use of general anaesthesia and develop treatment and preventive strategies for patients who require such management so that prolonged or repeated use is avoided.		1	2	3	
ORAL AND DENTAL IMPLANTOLOGY					
•Can complete the planning and clinical stages necessary to construct and deliver satisfactory provisional and definitive implant-retained or -supported prostheses		1	2	3	
•carries out surgical placement of implant fixtures		1	2	3	
•can formulate multidisciplinary treatment plans for implant retained prostheses, liaising effectively with colleagues in planning and management including the use of appropriate radiographic images		1	2	3	
MANAGEMENT OF TEMPOROMANDIBULAR DISORDERS					
•Can diagnose oral parafunction and other factors in the development of dysfunction of mandibular movements and the TMJs.		1	2	3	
•Can liaise with laboratory in relation to construction of appropriate occlusal appliances for the diagnosis and treatment of these problems and carry out necessary adjustment		1	2	3	
•Can provide behavioural advice for the management of these problems		1	2	3	
•Can communicate and work with colleagues on the multidisciplinary management of such problems		1	2	3	
Policy & Strategy Development & Implementation					
• Manage and implement change		1	2	3	
• Understands health impact assessment		1	2	3	
• Engages key stakeholders		1	2	3	
• Involves patient & public		1	2	3	
• Leads development of a policy and implements		1	2	3	

• Understands healthcare economics and able to apply to appropriate issues		1	2	3	
Strategic Leadership & Collaborative Working for Health					
• Demonstrates effective leadership		1	2	3	
• Demonstrates collaborative working		1	2	3	
• Able to work as an effective team member		1	2	3	
• Demonstrates ability to solve problems		1	2	3	
• Develops partnerships and networks		1	2	3	
• Manages people appropriately		1	2	3	
• Able to transform services by championing and orchestrating change		1	2	3	
• Makes decisions aligned with vision, values and evidence		1	2	3	
• Service review and evaluation		1	2	3	
Health & Safety					
• Undertakes risk management					
- Infection control in dentistry		1	2	3	
- Infected healthcare workers		1	2	3	
- Risk associated with dental procedures		1	2	3	
Developing & Monitoring Quality and Provision of Dental Services					
• Develops Clinical Governance systems		1	2	3	
• Able to address poor clinical performance appropriately		1	2	3	
• Commissions and undertakes audit		1	2	3	
• Able to act as appraiser		1	2	3	
• Prepare service specification		1	2	3	
• Develops and monitors dental outcomes		1	2	3	
• Gives professional advice to:-					
- Public		1	2	3	
- Healthcare bodies		1	2	3	
- To commissioning process		1	2	3	
- Local authority		1	2	3	
• Able to secure appropriate services relevant to need		1	2	3	

Restorative Dentistry Intelligence					
• Understands and able to use sources of information relevant to the specialty		1	2	3	
• Information management and use of Information Technology		1	2	3	
• Statistical Analysis		1	2	3	
• Drawing valid inferences from quantitative and qualitative analysis.		1	2	3	
Academic Restorative Dentistry					
• Teach Restorative Dentistry		1	2	3	
• Conduct Restorative Dentistry research and develop bids for research funding		1	2	3	
• Demonstrates ability to publish research.		1	2	3	
• Draw conclusions and make recommendations from others research		1	2	3	
• Able to provide advice on and undertake the design, conduct and analysis of population oral health needs assessment.		1	2	3	
		1	2	3	
How the SpR approaches their practice?					
_____	_____	_____	_____	_____	_____
APPROACH TO TASKS – DEMONSTRATES THE FOLLOWING:	_____	_____	_____	_____	_____
<u>Appropriate decision making judgement</u>					
• Evidence-based approach		1	2	3	
• Appropriate prioritisation		1	2	3	
• Coping with uncertainty		1	2	3	
• Political awareness		1	2	3	
<u>Appropriate attitudes, ethical understanding and legal responsibilities</u>					
• Attitudes are focused on patient		1	2	3	
• Understanding of ethical principles and acts ethically		1	2	3	
• Understanding of legal responsibilities		1	2	3	
• Respect for colleagues		1	2	3	

• Respects diversity		1	2	3	
Development of the SpR as a professional					
PROFESSIONALISM – DEMONSTRATES THE FOLLOWING:	_____	_____	_____	_____	_____
<u>Role within the Health Service</u>					
• Understanding healthcare and dental education systems		1	2	3	
• Acts as a role model, mentor, teacher and researcher		1	2	3	
• Demonstrates responsibility for enhancement of dental service quality		1	2	3	
• Able to act as a dental leader		1	2	3	
• Well developed dental networks		1	2	3	
<u>PERSONAL DEVELOPMENT</u>					
• Self directed learner capable of reflective practice and able to satisfactorily measure self performance		1	2	3	
• Self awareness					
- Reflective of own competence		1	2	3	
- Identifies own emotions and prejudices and understands how these may affect their judgement and behaviour		1	2	3	
• Acts according to clearly articulated values and principles		1	2	3	
• Self confidence		1	2	3	
• Acts on Feedback		1	2	3	
• Self regulation					
- Personal time management		1	2	3	
- Adaptability to change		1	2	3	
- Able to manage and be managed		1	2	3	
- Stress management		1	2	3	
• Able to make difficult and unpopular decisions		1	2	3	
• Motivation		1	2	3	
• Achievement		1	2	3	
• Drive		1	2	3	

• Commitment		1	2	3	
• Initiative		1	2	3	
• Advocacy		1	2	3	
• Compliance with GDC / Deanery / Trust quality systems		1	2	3	
• Builds and maintains relationships		1	2	3	
• Supports innovation		1	2	3	
• Good communicator					
- With public		1	2	3	
- With healthcare professionals		1	2	3	
- With Trust / PCT/ SHA		1	2	3	
- Written		1	2	3	
- Oral		1	2	3	
- Non verbal		1	2	3	
- Able to develop and communicate clear, cogent arguments		1	2	3	
• Active listener		1	2	3	
• Able to manage conflict		1	2	3	
• Able to negotiate		1	2	3	

ATTACHMENT 2 COMPETENCE DOCUMENTATION

(NB Identify elements which give a major affect in achieving outcome. Do not list every project where it is a factor)

