

# **A practical guide to the process of revision and approval of dental specialty curriculum and assessments**

**November 2019**

## Purpose of this document

The General Dental Council (GDC) has a statutory function to approve dental specialty curricula.

This is a practical guide for Specialty Advisory Committees (SACs) setting out the processes for the development, submission and approval of specialty curricula. The guide seeks to clearly set out the process, clarify queries and answer questions that SACs might ask themselves in the process of developing and submitting specialty curricula.

## Who is it for?

This document is intended to support the SACs, who are responsible for creating the specialty-specific content of the curriculum, in reviewing and developing high-level outcome-based dental specialty curricula.

## Why are the dental specialty curricula reviewed?

The dental specialty curricula are reviewed to ensure they are up to date, provide clarity, consistency and standardisation of the format and language used in all 13 specialty curricula and comply with the GDC's [Standards for Specialty Education](#).

## Timelines

The revision of the dental specialty curricula is due to take place over the next two years. Accompanying this guidance is the [Template for Dental Specialty Training Curriculum](#) which SACs will need to fill in and submit to the GDC. Both documents will be published in January 2020. Subsequently, SACs will have 9 months to revise the specialty curricula in consultation with their stakeholders and send their submission to the GDC for approval by close of play 1 October 2020.

The GDC's Specialty Curriculum Review Team (SCRT) will have six months to review submissions, engage with SACs when necessary and send their recommendations alongside the revised curriculum submission to the Registrar for approval early Q2 2021. Providing the above is executed within the given time period, the specialty curricula will be ready to be implemented in the 2021/22 academic year.

Timeline	
Q4 2019	GDC draft and approve the practical guide to process of revision and approval of dental specialty curriculum and assessments.
Q1-Q3 2020	The SACs draft their specialty curriculum and consult with stakeholders. Deadline for submission is 1 October 2020.
Q4 2020-Q1 2021	GDC SCRT assess draft specialty curricula. If necessary, SACs will be asked to provide more input within first 12 weeks after submission. SACs will have one month to submit further evidence.
Q2 2021	Registrar to approve revised specialty curricula early Q2 2021. GDC to publish revised specialty curricula.
Q2-Q3 2021	Specialty curricula implemented for 2021/22 academic year.

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## 1. How the submission meets the GDC Standards

This section of the guidance document seeks to explain the requirements of revising specialty curriculum. We have provided a narrative that we expect to see as well as some questions SACs can ask themselves while redrafting their specialty curriculum in consultation with stakeholders.

The section is divided into two parts. The first part gives an overview of the Template for Dental Specialty Training Curriculum that SACs will use for their submission and sets out how to fill in its sections by giving advice about how to write the purpose statement and high-level learning outcomes. It also describes how SACs should submit the revised specialty curriculum to the GDC and how the GDC will assess it.

The second part details the various steps of a consultation process which SACs can use as a guide when engaging with stakeholders. Please note that the process is not prescriptive. It exists as support for SACs when preparing for consultation, collecting and incorporating feedback from stakeholders. This section also outlines the minimum requirements the GDC expect SAC's consultations to adhere to. However, the suggested list of stakeholders to consult with is not exhaustive and some stakeholders may not be relevant to all SACs. Therefore, SACs are advised to use their personal judgement when determining with whom to consult and explain the rationale behind their choice to the GDC. The GDC will look at this rationale, rather than number of stakeholders involved, in their assessment of the SACs' submission.

### 1.1 The template explained

The Template for Dental Specialty Training Curriculum is preceded by an overview of why the revision of specialty curricula is needed. It lists possible assessment methods and gives suggestions how to manage their implementation.

The template that SACs will need to fill in as their submission is split into the following four sections:

- A. Purpose statement.
- B. Fulfilment of the GDC [Standards for Specialty Education](#).
- C. Generic professional content - outcomes and assessments.
- D. Specialty-specific content - outcomes and assessments.

The purpose statement, section A, will need to clarify how each dental specialty curriculum meets the revised principles and criteria for specialist listing<sup>1</sup>. In the

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<sup>1</sup> The consultation on the *Proposed revision of principles and criteria for specialist listing* closed 25 April 2019. The revised principles and criteria are pending December Council approval. NB, we hope to get approval of this in December 2019 and publish by the end of the year, so that this can be included in the final version of this document.

statement SACs will need to clarify how they ensure that patient safety is paramount, and care of patients is of a correct and justifiable standard as set out in the requirements P1-P7 of Standard P1 - Protecting patients in the [Standards of Specialty Education](#). The GDC will assess the statement against the above Standards.

Section B asks questions about the broad areas of requirements as listed in Standard 2 and Standard 3, respectively for programme providers and examination providers, of the [Standards of Specialty Education](#). Questions related to programme providers are preceded by a P and questions for examination providers by an E. Please note that most questions apply to both types of providers and SACs should answer all. To help SACs do this, we have provided guidance for each question as well as examples of evidence needed.

In addition, this section also requires SACs to explain their consultation methodology and evidence their consultation method. SACs should name the stakeholders they consulted with, explain the impact of the revision on stakeholders, how they influenced the revision, their contributions and the consultation method used. SACs should submit evidence of how they ensured their input was taken into account.

Section C lists the generic professional content of the specialty curricula. It states high-level learning outcomes and examples of experiences that are likely to provide evidence of attainment of each learning outcome. Both learning outcomes and examples have been updated and agreed with the SACs in summer 2019. In this section SACs will need to provide assessment methods and forms of evidence that will be used to assess trainees to demonstrate fulfilment of the high-level outcomes. SACs are strongly encouraged to work with colleagues from other SACs and to agree assessment methods for the range of learning outcomes as appropriate. SACs can find a list of potential assessment methods in the Template for Dental Specialty Training [here](#). Where appropriate and possible, the GDC also encourages the use of new assessments or details of pilots currently being undertaken.

SACs should draft the specialty-specific content, high-level learning outcomes and assessment methods (evidence), of their curriculum in [section D](#) of the template. Guidance on writing learning outcomes is provided in section 1.3.

SACs are encouraged to attach supporting documents and evidence to their submission that explain how they ensured input from stakeholders, including hard-to-reach groups. Each document should be dated and labelled in order to show how it relates to the submission and to avoid confusion.

Please note that all four sections must be completed before being submitted.

## **1.2 How to write a curriculum purpose statement?**

As part of the submission to the GDC, SACs will need to write a purpose statement. The purpose statement should describe the need for the specialty curriculum based on an analysis of how it protects the public, is distinct from the general practice of dentistry and responds to a clear dental public health need.

Please note that the GDC does not stipulate if the training undertaken and resultant successful Certificate of Completion of Specialty Training (CCST) holders will be for NHS and/or private provision. This will be left to the SACs' discretion which they can detail in their purpose statement where appropriate. The GDC will require that the SACs show full engagement with stakeholders to ensure that proposed curricula are deliverable.

In 2019, the GDC consulted on the principles and criteria for specialist listing<sup>1</sup> and revised them accordingly. In the purpose statement SACs will have to describe how their dental specialty curriculum meets the new principles and criteria for specialist listing.

The principles and criteria for specialist listing are as follows:

- P1. Protecting the public against unwarranted claims of specialist provision.
- P2. Helping the public, employers and others identify those dentists who possess recognised specialist knowledge, skills and capabilities in a relevant and distinctive branch of dentistry.
- P3. Supporting provision of specialist care for patients by supporting patient referral/access to specialist care as part of effective patient pathways.
- P4. Supporting development of scientific knowledge and education in connection with the purposes listed above.

Alongside the principles of specialist listing, the GDC developed criteria for specialist listing to help make decisions about whether a branch of dentistry should be listed as a specialty. That is, to be listed as a specialty by the GDC, a branch of dentistry must:

- C1. Fulfil the purposes specified above
- C2. Be recognised by the profession and/or the public as a distinct branch of dentistry requiring a level of skill, knowledge and expertise beyond that expected from the general practice of dentistry and improves the oral health of patients and the population
- C3. Respond to a clear dental public health need that is not solely or primarily the commercial benefit of those practising the specialty.

SACs must complete [section A](#) of the Template for Dental Specialty Curriculum to describe how their specialty fulfils the principles and criteria for specialist listing.

When reviewing each submission, the GDC will assess responses against the requirements P1-P7 of Standard P1 – Protecting Patients of the [Standards for Specialty Education](#). These requirements are in place to ensure patient safety is paramount, care of patients is of a correct and justifiable standard and any risk to the safety of patients and their care by specialty trainees are minimised.

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### 1.3 How to write high-level learning outcomes and examples?

The GDC requires dental specialty curricula to describe high-level learning outcomes from the trainees' point of view. This signifies a move away from the competency-based curricula that are currently in use. Learning outcomes are statements that describe essential and significant learning that trainees have achieved and can reliably demonstrate at the end of their training programme. They can be skills-based, experience based, knowledge-based or application-based. Learning outcomes identify in a holistic manner what trainees will know and what they are able to do by the end of their programme. They do not replace a syllabus and are not merely a list of tasks that trainees need to have accomplished.

The learning outcomes need to describe the standards trainees must meet in order to progress and if successfully passed at the end of their training, to receive a CCST. Once SACs have their high-level learning outcomes identified, they should add further detail on the learning that will be attained for each outcome in the form of examples. SACs should write the examples in a similar style to the learning outcomes. Examples are more detailed illustrations of the learning opportunities and experiences that are likely to provide evidence of attainment of each learning outcome.

In general, high-level learning outcomes must:

- embed the [Standards for Specialty Education](#)
- should not be too numerous. 8-10 learning outcomes should suffice; however, it is up to the SACs to determine whether more or less are needed
- relate to the purpose statement of the dental specialty curriculum
- be broad and relate to the knowledge and skills a trainee will have developed over the whole learning programme
- be underpinned by examples explaining how trainees can demonstrate achievement
- be either or a combination of knowledge-based, application-based, skills-based or experience-based outcomes
- be introduced by an active verb to ensure they are indicative of the level of learning expected e.g. 'understand' or 'show'
- be clear to trainers, trainees, assessors and the GDC.

To get a better understanding of how to write learning outcomes and examples, SACs can have a look at the outcomes of the generic professional content and specialty-specific content as set out in [section C](#) and [section D](#) of the Template for Dental Specialty Training Curriculum. Please note that the learning outcomes and examples of the specialty-specific content are examples only and SACs are encouraged to edit, adapt and finalise these as appropriate to their specialty.

Questions to ask when writing learning outcomes and examples:

- Is it clear to stakeholders, including individuals with Protected Characteristics, what an individual who has completed the training must adhere to?

- Are they written in simple plain English, so all parties involved, such as trainers, trainees, ARCP panels and the GDC, are able to interpret them consistently?
- What type of assessment methods are most suitable to assess the learning outcomes of the generic and specialty-specific curriculum? Are there opportunities to assess multiple learning outcomes via one method? Are there opportunities to discuss approach taken with other SACs?
- Can all learning outcomes be evidenced to the GDC?
- Are they achievable for trainees in all four nations of the UK, including Wales, Northern Ireland, Scotland and England?
- How will the new specialty curriculum fit onto the ePortfolio system? Are there any necessary changes to be made and how does this affect the allocated budget and timescales for implementation?