The following documentation is intended to allow trainees and trainers to keep track of the development of competences. We would recommend that the form is completed as in the example below for all trainees as their skills develop

PROCEDURES / ACTIVITY CONTRIBUTING TO KNOWLEDGE / SKILLS / ATTITUDES DEVELOPMENT					
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
<i>PERFORMANCE OF TASKS- DEMONSTRATES THE ABILITY TO UNDERTAKE THE FOLLOWING AT AN APPROPRIATE STANDARD</i>					
<u>Clinical Restorative Dentistry Procedures</u>					
EXAMINATION AND DIAGNOSIS					
•Independently carries out a thorough and appropriate assessment and examination of the patient and make appropriate diagnoses	assisted	independent			
•Is aware of any systemic factors likely to have a bearing on the above	assisted	independent			
•Can independently complete a thorough examination of any existing prosthesis and related tissues and structures evaluating the biological and aesthetic quality of the prosthesis	assisted	assisted	independent		
•Can use and interpret correctly all appropriate investigations	assisted	assisted	assisted	assisted	independent

PROCEDURES / ACTIVITY CONTRIBUTING TO KNOWLEDGE / SKILLS / ATTITUDES DEVELOPMENT					
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
<i>PERFORMANCE OF TASKS- DEMONSTRATES THE ABILITY TO UNDERTAKE THE FOLLOWING AT AN APPROPRIATE STANDARD</i>					
<u>Clinical Restorative Dentistry Procedures</u>					
EXAMINATION AND DIAGNOSIS					
<ul style="list-style-type: none"> Independently carries out a thorough and appropriate assessment and examination of the patient and make appropriate diagnoses 					
<ul style="list-style-type: none"> Is aware of any systemic factors likely to have a bearing on the above 					
<ul style="list-style-type: none"> Can independently complete a thorough examination of any existing prosthesis and related tissues and structures evaluating the biological and aesthetic quality of the prosthesis 					
<ul style="list-style-type: none"> Can use and interpret correctly all appropriate investigations 					
DEVELOPMENT OF TREATMENT STRATEGIES AND PLANS					
<ul style="list-style-type: none"> Independently devises treatment strategies and plans based on the likely prognosis and outcomes of the various treatment options 					
<ul style="list-style-type: none"> Independently develops a treatment strategy in conjunction with the patient producing a plan according to their needs and preferences 					
<ul style="list-style-type: none"> Independently co-ordinates all clinical examination, history and investigative findings in development of an effective treatment strategy 					

PROCEDURES / ACTIVITY CONTRIBUTING TO KNOWLEDGE / SKILLS / ATTITUDES DEVELOPMENT					
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
<ul style="list-style-type: none"> Independently delineates strategies and plans according to the skills of other clinicians involved in the care of the patient 					
<ul style="list-style-type: none"> Communicates effectively with the patient 					
<ul style="list-style-type: none"> Advises on the possible outcomes of the treatment options and the need for future supportive care 					
<ul style="list-style-type: none"> Is aware of the impact on proposed treatment of constraints of the political and financial systems 					
ENDODONTICS					
<ul style="list-style-type: none"> Can independently diagnose, assess prognosis and plan treatment for patients who require conventional and surgical endodontics 					
<ul style="list-style-type: none"> Independently uses appropriate clinical techniques to manage the range of presentations of endodontic anatomy and pathology 					
<ul style="list-style-type: none"> carries out non-surgical root canal treatment for vital de novo and re-treatment cases for all teeth 					
<ul style="list-style-type: none"> carry out non-surgical root canal treatment for non-vital de novo and re-treatment cases for all teeth 					
<ul style="list-style-type: none"> carry out surgical root canal treatment for non-vital de novo and re-treatment cases for all teeth 					
<ul style="list-style-type: none"> uses appropriate magnification / operating microscopes in non-surgical and surgical endodontic treatment 					

PROCEDURES / ACTIVITY CONTRIBUTING TO KNOWLEDGE / SKILLS / ATTITUDES DEVELOPMENT

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
PERIODONTICS					
•Can independently diagnose, assess prognosis and plan treatment for patients presenting with all variants of periodontal disease					
•Independently uses appropriate clinical techniques, materials and technologies available for management of all forms and stages of periodontal disease					
•carries out non-surgical procedures to manage periodontal disease					
•carries out full range of surgical procedures to manage periodontal disease					
•Independently provide treatment plans for all level of clinical colleagues, incl. DCPs, in managing periodontal disease					
•Can advise on the possible outcomes of non-compliance					
•uses all methods and technologies to prevent infection transmission during treatment procedures					
FIXED PROSTHODONTICS					
•Can independently plan and provide all types of plastic dental restorations and fixed dental prostheses for appropriate clinical circumstances					
•uses the appropriate techniques, materials and technologies available for all types of fixed dental prostheses and restorations					
• can undertake procedures to repair or modify fixed prostheses to extend lifespan of the prostheses and avoid damage to the supporting structures					
•can independently provide treatment plans for all levels of clinical colleagues in relation to provision of fixed prosthodontic treatment					

PROCEDURES / ACTIVITY CONTRIBUTING TO KNOWLEDGE / SKILLS / ATTITUDES DEVELOPMENT					
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
<ul style="list-style-type: none"> •can liaise appropriately with dental technicians with respect to necessary laboratory requirements 					
REMOVABLE PROSTHODONTICS					
<ul style="list-style-type: none"> •Can independently plan and provide removable immediate, copy or replacement partial or complete dentures 					
<ul style="list-style-type: none"> •Independently uses the appropriate techniques, materials and technologies available for all types of removable dental prostheses 					
<ul style="list-style-type: none"> •Independently undertakes procedures to repair or modify complete or partial dentures to extend lifespan of the prostheses and avoid damage to the supporting structures 					
<ul style="list-style-type: none"> •can independently provide treatment plans for all levels of clinical colleagues in relation to provision of removable prosthodontic treatment 					
<ul style="list-style-type: none"> •can liaise appropriately with dental technicians with respect to necessary laboratory requirements 					
MAXILLOFACIAL PROSTHODONTICS / DENTAL ONCOLOGY					
<ul style="list-style-type: none"> •Can independently perform an appropriate examination of the patient prior to any planned cancer treatment and devise appropriate procedures to aid eventual rehabilitation 					
<ul style="list-style-type: none"> •Can independently evaluate patients with acquired maxillo-facial defects, neuromuscular handicap or with congenital maxillo-facial defects who may have undergone a range of clinical interventions 					

PROCEDURES / ACTIVITY CONTRIBUTING TO KNOWLEDGE / SKILLS / ATTITUDES DEVELOPMENT					
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
•Can independently plan and provide intra- and extra- oral prostheses					
•Can independently utilise the appropriate clinical and technical procedures for varying clinical circumstances, to ensure maintenance of health of the remaining teeth, oral and peri-oral structures.					
•can liaise appropriately with multidisciplinary team members and other carers					
MAXILLOFACIAL PROSTHODONTICS / DENTAL ONCOLOGY					
•Can independently perform an appropriate examination of the patient prior to any planned cancer treatment and devise appropriate procedures to aid eventual rehabilitation					
•Can independently evaluate patients with acquired maxillo-facial defects, neuromuscular handicap or with congenital maxillo-facial defects who may have undergone a range of clinical interventions					
•Can independently plan and provide intra- and extra- oral prostheses					
•Can independently utilise the appropriate clinical and technical procedures for varying clinical circumstances, to ensure maintenance of health of the remaining teeth, oral and peri-oral structures.					
•can liaise appropriately with multidisciplinary team members and other carers					

PROCEDURES / ACTIVITY CONTRIBUTING TO KNOWLEDGE / SKILLS / ATTITUDES DEVELOPMENT					
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
<i>PAIN CONTROL, ANALGESIA, SEDATION AND ANAESTHESIA</i>					
<ul style="list-style-type: none"> • Can use as trained, or in conjunction with appropriate specialists, conscious sedation techniques and develop treatment and preventive strategies for patients who require such management so that prolonged or repeated use is avoided • Can plan provision of care for patients who can be treated only by the use of general anaesthesia and develop treatment and preventive strategies for patients who require such management so that prolonged or repeated use is avoided. 					
ORAL AND DENTAL IMPLANTOLOGY					
<ul style="list-style-type: none"> • Can independently complete the planning and clinical stages necessary to construct and deliver provisional and definitive implant-retained or -supported prostheses • Independently carries out surgical placement of implant fixtures • can independently formulate multidisciplinary treatment plans for implant retained prostheses, liaising effectively with colleagues in planning and management including the use of appropriate radiographic images 					
MANAGEMENT OF TEMPOROMANDIBULAR DISORDERS					
<ul style="list-style-type: none"> • Can independently diagnose oral parafunction and other factors in the development of dysfunction of mandibular movements and the TMJs. • Can liaise with laboratory in relation to construction of appropriate occlusal appliances for the diagnosis and treatment of these problems and carry out necessary 					

PROCEDURES / ACTIVITY CONTRIBUTING TO KNOWLEDGE / SKILLS / ATTITUDES DEVELOPMENT					
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
adjustment					
•Can provide behavioural advice for the management of these problems					
•Can communicate and work with colleagues on the multidisciplinary management of such problems					
ORAL HEALTH IMPROVEMENT					
• Oral health strategy development					
HEALTH & SAFETY POLICIES AND PROCEDURES					
• Undertakes risk management					
- Infection control in dentistry					
- Infected healthcare workers					
- Risk associated with dental procedures					
DEVELOPING & MONITORING QUALITY OF DENTAL SERVICES					
• Develops Clinical Governance systems					
• Able to address poor clinical performance appropriately					
• Commissions and undertakes audit					

PROCEDURES / ACTIVITY CONTRIBUTING TO KNOWLEDGE / SKILLS / ATTITUDES DEVELOPMENT					
	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
• Able to act as appraiser					
• Prepare service specification					
• Develops and monitors dental outcomes					
• Gives professional advice to:-					
o Public					
o Healthcare bodies					
RESTORATIVE DENTISTRY INTELLIGENCE					
• Understands and able to use sources of information relevant to Restorative Dentistry					
• Information management and use of Information Technology					
• Statistical Analysis					
• Drawing valid inferences from quantitative and qualitative analysis.					
ACADEMIC RESTORATIVE DENTISTRY					
• Teach Restorative Dentistry					
• Conduct Restorative Dentistry research and develop bids for research funding					
• Demonstrates ability to publish research.					
• Draw conclusions and make recommendations from others research					

PROCEDURES / ACTIVITY CONTRIBUTING TO KNOWLEDGE / SKILLS / ATTITUDES DEVELOPMENT

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
<ul style="list-style-type: none"> • Able to provide advice on and undertake the design, conduct and analysis of population oral health needs assessment. 					

HOW THE STR APPROACHES THEIR PRACTICE?

APPROACH TO TASKS – DEMONSTRATES THE FOLLOWING:

APPROPRIATE DECISION MAKING JUDGEMENT	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
<ul style="list-style-type: none"> • Evidence-based approach 					
<ul style="list-style-type: none"> • Appropriate prioritisation 					
<ul style="list-style-type: none"> • Coping with uncertainty 					
<ul style="list-style-type: none"> • Political awareness 					
APPROPRIATE ATTITUDES, ETHICAL UNDERSTANDING AND LEGAL RESPONSIBILITIES	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
<ul style="list-style-type: none"> • Attitudes have a population focus and are focused on patient and public 					
<ul style="list-style-type: none"> • Understanding of ethical principles and acts ethically 					

• Understanding of legal responsibilities					
• Respect for colleagues					
• Respects diversity					

DEVELOPMENT OF THE STR AS A PROFESSIONAL

PROFESSIONALISM – DEMONSTRATES THE FOLLOWING:

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
ROLE WITHIN THE HEALTH SERVICE					
• Understanding healthcare and dental education systems					
• Acts as a role model, mentor, teacher and researcher					
• Demonstrates responsibility for enhancement of dental service quality					
• Able to act as a dental leader					
• Well developed dental networks					
PERSONAL DEVELOPMENT					
• Self directed learner capable of reflective practice and able to satisfactorily measure self performance					