#### **1.4 How to submit the specialty curriculum?**

When SACs have developed their purpose statement, detailed how to fulfil the standards for specialty education, included the assessment methods, evidence, for the generic parts of the curricula and revised the specialty specific components of the curriculum, (including consultation with stakeholders), they need to send their submission to the GDC for full approval. Please use the [Template for Dental Specialty Training](#) to do this.

The GDC require the submission to be sent to us by close of play 1 October 2020 at the latest. Please send the template as well as evidence documents to:

specialtycurriculum@gdc-uk.org

If the SACs have any queries about the process or would like to discuss this in more detail, please get in touch with us by emailing [specialtycurriculum@gdc-uk.org](mailto:specialtycurriculum@gdc-uk.org) or by calling us on 020 7167 6000.

#### **1.5 How will the GDC assess the submission?**

All specialty curricula will be reviewed by the SCRT, which will consist of GDC staff as well as GDC Education Associates (EAs). The group of EAs includes, but is not limited to, individuals with an educationalist background, registrants who hold dental specialist titles, dental generalists and non-registrants. The EAs are selected by the GDC through competency-based recruitment and trained and supported in this role on a regular basis.

The SCRT will assess the purpose statement against P1 of the [Standards for Specialty Education](#). In addition, the team will assess how well the high-level learning outcomes and examples fulfil the [Standards for Specialty Education](#). SACs are also required to indicate what type of assessment they will be using to find out whether a trainee has attained the required learning. SACs should make sure that they use assessment methods that guarantee that excellence in the level of attainment can be acknowledged and recorded.



The SCRT will also look at the rationale behind the choice of stakeholders for each SAC, taking into account that they may differ depending on the specialty, and assess how stakeholders' feedback is incorporated into the specialty curriculum.

After submission, the SCRT will review their application and, if necessary, respond within 12 weeks to request for further evidence or clarifications. The SACs will have another month to adjust their submission and or provide further evidence. The SCRT will review all 13 specialty curricula simultaneously to ensure consistency of process and standards over a period of six months. Decisions regarding final approval will be made by the Registrar and shared early Q2 2021.

If approval is given, the revised curriculum will be published on the GDC website. If approval is not given, the GDC will go back to the SACs for further clarification and information, and support will be given, as appropriate.

Implementation of the new curricula will commence after their approval in Q2 2021 and will last through Q3 2021 to ensure they can be implemented in time for the 2021/22 academic year.

## **2. The consultation process**

SACs will need to consult with stakeholders throughout the revision process to get their input and support in developing the revised specialty curricula. SACs may wish to engage with different groups of stakeholders at different stages of the process. For example, SACs might need to engage more extensively with examination providers and trainees at the point of launching the new curricula and more with education providers in the development phase of the specialty curricula.

The following steps have been designed to give SACs supportive tips and advice for planning and carrying out consultation work. They have not been developed to be prescriptive but rather to ensure that there is a consistent approach throughout the consultation period. In addition, the GDC also has a set of minimum consultation standards that need to be adhered to.

### **2.1 What are the minimum consultation standards?**

- 1) SACs are expected to allow a 12-week period for the consultation to ensure that stakeholders have sufficient time to respond.
- 2) SACs are expected to be clear about the purpose and objectives of the consultation, the assessments of the generic curricula components, the draft dental specialty curricula, the questions being asked and the timescales for responses.
- 3) SACs are expected to be inclusive in their consultation and take into account Equality, Diversity and Inclusion (EDI). For more information, see the [Equality Act 2010](#).
- 4) The GDC require evidence that SACs have engaged and consulted with a wide range of stakeholders, including:

- a. Programme and examination providers: Universities, NHS Boards, Trusts, health boards, trainers, Training Programme Directors, the Local Education Training Board (LETB) and Deaneries, Clinical Supervisors, Educational Supervisors, Dental Faculties of the Royal Colleges, specialty trainees and patients and the public. Engagement must cover the four nations.
  - b. Organisations responsible for education and workforce planning: Health Education England, NHS Education Scotland (NES), Northern Ireland Medical and Dental training Agency (NIMDTA), Health Education and Improvement Wales (HEIW), Post Graduate Dental Deans and Directors (COPDEND).
- 5) SACs are expected to detail engagement with stakeholders and submit evidence how this influenced their submission to the GDC. Examples of accepted evidence; copy of the survey and or consultation, timescales, list of stakeholders involved, brief of comments received and explanation why feedback was taken into account or not. The list of additional accepted forms of evidence in the Template for Dental Specialty Curriculum can be found [here](#).

## 2.2 The 7-step consultation process

1. Write the purpose and objectives of the consultation.
  2. Choose the consultation method.
  3. Choose the stakeholders in an inclusive manner.
  4. Draft the consultation.
  5. Plan and execute the consultation.
  6. Incorporate the results into the revised specialty curriculum.
  7. Detail to the GDC feedback received and how this has been included (or not).
1. Write the purpose and objectives of the consultation

Before embarking on the consultation, it is suggested SACs set out clearly what the purpose of the consultation is, what information is wanted from stakeholders and what will be done with the feedback received. Consultations raise expectations from stakeholders, so it is essential that SACs communicate the objectives. It is equally important that stakeholders see evidence of how their feedback is taken into account. SACs will need to evidence to them as well as to the GDC how they intend to do this.

Questions SACs should ask themselves before consulting with stakeholders:

- What is the purpose of the consultation and what are the objectives? What information do SACs want to get from stakeholders? For example, comparison of the current curriculum with a new high-level outcome-based curriculum and seek feedback? Seeking opinions and ideas into how to translate the current curriculum into a high-level outcome-based curriculum? Comparing curricula or seeking for new ideas how to structure them?
- What change is required at the end of the consultation and what is missing at the moment? Depending on whether the consultation on a draft or ask stakeholders

for suggestions how to change the current curriculum into an outcome-based one. Also, take the suggestions as set out in [section C](#) of the Template for Dental Specialty Training Curriculum into account when formulating learning outcomes and examples. SACs may want to use these suggestions as examples in their consultation and request feedback.

- What information is already available? Are there opportunities to consult with other SACs to discuss their consultation approach? Is there overlap in curricula content/learning outcomes? Are there opportunities to agree on how specialties relate to one another? Are there opportunities to agree on terminology and assessment methods used?
- How are SACs capturing input from stakeholders and how will they demonstrate how stakeholders' responses have influenced the submission to the GDC? Are there recurring meetings in which SACs could get a slot to capture input and or feedback?

The GDC strongly encourage SACs to liaise with other SACs in the development and delivery of the consultation to share ideas and ensure a consistency of approach. This will also be supportive with regards to the development of the purpose statement (ensuring differentiations between the specialties) and consistency and learning with regards to the assessments used for the generic aspects of the specialty curriculum.

## 2. Choose the consultation method

There are various methods that can be used to engage with stakeholders. Below is a list of various forms of consultations that SACs can choose from and what it is used for, including some advantages and disadvantages. SACs can use various methods during the consultation period to give stakeholders the opportunity to engage early and to ensure they continue to support the review and provide further input.

SACs should think about what existing events there are planned where they could present and gain feedback at these meetings e.g. college/school training days, annual conferences and certain committee meetings.

Consultation method/purpose	Advantages	Disadvantages
Focus Groups: facilitated discussion with interest group to seek views on draft curriculum.	<ul style="list-style-type: none"> <li>• Useful tool to reach hard-to-reach stakeholders.</li> <li>• Facilitator ensures all views are heard and captured.</li> <li>• Allows brainstorming of complex issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires an experienced facilitator to lead the discussion.</li> <li>• There are costs involved.</li> <li>• Can be time-consuming</li> </ul>
Forums and Working Groups: provide information, invite views, develop and endorse plans for curricula review.	<ul style="list-style-type: none"> <li>• Committed involvement as regular engagement with the same stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>• Agenda can be taken over by standard updates.</li> <li>• Can be dominated by active and vocal stakeholders.</li> </ul>

	<ul style="list-style-type: none"> <li>No extra costs involved.</li> </ul>	
Online consultation: request written and detailed comments on a set of suggested outcome-based curricula.	<ul style="list-style-type: none"> <li>Provides detailed information.</li> <li>Requires well-thought through and detailed feedback.</li> </ul>	<ul style="list-style-type: none"> <li>Resource intensive; drafting consultation, uploading it onto website.</li> <li>Need to publicise to invite submissions.</li> </ul>
Telephone surveys/conversations: one-to-one discussion over the phone to provide details or seek for input re the draft curriculum.	<ul style="list-style-type: none"> <li>Good tool to engage with hard-to-reach stakeholders.</li> <li>Forms opportunity to discuss more sensitive issues.</li> <li>Can ensure buy in from each stakeholder.</li> </ul>	<ul style="list-style-type: none"> <li>Time consuming.</li> <li>More difficult to provide feedback.</li> </ul>
Workshops: formally organised group to explain purpose of curriculum review, exchange views and gather feedback.	<ul style="list-style-type: none"> <li>Good opportunity for large group of stakeholders to engage with one another.</li> <li>Encourages stakeholders to share opinion, ask questions and discuss differences in view.</li> </ul>	<ul style="list-style-type: none"> <li>Requires significant planning ahead.</li> <li>Requires experienced facilitators.</li> <li>Can be dominated by active and vocal stakeholders.</li> </ul>

### 3. Choose stakeholders in an inclusive manner

A stakeholder is any individual, group or organisation that influences dental specialty curriculum or is impacted by it. SACs are encouraged to engage with all relevant stakeholders of their specialty. Please look at the list mentioned under the minimum consultation requirements in section 2.1.

To get a better understanding of the number of stakeholders involved, how they are impacted by the revision of the specialty curriculum and the level of engagement needed, it can be helpful to describe this in a table as set out in [section B](#) of the Template for Dental Specialty Curriculum. In their submission to the GDC, SACs need to fill in this template as evidence of engagement with their stakeholders.

#### What does the GDC mean with Equality, Diversity and Inclusion?

The GDC is committed to promoting EDI in our work. This means that EDI will need to be considered throughout the consultation and submission to the GDC by gathering evidence along the way. SACs need to ensure that its ways of working are fair to all individuals and groups, regardless of ethnic origin, race, colour, gender, religion, disability, sexual orientation, marital status, pregnancy and maternity or age. Therefore, it is essential that they consult in an inclusive manner and include hard-to-reach groups.

#### What are examples of EDI evidence accepted by the GDC?

Below are a number of techniques that can help SACs put some structure around how they include EDI in the drafting process of the revised dental specialty curriculum and throughout the consultation and implementation period.

Drafting curriculum outcomes and examples:

- Consider drafting high-level outcomes and examples that address EDI specifically.
- Consider participation from individuals, groups and organisations from the four nations; England, Northern Ireland, Scotland and Wales.

Consultation and implementation period:

- Consider asking stakeholders to fill in an EDI monitoring form when first engaging with them on the topic. Also, throughout the consultation period, be that via meetings, surveys or workshops, SACs can ask participants if they are aware of any biases and likely causes of discrimination.
- Consider a specialist and patient/public/lay user review, somebody with a good understanding of the skills required of the specialty curriculum, and somebody with one or more of the Protected Characteristics. Request this person to review the specialty curriculum with regards to accessibility, feasibility, legibility etc.

SACs will need to submit evidence of having considered EDI throughout the consultation process as part of their dental specialty curricula submission to the GDC. EDI monitoring forms, proof of communication via e-mail or consultation submissions from stakeholders are accepted.