• Self awareness					
- Reflective of own competence					
- Identifies own emotions and prejudices and understands how these may affect their judgement and behaviour					
• Acts according to clearly articulated values and principles					
• Self confidence					
• Acts on Feedback					
• Self regulation					
- Personal time management					
- Adaptability to change					
- Able to manage and be managed					
- Stress management					
• Able to make difficult and unpopular decisions					
• Motivation					
• Achievement					
• Drive					
• Commitment					
• Initiative					
• Advocacy					
• Compliance with GDC quality systems					
• Builds and maintains relationships					

• Supports innovation					
• Good communicator					
○ With public					
○ With media					
○ With healthcare professionals					
○ With Local Authority partners					
○ Written					
○ Oral					
○ Non verbal					
○ Able to develop and communicate clear, cogent arguments					
• Active listener					
• Able to manage conflict					
• Able to negotiate					
•					
•					
•					

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RESTORATIVE DENTISTRY RECORD OF WORK-PLACE BASED ASSESSMENT

DESCRIPTION	TYPE OF ASSESSMENT	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
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•						
•						
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GLOSSARY OF TERMS

ARCP	Annual Record of Competence Progression (the formal annual assessment of progress for StRs under the <i>Gold Guide</i> governing training for all trainees from October 2009. Trainees enrolled prior to October 2009 may opt to transfer to the new curriculum structure and be assessed using ARCP rather than RITA)
CBD	Case Based Discussion (a form of work-place based assessment)
CCST	Certificate of Completion of Specialist Training (the outcome of training for individuals who are managed using the “Orange Guide” and the RITA process)
CCST	Certificate of Completion of Specialty Training (the outcome of training for individuals who are managed using the “Gold Guide” and the ARCP process)
COPDEND	The Committee of Postgraduate Dental Deans and Directors, the national body for postgraduate dental deans. The Deans have the responsibility to recognise and quality assure training programmes and to recommend to the GDC that a trainee should be awarded a CCST to mark the end of their training programmes and their right to access the specialist list. (www.copdend.org.uk)
DOPS	Direct Observation of Practical Skill (a form of work-place based assessment)
GDC	The General Dental Council, the “sole competent authority” to regulate basic and specialist training in dentistry. The GDC has the statutory responsibility to regulate the specialist lists in dentistry.
ISFE	Intercollegiate Specialty Fellowship Examination, this is an assessment which is taken at the end of the 5-year programme of specialty training in Restorative Dentistry which is run as a single assessment by all four surgical colleges. Successful completion of the ISFE is a requirement for the issue of a CCST in Restorative Dentistry by the GDC
JCSTD	The Joint Committee for Specialist Training in Dentistry which is the overarching intercollegiate body which coordinates the work of the SACs across all disciplines and interfaces between the Surgical Royal Colleges, COPDEND and the GDC
MFDRCSI	Membership of the Faculty of Dentistry of the Faculty of Dentistry of the Royal College of Surgeons of Ireland

Glossary of terms

MFDSRCS/RCPS/RCSI	Membership of the Faculty of Dental Surgery (available from the Faculty of Dental Surgery of the Royal College of Surgeons of Edinburgh, the Faculty of Dental Surgery of the Royal College of Physicians and Surgeons of Glasgow)
Mini CEX	Mini Clinical Evaluation Exercise (a form of work-place based assessment)
MJDF	Membership of the Joint Dental Faculties of the Royal College of Surgeons of England
MRDRCS/RCPS	Membership in Restorative Dentistry available from the Faculty of Dental Surgery of the Royal College of Surgeons of Edinburgh, the Faculty of Dental Surgery of the Royal College of Surgeons of England and the Faculty of Dental Surgery of the Royal College of Physicians and Surgeons of Glasgow. This is an assessment which is taken at the end of the 3-year programmes of specialty training in Endodontics, Periodontology and Prosthodontics. Successful completion of the MRD is a requirement for the issue of a CCST in Endodontics, Periodontology and Prosthodontics by the GDC (<i>Note: The Royal College of Surgeons of Ireland also run specialty Fellowships in these Disciplines. However, these Fellowships are not obtained within the UK and cannot be recognized directly by the GDC as a marker of completion of specialist training. Fellows would have to apply for entry to the UK Specialist Lists through the GDC's mediated entry process if they did not also possess an MRD diploma from one of the UK colleges</i>)
MSF	Multi-Source Feedback (otherwise known as 360 degree appraisal, a tool to help trainees identify how they are perceived / performing in the eyes of the other members of the dental team)
RITA	Record of In Training Assessment (the formal annual assessment of progress for SpRs under the <i>Orange Guide</i> governing training for all trainees enrolled prior to October 2009.)
SAC	The Specialist Advisory Committee which is an intercollegiate committee involved in curriculum and governance of the specialty under the auspices of the JCSTD
SDEB	The Specialist Dental Education Board is charged with advising the GDC on the quality-assurance of training leading to specialist listing.
Surgical Royal Colleges	There are three Surgical Royal Colleges in Dentistry in the UK (one each in England, Edinburgh and Glasgow). They work in close accord with the Surgical Royal College in Ireland (Dublin) to assist with the governance of specialty training (through the JCSTD and its SACs) and to provide external quality assured assessments of “milestones” in training by examination (for example MFD, MFDS, MJDF, ISFE)

APPENDIX 1 CURRENT POLICY FOR THE SAC WITH REGARD TO
RECOGNITION OF PRIOR LEARNING

CRITERIA FOR CONSIDERATION WHEN MAKING ALLOWANCE FOR PAST TRAINING AND EXPERIENCE IN RELATION TO THE LENGTH OF TRAINING POSTS IN RESTORATIVE DENTISTRY.

This document is predicated on the principle that there is a minimum length for any specialty training programme determined by EU law of 3-years. Therefore a maximum of 2-years allowance can be made from a restorative programme for past experience and training to comply with this regulation.

PRINCIPLES

Any individual who is applying for moderation of their training programme as an SpR / StR on the basis of past experience and training must do so in writing to the Postgraduate Dental Dean who is responsible for their training programme. The postgraduate dental dean will normally involve the SAC in restorative dentistry in the process of making an appropriate allowance on the basis of documented periods of training at a specialist level to help to ensure a consistent national approach to this process.