#### How to enable hard-to-reach groups to participate?

When trying to communicate with hard-to-reach stakeholders, consider other organisations and or individuals who work closer with them and are in positions to influence them. They might be more successful in reaching out and connecting.

Once hard-to-reach groups have been identified, it is essential to take the right measures that will help them overcome barriers that might prevent them from taking part in the consultation process in the first place. This may mean SACs need to use visual aids in presentations, offer adapted facilities for disabled people, be flexible in timing, location, and transport issues.

SACs may also think in terms of accessibility of the specialty curricula and the consultation. Questions that might need to be considered include:

- Should the consultation be available online?
- Will there be opportunities to feedback via post, telephone conversations or one-to-one meetings?

#### 4. Draft the consultation

Each stage of the specialty curricula review may require different methods of consultation. Regardless of the stage, SACs should make sure that they clearly set out the purpose of the consultation and what they are asking from stakeholders. For

the consultation and communications to be effective, they will need to be multi-faceted; SACs will likely need a wide range of communication tools and methods.

SACs will be consulting on the assessments of the generic components and all aspects of the specialty-specific content. Please remember that each high-level learning outcome will be assessed against the [Standards for Specialty Education](#), therefore, SACs will have to submit evidence of how each outcome reflects this. This should be clearly communicated to stakeholders in the consultation.

## 5. Plan and execute the consultation

Consulting with stakeholders is a time-consuming exercise. It is, therefore, useful to create a timeline indicating the various steps of the consultation to ensure deadlines are met.

The GDC requires SACs to submit their revised specialty curriculum by **1 October 2020**. It might be useful to work backwards from that date to ensure enough time is allowed for an effective consultation. The minimum standard is twelve weeks.

As a guideline, SACs can follow the following steps and fill in their own deadlines.

Task	Timeline Start January 2020
Clarify reason for consultation and define objectives.	1 week
Write an outline of the action plan and include: <ul style="list-style-type: none"> <li>objectives</li> <li>consultation method</li> <li>stakeholders, including hard-to-reach groups</li> <li>how to feedback to stakeholders</li> <li>how to evidence consultation with stakeholders, including hard-to-reach groups.</li> </ul>	Allow several weeks to prepare the plan thoroughly.
Plan in time to evaluate the action plan with colleagues.	Allow enough time for colleagues to review the draft.
Identify costs and staff members involved.	
Depending on the consultation method, identify dates of meetings/forums/establish workshop dates.	Inform stakeholders of relevant workshop dates in advance.
Build in time to consult with SACs, align terminology and processes. Are there opportunities for them to engage in meetings?	Allow enough time for other SACs to input.
Draft the learning outcomes and examples with stakeholders.	Weeks or months depending on engagement method.
Draft the consultation material	2 weeks

Consider if there is a need to pilot the consultation first with stakeholders, including those with Protected Characteristics.	2-4 weeks
Send the consultation to stakeholders. Consider whether to make it available online and or print and post it too.	2-4 weeks
Run the consultation. Allow 12 weeks for all stakeholders to respond. Take into account national holidays.	12 weeks in total
Collate submissions and analyse responses.	2 weeks
Include feedback from submissions into redrafting the specialty curriculum or into a separate report.	1 week
Reconnect with stakeholders and show how their feedback has been taken into account. Is further follow-up required?	2-4 weeks
Rewrite the specialty curricula and consider whether to pilot. Take into account that a pilot can be very time-consuming.	2 weeks
Submit the application to the GDC.	

#### Step 6. Incorporate the results into the revised specialty curriculum

Reviewing quantitative data such as dental specialty curricula requires knowledge of the complexity of the topic. The next step entails drawing attention to areas of agreement and disagreement before SACs decide to (re)draft the specialty curricula.

Questions to consider when redrafting the specialty curricula:

- What are the next steps? Is there a need to consult or communicate with stakeholders again? If so, how will this be done, to whom, when and where?
- Is there an explanation to present to stakeholders for why certain high-level outcomes and examples will not be taken on?
- Are there outcomes and examples stakeholders agree on?
- Are there outcomes and examples stakeholders disagree on?
- Are there consistent views?
- Which results were expected?
- Which results are a surprise?
- Can the results be benchmarked against the consultation results of other SACs?

Step 7. Detail to the GDC feedback received and how this has been included (or not)

Stakeholders will need to know SACs have taken their feedback into account to encourage them to partake in future engagements. Therefore, it is important to communicate how this is done. Different groups of stakeholders may require different means of feeding back. For example, a trainee with Protected

Characteristics who undertook a pilot review might be more interested to see the detailed results of the consultation through a presentation than by email only. SACs may also want to consider feeding back the headlines of the consultation to their stakeholders via regular meetings and forums or schedule a follow-up workshop.

SACs will need to evidence how they have consulted with their stakeholders and how their input has influenced the curriculum in [section B](#) of the Template for Dental Specialty Training.



## **Appendix 1**

# **Template for Dental Specialty Training Curriculum**

**November 2019**

## Introduction to Template

This template sets out the single required format for the submission of all thirteen dental specialty curricula to the General Dental Council (GDC) for approval.<sup>1</sup> It aims to provide clarity, consistency and standardisation of the format and language used in all specialty curricula.

Section A of the template has been developed to identify the purpose statement of the specialty curriculum. Section B asks questions about the broad areas of requirements as listed in Standard 2 and Standard 3 of the [Standards for Specialty Education](#). It also contains a section in which the SACs can identify the stakeholders they have consulted with and provide evidence of this. Section C identifies the common learning outcomes that should be demonstrated by all specialty training programmes in the United Kingdom regardless of specialty. Section D is for the SACs to draft the specialty-specific content of the curriculum; high-level learning outcomes, examples as well as assessment methods.

The template supports the continual development of dentists in specialty training ("trainees") and does not explicitly include those skills that a trainee would be expected to have acquired through earlier training. Some learning outcomes within this framework will be more important for some specialties than for others, and such emphasis will be detailed in [section D](#) of the relevant specialty curriculum.

The SACs, the constituent committees of the Advisory Board for Specialty Training in Dentistry (ABSTD), are responsible for and own the specialty-specific content and learning outcomes of the relevant specialty curriculum. They are also responsible for the choice of assessment of both the generic and the specialty-content of the curriculum. The Postgraduate Dental Deans and Directors (PGDD) are responsible for the delivery of the specialty curricula. All curricula must be approved by the GDC, and all future revisions of specialty curricula must be submitted conforming to this template in order to be considered for approval. Any changes to the template will be shared and communicated with the relevant groups in a timely manner.

Assessment of the learning outcomes in each specialty curriculum will be dependent on the assessment framework that has been developed for each specialty by the relevant SAC. Suggestions for potential assessment methods have been given in this template, but ultimately the assessments to be used by each specialty for the different outcomes will be left to the discretion of the relevant specialty. SACs must define the minimum levels that must be achieved in their specialty curriculum.

Successful completion of the relevant specialty training and assessment will lead to the award of a Certificate of Completion of Specialty Training (CCST) and successful candidates will be eligible to apply for inclusion on the relevant GDC

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<sup>1</sup> The following specialty curricula have been approved by the GDC: Dental and Maxillofacial Radiology; Dental Public Health; Endodontics; Oral and Maxillofacial Pathology; Oral Medicine; Oral Microbiology; Oral Surgery; Orthodontics; Paediatric Dentistry; Periodontics; Prosthodontics; Restorative Dentistry; and Special Care Dentistry.

specialist list and be eligible to use the title of “Specialist”.

### Structure

Each curriculum covers the full range of knowledge and skills required for achievement of a CCST in a particular Specialty. It comprises five domains. Four domains will be common to all specialty curricula and the fifth will be specialty specific key clinical skills to be defined by the relevant SAC. It will include the necessary assessment requirements that a trainee will be expected to achieve to progress.

### Length of training

The four domains comprising the generic professional content are designed to be taught within at 3-5-year training programme.

### Authorship and ownership

Section C of this template has been informed primarily by competences that were previously defined within the specialty training curricula and supplemented and supported by information from additional curricula (including Foundation and Core) that have been developed by other bodies. It is informed by the GDC’s [Standards for Specialty Education](#) (2019) and the General Medical Council’s work on generic professional capabilities.

This section has been developed in conjunction with the SACs representing all thirteen dental specialties in the UK, the Committee of Postgraduate Dental Deans and Directors in the UK (COPDEND) and the GDC. The GDC is the owner of the template and is responsible for keeping it up to date and will inform and, where relevant, involve stakeholders, when further amendments and revisions are made. The GDC thanks all individuals and organisations who have contributed to its development.

A separate practical guide to process of revision and approval of dental specialty curriculum and assessments is provided by the GDC on the submission and approval process.

## **Underpinning the curriculum**

The GDC expects trainees to demonstrate appropriate personal and professional values and behaviours as set out in the [Standards for the Dental Team](#) and other relevant guidance.

The GDC’s professional guidance outlines a registrant’s fundamental professional responsibilities, including their duty of care to their patients. As dental registrants, trainees have a wide range of other professional responsibilities, relating to their roles as an employee, clinician, educator, scientist, scholar, advocate and health

champion. When embarking upon specialty training, a trainee is already expected to:

- act with honesty and integrity, and ensure patient confidentiality
- maintain trust by showing respect, and compassion for others, including patients, carers, guardians, colleagues and others, and accepting that patients, carers and guardians have insight into preferences for, and expertise about, their own condition and circumstances
- demonstrate awareness of their own behaviour, conduct or health, particularly where this might put patients or others at risk
- demonstrate appropriate professional values and behaviours, in terms of supporting colleagues, respecting difference, and working as a collaborative member of a team
- manage time and resources effectively, and demonstrate good organisational skills generally
- demonstrate a commitment to learn and reflect on what goes well and what goes less well in their professional life, including patient safety investigations and complaints, and where appropriate and necessary make changes to improve
- work within appropriate equality and diversity legislation and appropriate health and safety legislation
- maintain their professional legitimacy and credibility by successfully completing appropriate continuing professional development and statutory and mandatory training
- be accountable as an employee to their employer
- be professionally accountable within an appropriate clinical governance framework
- be aware of, and adhere to, the GDC's professional requirements, meeting the standards expected of all dental registrants.

## **Managing curriculum implementation**

The curriculum outlines the minimum training requirements for delivery in a training programme. It guides trainers and trainees in the teaching, learning and assessment methods required for satisfactory completion of training. It is the responsibility of the Training Programme Director (TPD) and Health Education England (HEE), NHS Education Scotland (NES), Northern Ireland Medical and Dental Training Agency (NIMDTA) or the Health Education and Improvement Wales (HEIW), with the assistance of the relevant SAC, to ensure that the programme delivers the depth and breadth of learning experiences required for completion of training in the Specialty. The TPD must ensure that each post or attachment within the programme is approved by the relevant deanery or Local Education Training Board (LETB).

The curriculum will be issued to all trainees on appointment to the specialty. TPDs and Educational Supervisors (ES) will ensure that trainers are familiar with the

curriculum and use it as a blueprint for training and learning. Trainers will ensure that trainees have a good understanding of the curriculum (including assessments), and this will be explored as part of the Annual Review of Competence Progression (ARCP) process. Trainers will assess the progress made by a trainee against the curriculum and successful completion of their work-based assessments. The TPD will oversee the availability and suitability of specialty experience within posts in rotations and will plan individual timetables to ensure that all relevant knowledge and skills can be achieved.