Allowance can be granted in 2 circumstances,

- To reflect specific periods of training at a specialist level (for example a taught period of postgraduate study with specific educational objectives and outcomes and a robust assessment framework)
- To reflect the applicant developing specific skills that are part of a training programme but may also be acquired outside that programme (for example training in research method that could be obtained during a higher research degree).

Obviously there may be circumstances where an individual could argue that they have received further training at an appropriate level in both of these areas and due allowance can be made in both for any individual applicant.

In relation to clinical training consideration will also be made for the interval between episodes of clinical training. The rapidity of change in techniques and thinking make the value of any clinical training experience time-limited unless there is also clear evidence of continuing professional development in that area to maintain contemporaneous clinical knowledge.

All individuals entering specialist training are required to complete a minimum of 2-years of general professional training at the outset of their career. Experience, knowledge or skills acquired during this period cannot also be used to offset specialist training programmes. It **CANNOT BE COUNTED TWICE.**

EXAMPLES OF PRIOR TRAINING WITH “ALLOWANCES”

- Successful completion of a 3-year WTE training programme leading to a CCST in one of the component specialties of restorative dentistry. Individuals who have completed formal training programme leading to their being enrolled on one of the GDC specialist registers in the component specialties would normally be given a 2-year allowance for their past experience and training.

- Successful completion of a self-motivated research programme (eg PhD or MPhil). It would be expected that an individual who had completed such a programme would have acquired specific skills in research methods, critical appraisal of the literature and report writing that would also be generic to a specialist training programme. These would normally equate to a period of reduction of a clinical training programme of 6-months. Additionally a PhD programme which involved a significant clinical component may make an individual eligible for allowance on the basis of their clinical experience of up-to a further 6-months. This would be assessed on the basis of the applicant's written submission. Any such submission would need to demonstrate appropriate elements of clinical training and clinical supervision that would be expected for a trainee at the specialist level.
- Successful completion of a 1 or 2-year WTE taught clinical masters programme (eg MSc, MClindent) from a recognised educational institution with an appropriate framework of supervision educational development and assessment. The normal allowance would be 6-months, but allowance could be made for up to 1-years reduction from training, depending on the level of clinical activity and supervised training that formed part of the masters programme, associated with any generic research skills training.
- Other educational programmes. There are a wide variety of programmes to develop clinical skills and knowledge. Applicants who have completed any formal structured training programme with appropriate educational objectives, specialist / consultant level clinical supervision and a robust assessment framework are at liberty to request that such programmes are considered by the SAC. Allowance will be made at the discretion of the SAC based on the evidence submitted. Clinical experience alone will NOT be considered as a moderator for the length of training programmes.
- Working as a Locum Appointment for Training (LAT) within a Restorative Dentistry unit. LAT appointments are designed specifically to deliver aspects of training at a specialist level prior, usually while individuals are waiting for a definitive SpR / StR post. The allowance will depend on the length of the LAT appointment but would normally be on a pro-rata basis up to a maximum of 2-years

In considering an application for a reduced period of training the Deanery / SAC will take into account both the documentary evidence provided by the SpR / StR and also the minimum length of time that is deemed to be required for an individual to develop the remaining competences as outlined in the curriculum document. There may be a conflict between these but the overriding principle will be the minimum length of time that is deemed to be required for an individual to develop the remaining competences.

SpRs / StRs applying for recognition of prior learning must submit full and detailed documentation about their past training experiences so that they can be assessed against the competences outlined in the curriculum document.

APPENDIX 2

THIS APPENDIX CONTAINS BOTH THE TEXT OF THE CURRENT MEMORANDUM OF UNDERSTANDING BETWEEN JCSTD, THE GDC AND COPDEND ABOUT THEIR JOINT WORKING ARRANGEMENTS AND THE WORKING NOTES DRAFTED BY PROF C FRANKLIN (CHAIR COPDEND) AND PROF N WILSON (CHAIR JCSTD) THAT DEFINE THE CURRENT RELATIONSHIP.

INTERIM MEMORANDUM OF UNDERSTANDING BETWEEN THE GENERAL DENTAL COUNCIL (GDC) AND THE MEMBERS OF THE JOINT COMMITTEE FOR SPECIALIST TRAINING IN DENTISTRY (JCSTD)

The purpose of the Memorandum

1. This Memorandum sets out the roles and responsibilities of each of the parties, replacing the Accord. It will be reviewed in light of the GDC's Strategic Review of Education and subject to further regular review, to take account of developments which may influence specialist training and listing in dentistry.
2. The parties to the Memorandum are represented in the JCSTD, which will continue to have a role in overseeing and co-ordinating the provision of specialist training in dentistry. The work of the JCSTD will ensure appropriate standards of patient care through promoting and encouraging complementary working of its members in supporting the GDC to regulate and quality assure specialist training in dentistry.

The dental specialties

3. The General Dental Council is the regulatory body of the dental profession in the United Kingdom and is responsible for protecting patients and the public interest. It has powers to set up lists of registered dentists who meet certain conditions and have the right to use a specialist title. The specialist lists indicate dentists who have met requirements for entry to the lists and have the right to call themselves a specialist in a particular specialty by virtue of their listing in that specialty.
4. At present, the GDC recognises the following specialties:
 - ORAL SURGERY
 - ORTHODONTICS
 - PAEDIATRIC DENTISTRY
 - ENDODONTICS
 - PERIODONTICS
 - PROSTHODONTICS
 - RESTORATIVE DENTISTRY
 - DENTAL PUBLIC HEALTH
 - ORAL MEDICINE
 - ORAL MICROBIOLOGY
 - ORAL AND MAXILLOFACIAL PATHOLOGY
 - DENTAL AND MAXILLOFACIAL RADIOLOGY
 - SPECIAL CARE DENTISTRY
5. The lists indicate the registered dentists who are entitled to use a specialist title, but do not restrict the right of any dentist to practise in any particular field of dentistry or the right of any specialist to practise in other fields of dentistry.

Introduction

6. The GDC has reviewed the arrangements for training and listing of dental specialties and recommended that the existing arrangements between the GDC and the partners to the Accord be simplified with improved communication structures. The relationship the GDC wishes to have with the parties to this Memorandum is reproduced as Annex 1.
7. The JCSTD, with its constituent Specialist Advisory Committees (SACs), will continue to be advisory to the Surgical Royal Colleges through the Joint Meeting of Dental Faculties (JMDF) and to have roles and responsibilities in supporting specialist training in dentistry.
8. The SACs of the JCSTD will, through involvement in local quality management procedures, help to ensure consistency of arrangements for specialist training across the UK. Membership of the SACs makes provision for the involvement of Specialist Societies in the arrangements for specialist training in dentistry.
9. Postgraduate Dental Deans and Directors are responsible for the quality management of specialist training programmes and posts, the appointment of trainees and the annual review of progress of trainees in training – currently the RITA (Record of In-training Assessment) process. In addition, Postgraduate Deaneries (the Deaneries) are responsible for ensuring that training programmes and posts are quality managed to agreed standards. As set out in Annex 1, the Postgraduate Dental Deans and Directors make recommendations to the GDC for the award of a CCST (Certificate of Completion of Specialist Training).
10. Postgraduate Dental Deans and Directors² have responsibilities for both dental workforce strategy and ensuring the delivery and quality management of dental training programmes within and between varied service environments in the context of complex commissioning and contractual arrangements.
11. The Dental Faculties, through their involvement with the JCSTD, will advise on the curricula and assessment for specialist training, will contribute to the quality assurance of specialist training, quality managed in deaneries and will advise the GDC on the assessment of applications for specialist listing.

Roles and responsibilities of the GDC

12. The GDC is responsible for:
 - a. Deciding suitability for specialist listing (including the award of CCST);
 - b. The quality assurance of specialist training and specialist listing; and in due course
 - c. Determining criteria for retention on the specialist lists, via revalidation.
13. In the framework for specialist training, the GDC will set principles for entry to specialist training as follows:

² Postgraduate Dental Deans and Directors are integrated within the structures and functions of Strategic Health Authorities in England and in NHS Education for Scotland (NES). In Wales the Deanery is accountable to the Welsh Assembly Government and in Northern Ireland the Dean is part of the Northern Ireland Medical and Dental Training Agency answerable to the Northern Ireland Department of Health, Social Services and Public Safety (DHSSPS).

CANDIDATES WILL BE ELIGIBLE FOR CONSIDERATION FOR ENTRY INTO A SPECIALIST TRAINING PROGRAMME IF THEY:

- ARE REGISTERED WITH THE GDC; AND
 - CAN DEMONSTRATE THAT THEY HAVE THE REQUIRED, BROAD-BASED TRAINING, EXPERIENCE AND KNOWLEDGE TO ENTER THE TRAINING PROGRAMME.
14. The GDC will develop flexibility in the recognition of previous training, experience and qualifications towards specialist training, in consultation with the parties to the Memorandum and others.
15. The GDC will continue to seek the assistance of the parties to the Memorandum, whose respective roles will inform the development of curricula, and the coordination and quality management of training programmes so that the Council may continue to discharge its responsibilities outlined at paragraph 12.

Roles and responsibilities of the SDEB

16. The GDC has established the Specialist Dental Education Board (SDEB), reporting to the GDC Education Committee, to consider issues relating to the dental specialties and provide Education Committee with expert advice. The SDEB has no delegated decision-making authority, but will advise the Education Committee on the issues outlined below.
17. To fulfil its intended function, to include enhancing communications between the GDC and the parties to the Memorandum, while maintaining a clear distinction between the regulator and the providers, the SDEB will be responsible for:
- a. developing a generic curriculum framework, to be used by the educational bodies in developing curricula for the individual specialties
 - b. approving the curriculum developed by the educational bodies, for each specialty
 - c. setting guidelines for the approval of training programmes and posts
 - d. establishing guidelines for the recognition of previous training, experience and qualifications towards the specialist training programme.
 - e. developing a framework for the assessment of applications for equivalence of non-UK specialist training; to be used by the educational bodies in undertaking the assessments
 - f. approving equivalence assessment of non-standard applications for specialist listing (assessment undertaken by the educational bodies)
 - g. considering all other matters relating to specialist training and listing within the GDC.
18. The GDC will seek advice from the SDEB to assure itself through external input, of the quality management and delivery of specialty training programmes by the postgraduate deaneries.

Roles and responsibilities of the members of the JCSTD

The Dental Faculties

19. The Dental Faculties, through their involvement in the JCSTD and the SACs, will continue to exercise a practical role in postgraduate education and training. This role will include:

Appendix 2 MoU

- a. developing curricula, based on GDC requirements for training in the various dental specialties, and submitting curricula to the GDC for approval
 - b. liaison amongst the Dental Faculties, the Specialist Societies, the Dental Schools Council and the Postgraduate Dental Deans for the purpose of developing curricula for specialist training and related matters
 - c. devising appropriate assessments and examination regulations in the dental specialties
 - d. advising the GDC on applications for specialist listing based on claimed equivalence in accordance with the GDC guidelines
 - e. making recommendations to the GDC for the determination of entry qualifications
 - f. making recommendations to the GDC on the length and quality of training
 - g. making recommendation to the GDC on the recognition of previous training towards the specialist training programme.
20. All these activities would be carried out by the Dental Faculties under the authority of the parent College Councils and their Charters and with their partners through the JCSTD. The input of the Royal College of Radiologists and the Royal College of Pathologists with regard to the Additional Dental Specialties will continue to be recognised.