It is the responsibility of the ES of a particular post or attachment within a programme to ensure that the training delivered in their post meets the requirements of the relevant section(s) of the curriculum; and that the trainee can access the training provided and is receiving appropriate levels of clinical exposure. They must undertake regular appraisal of their trainee to ensure structured and objective oriented delivery of training.

Trainees must register and enrol with the Postgraduate Dental Dean (PGDD) on appointment to a specialty training programme and they will inform the relevant SAC using Form R ([Appendix 1](#) of the Dental Gold Guide 2018). They must familiarise themselves with the curriculum and with the minimum training requirements to satisfactorily complete each stage of training and the award of the CCST. They must also be familiar with the requirements of the relevant examinations and must make appropriate use of clinical logbooks and personal portfolios.

The ARCP process will support good practice, ensure that good practice is maintained, and assist in the identification of any deficiency in experience, skills or progression. Ongoing assessment will identify any lack of progress relative to the stage of training. Trainees, with the TPDs, ES and Clinical Supervisors, will identify their learning needs through regular reflection, training meetings, feedback and workplace-based assessments (WPBAs) or supervised learning events (SLEs). This will be summarised at the educational appraisal. The trainee will work with their TPD and ES to design the next phase of training so that it addresses training needs or competency gaps. The ARCP process will review the trainee's evidence to ascertain whether the phase of training has been satisfactorily completed and make a judgment about the trainee's suitability to progress onto the next phase. Trainees are expected to take personal responsibility for ensuring that learning needs are identified, reported and addressed.

The award of the CCST will be based on satisfactory completion<sup>1</sup> of all areas of the curriculum, ARCP process and summative assessment through the relevant examination. The PGDD will forward to the GDC a recommendation for award of the CCST. If the GDC accepts the recommendation, it will issue the CCST and place the trainee's name on the relevant specialist list once the appropriate application form and payment has been received from the applicant.

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<sup>1</sup> Satisfactory completion means skills and experience laid out in the curriculum have been achieved.

## Quality management

Quality management is the responsibility of HEE, NES, NIMDTA and the HEIW. The GDC will quality assure specialty training programmes. The SAC will ensure consistency within the specialty and will work with the Joint Committee for Postgraduate Training in Dentistry (JCPTD) and the Joint Meeting of Dental Faculties (JMDF) to develop mechanisms of equity in quality of training.

## Quality assurance of specialty training

The GDC commenced the quality assurance of specialty training in February 2019. By the end of the year, we will quality assure the education providers NHS Education Scotland (NES) and Health Education London and Kent, Surrey and Sussex as well as the examination provider the Royal College of Physicians and Surgeons of Glasgow.

For the next three years, we will quality assure two education providers and one examination provider per year. This process will be reviewed annually and revised as appropriate. After we have quality assured all education and programme providers; we will review the process in its entirety with the aim of embedding it within the developing risk-based quality assurance process.

## **Curriculum review and updating**

The curriculum will be evaluated and monitored by the relevant SAC as part of continuous feedback from Specialty Training Committees (STCs), TPDs, trainers and trainees and appropriate lay representation.

The curriculum must be submitted to the GDC for approval by the Registrar. The GDC will assess the submitted curriculum to ensure it is consistent with the [Standards for Specialty Education](#) and [Standards for the Dental Team](#) and other relevant guidance.

The curriculum will be reviewed every five years. In exceptional circumstances or for the facilitation of minor changes, the curriculum may be reviewed sooner at the discretion of the GDC and the relevant SAC. Further guidance will be forthcoming regarding the revision process, including the clarification of minor and major changes and timescales.

Curriculum review will be informed by a number of different processes related to the roles of stakeholders, e.g. SACs, TPDs, PGDDs, HEE, NES, NIMDTA and HEIW, trainers, trainees, NHS, local government (relevant to the Dental Public Health), patient/lay representatives and workforce planners. This will be coordinated by the SAC, supported by guidance from the GDC.

## Evidence, appraisal and assessment

The GDC encourages excellence in the practise of specialist dentistry and expects training programmes to support trainees to succeed in their training and achieve the highest of standards.

Curricula will be delivered by providers (trusts, health boards, or universities) in a particular area on behalf of HEE, Public Health England, NES, NIMDTA or the HEIW.

The relationship between specialists and trainees should facilitate frequent feedback. This should be supplemented by regular appraisal and annual evaluation through the ARCP, under the auspices of the relevant PGDD. Continuous appraisal throughout training should be undertaken by the ES and other senior members of staff.

The trainee should in the first place identify opportunities for assessment throughout their training. However, trainers and assessors should also identify opportunities. The trainee should choose the assessment tool, the procedure and the assessor. Assessments should be undertaken by a number of assessors and should cover a broad range of activities and procedures appropriate to the stage of training, including ensuring the appropriate level of clinical exposure.

At the end of training, trainees must submit to assessors evidence that demonstrates they have met the outcomes in the curriculum. Trainees should provide a broad range of validated evidence types.

Types of assessment methods/evidence may include:

- workplace-based assessment tools/supervised learning events, including, but not limited to, mini-CEX (clinical examination exercise), case-based discussions (CBD), direct observation of procedural skills (DOPs), procedure-based assessments (PBA) and mini-PAT (mini peer assessment tool)
- multi-source feedback (MSF) and team and peer assessment of training or teaching/team assessment of behaviour (TAB)
- portfolios
- evidence of reflective practice
- research projects
- multi consultation report
- feedback from patients, stakeholders and partners
- public and stakeholder engagement
- quality improvement projects

- publications/conference presentations
- research/taught degrees, diplomas or certificates
- management and leadership training and roles
- continuous professional development
- case conferences
- examinations.