The universities

21. The universities – the dental authorities represented on the JCSTD through the Dental Schools Council (DSC) will
- a. develop curricula and examination regulations for the award of postgraduate degrees and university diplomas in the dental specialties, where appropriate contributing to the award of CCSTs
 - b. quality manage postgraduate degrees and diplomas through processes for academic quality assurance
 - c. provide advice, through the JCSTD on the specialist training of clinical academics in dentistry and the award of CCSTs to such individuals, together with advice on academic elements of training programmes in the specialties

The Specialist Advisory Committees

22. The SACs of the JCSTD, which should continue to include members from the Specialist Societies, will:
- a. be the focus and location for the aspects of the work of the Dental Faculties described in paragraph 19
 - b. keep a national register of trainees, including self-financed trainees and sponsored trainees. The register will include information on the trainees start and anticipated completion dates and progress through training
 - c. in conjunction with COPDEND, collate and analyse information from an annual survey of trainees. The results will be reported through the JCSTD;
 - d. be available to the GDC and the other parties to this memorandum to advise on practical aspects of specialist training
 - e. alert the GDC and the other parties to this memorandum to trends and important changes in the practice of the respective dental specialist

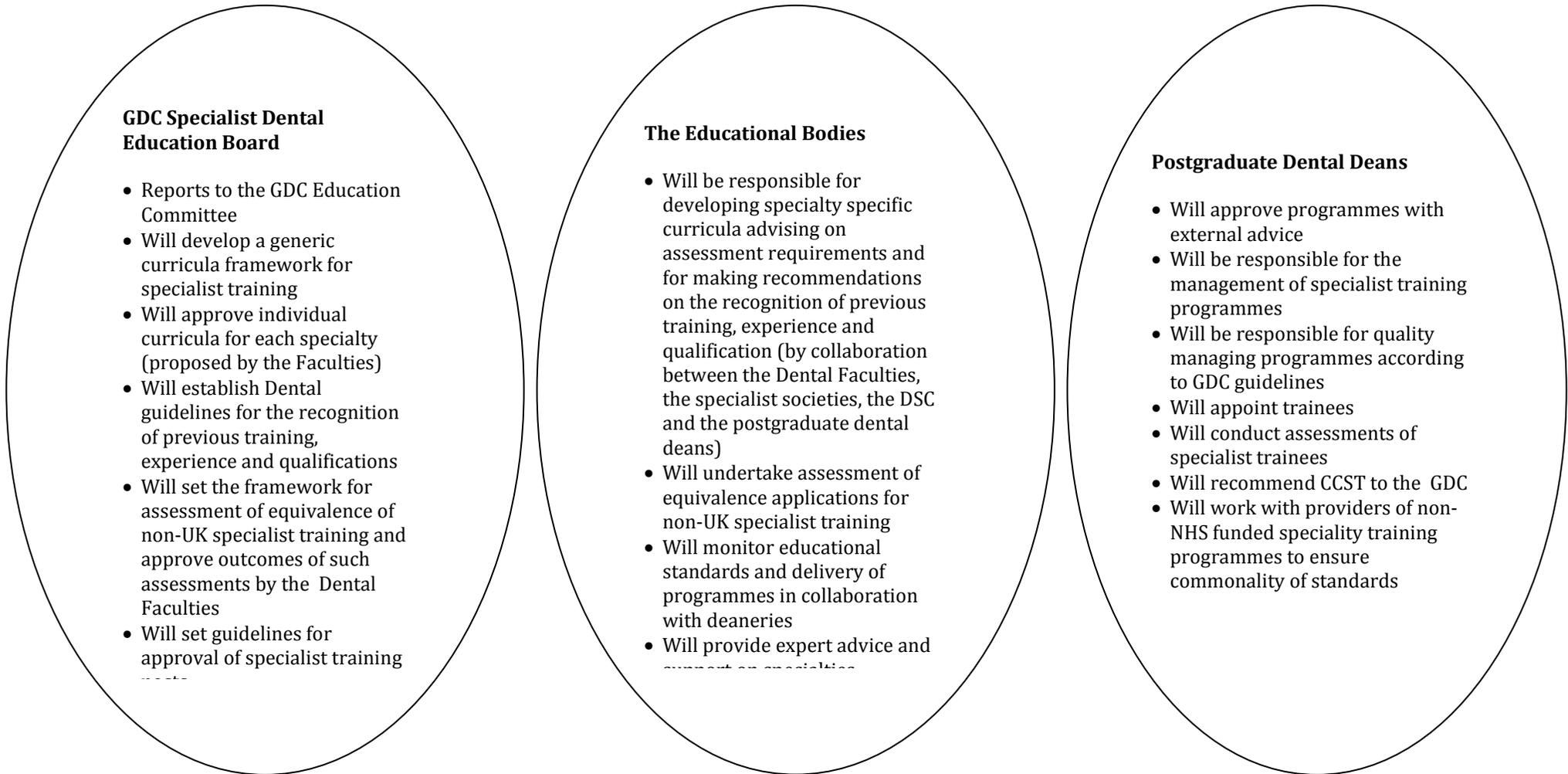
Appendix 2 MoU

- f. be available to the GDC to advise, in partnership with the Dental Faculties on matters pertaining to prior training and learning and equivalence for the purpose of mediated entry or accredited prior learning for the specialist lists
 - g. be available to the Deaneries to advise on matters pertaining to prior training and learning in relation to the duration of specialist training
23. The constitutions of the SACs will be the subject of regular review to ensure that the membership of each committee is fit for purpose.
24. The Specialist Societies will continue to contribute to the provision of advice on the distinct specialties, and the further development of specialist training through the Societies' representation on the SACs of the JCSTD.

Roles and responsibilities of the Postgraduate Dental Deans and Directors

25. The GDC has a separate Memorandum of Understanding with the Committee of Postgraduate Deans and Directors (UK) (COPDEND).
26. Through COPDEND, the Postgraduate Dental Deans and Directors will be represented on the JCSTD. Individual Deans will have responsibility for the:
- a. approval and quality management of postgraduate training programmes in the dental specialties
 - b. quality management of specialist training programmes, according to GDC requirements, and with external input
 - c. appointment of trainers, trainees and training programme directors;
 - d. conducting of assessments
 - e. recommendation of the award of CCSTs to the GDC
27. Concerning self-financing and other non-NHS funded specialty training programmes aimed at the award of a CCST, the Postgraduate Deaneries will support the educational providers, with whom the trainees are contracted, in respect of appointments, programme provision, quality management and assessments to ensure commonality of standards required for the award of CCSTs.

Annex 1: Arrangements between the GDC and the partners to the Memorandum*



* Based on Annex D of the GDC's Specialist Lists Review Group Report

IMoU Information Sheet 1

Practical Implications of the Interim MoU between the GDC and Members of the JCSTD

The GDC has now published the Interim Memorandum of Understanding between the General Dental Council (GDC) and the Members of the Joint Committee for Specialist Training in Dentistry (JCSTD). This document replaces The Accord published in May 1996 and sets out the roles and responsibilities of the main bodies in postgraduate dental education for the immediate future. The MoU is available on the GDC web site www.gdc-uk.org

The new MoU will change the processes in postgraduate dental education and some of the practical implications are outlined below. (Quotes from the MoU are in italics.)

Approval of Programmes

The MoU says *“Deans (Postgraduate Dental Deans, PGDDs) will have responsibility for the quality management of specialist training programmes according to GDC requirements and with external input”*. Deaneries will be responsible for training programmes and from June 2008 SACs will no longer do approval visits unless invited to visit by a deanery. New training programmes will be approved by the PGDDs. SACs will be advisory. PGDDs will normally seek SAC advice on new programmes and where they feel specialty advice would be helpful.

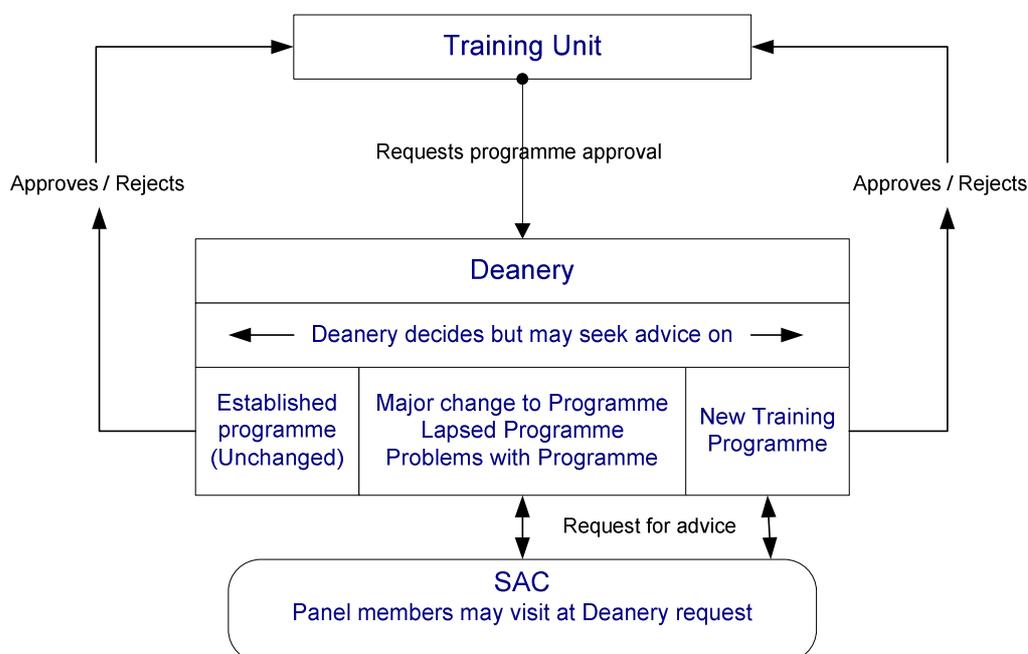
The request to set up a new training programme should be submitted in the first instance to the deanery. The deanery will usually communicate with the SAC when advice is needed. The decision whether or not to proceed with a programme will rest with the deanery, not the SAC. Deaneries and Training Programme Directors will quality manage the application process. Whatever quality assurance process is introduced by the SDEB, PGDDs will need to demonstrate that they have quality management processes in place; these would include evidence that external advice had been sought when needed.

Following adverse feedback from trainees/trainers or other external sources, a Deanery may decide that a visit/virtual visit would be helpful, it may then invite the SAC to provide one or two visitors. Visits by the Royal College of Radiologists to Dental and Maxillofacial Radiology training schemes will also be advisory and carried out at the invitation of the deanery.

Appendix 2 MoU Information Sheet

Paperwork for programme approval will form part of the quality management processes in the deanery. COPDEND and the JCSTD through SACs will collectively develop paperwork for deaneries to report on the creation of new programmes as well as the appointment and management of trainees so that consistent records can be kept.

The process is summarised on the flow chart below.



CCST

Postgraduate Dental Deans will *"have responsibility for recommendation of the award of CCSTs to the GDC"*. The normal length of full-time training will be defined by the curriculum, so PGDDs will normally set CCST dates for trainees. Deans will usually seek advice from the relevant SAC when an SpR requests a reduction in training time on the basis of previous learning/experience. SACs will ensure consistency within their specialty and the JCSTD/SACs will develop mechanisms to ensure equity between specialties. Applicants requesting a shortened training programme should have been appointed to their SpR training programme and apply early in their training for consideration of their request. Deaneries may also seek advice on other training programme changes such as maternity leave and CCST date revisions

Externality

Deaneries will quality manage training programmes and trainees; however, from time to time they will need to seek external advice. In Scotland, externality is currently provided through the Dental Faculties of the Royal Colleges in Scotland. In England, Wales and Northern Ireland externality will normally be provided by the deanery selecting an external link person from a list provided by the SAC. The advisor will usually be one of the current SAC members but could be a former member of the SAC or other suitably qualified person. The mechanisms by which deaneries select their external advisor and how they in turn link back to the SAC are still to be decided. These advisors will be available to help the deanery with RITAs/ARCPs, trainees in difficulty, and the development of new programmes. Advisors will liaise and report back to the relevant SAC to ensure that they are providing consistent advice.

Annual Survey of Trainees

Arrangements will be sought to develop a national survey of trainees and trainers. SACs, in conjunction with COPDEND, will collate and analyse the information obtained.

Information Exchange Between Deaneries and SACs

SACs will “*keep a national register of trainees, including self-financed trainees and sponsored trainees. The register will include information on the trainees’ start and anticipated completion dates and progress through training.*”

Deaneries will provide information on the creation of new programmes and send a brief annual summary to the SACs following the annual review of career progress (RITA/ARCP). SACs will provide feedback to deaneries based on triangulated feedback from trainees and trainers and the outcomes of training.

Quality Assurance

The Specialist Dental Education Board of the GDC will develop a quality assurance system for specialist postgraduate dental education.

Professor Chris Franklin

Professor Nairn Wilson

Chair COPDEND

Chair JCSTD

November 2008