## Glossary

ABFTD	Advisory Board for Foundation Training in Dentistry
ABSTD	Advisory Board for Specialty Training in Dentistry
ACAT	Acute Care Assessment Tool
ACF	Academic Clinical Fellow
ARCP	Annual Review of Competence Progression
CAT	Critically Appraised Topic
CBD	Case-based Discussion
CCST	Certificate of Completion of Specialist Training
CEX	Clinical Examination Exercise
CL	Clinical Lecturer
COPDEND	Committee of Postgraduate Dental Deans and Directors
CPD	Continuing Professional Development
CPE	Continuing Professional Education
SCRT	Specialty Curriculum Review Team
DOPS	Directly Observed Procedural Skills
FGDP	Faculty of General Dental Practice (UK)
GDC	General Dental Council
HcAT	Healthcare Assessment and Training
HEIW	Health Education and Improvement Wales
HEE	Health Education England
JCPTD	Joint Committee for Postgraduate Training in Dentistry
Mini CEX	Mini Clinical Examination Exercise
Mini PAT	Mini Peer Assessment Tool
MSF	Multi-Source Feedback
NES	NHS Education for Scotland
NHS	National Health Service
NIMDTA	Northern Ireland Medical and Dental Training Agency
NTN	National Training Number
PAT	Peer Assessment Tool
PBA	Procedure-Based Assessments
PGDD	Postgraduate Dental Deans and Directors

PHE	Public Health England
PDP	Personal Development Plan
RCS Ed	Royal College of Surgeons of Edinburgh
RCS Eng	Royal College of Surgeons of England
RCPSG	Royal College of Physicians and Surgeons of Glasgow
SAC	Specialty Advisory Committee
STC	Specialty Training Committee
TPD	Training Programme Director
VTN	Visitor Training Number
WBA	Work Based Assessment
WTE	Whole Time Equivalent

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- Specialty Advisory Committee for Special Care Dentistry, *Specialty Training Curriculum—Special Care Dentistry*. November 2012.
- UK Committee for Postgraduate Dental Deans and Directors, *A Reference Guide for Postgraduate Dental Specialty Training in the UK (The Dental Gold Guide)*. June 2016.

**Template for Dental Specialty Curriculum (one to be completed for each specialty by the relevant SAC)**

Please fill in this template as the submission to the GDC for the review of the specialty curriculum. The template is divided into four sections to describe the purpose statement, explain the fulfilment with the [Standards for Specialty Education](#), learning outcomes and examples for the generic as well as the specialty-specific content of the curriculum.

<b>Section A - Specialty curriculum purpose statement</b> Please detail the purpose statement in no more than 1000 words.	
<b>Details about the Specialty Advisory Committee</b>	
<b>Specialty</b>	
<b>Name of contact person</b>	
<b>Job title</b>	
<b>E-mail address</b>	
<b>Phone number</b>	
<b>1. Please describe how the specialty protects the public against unwarranted claims of specialist provision.</b>	<b>Please refer to the requirements and evidence in P1 – P7 of Standard 1 Protecting Patients in Standards for Specialty Education. <a href="#">Click here for access.</a></b>



**2. Please describe how the specialty protects the public, employers and others identify those dentists who possess recognised specialist knowledge, skills and capabilities in a relevant and distinctive branch of dentistry.**

**Please refer to the requirements and evidence in P1 – P7 of Standard 1 Protecting Patients in Standards for Specialty Education. [Click here for access.](#)**

3. Please describe how the specialty supports provision of specialist care for patients by supporting patient referral/access to specialist care' as part of effective patient pathways.

Please refer to the requirements and evidence in P1 – P7 of Standard 1 Protecting Patients in Standards for Specialty Education. [Click here for access.](#)



4. Please describe how the specialty supports development of scientific knowledge and education in connection with the purposes listed above.

Please refer to the requirements and evidence in P1 – P7 of Standard 1 Protecting Patients in Standards for Specialty Education. [Click here for access.](#)

5. Please describe how the specialty supports the development of scientific knowledge and education in connection with the purposes listed above.

Please refer to the requirements and evidence in P1 – P7 of Standard 1 Protecting Patients in Standards for Specialty Education. [Click here for access.](#)

6. Please describe how the specialty is recognised by the profession and/or the public as a distinct branch of dentistry requiring a level of skill, knowledge and expertise beyond that expected from the general practice of dentistry.

Please refer to the requirements and evidence in P1 – P7 of Standard 1 Protecting Patients in Standards for Specialty Education. [Click here for access.](#)

7. Please describe how the specialty responds to a clear dental public health need that is not solely or primarily the commercial benefit of those practising the specialty.

Please refer to the requirements and evidence in P1 – P7 of Standard 1 Protecting Patients in Standards for Specialty Education. [Click here for access.](#)

**Section B - Guidance for how the specialty curriculum meets the GDC Standards.**

Please fill in the third and fourth columns of this template.

Question	Standard	Guidance/SACs to complete	Evidence/SACs to complete
<p>1. Describe what quality framework is in place and identify issues of improvement.</p>	<p>P8 and E1 - Programme providers as well as examination providers must have a quality framework in place that details how the quality of the programme is managed. This will include ensuring necessary development to programmes and examinations that maps across to the GDC approved curriculum/latest learning outcomes for the relevant specialty and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this quality function.</p> <p>P9 and E2 - Programme and examination providers must address any concerns identified through the operation of this quality framework, including internal and external reports relating to quality, must be addressed as soon as possible.</p> <p>P10 and E3 - Quality Frameworks must be subject to rigorous internal and external quality management procedures. External assessors must be utilised and must be familiar with GDC approved curriculum/latest learning outcomes and their context.</p> <p>P11 - The programme provider must have systems in place to ensure the</p>	<p>Please describe the quality management processes in place within the college or faculty, including mechanisms for collecting data that will explain how to identify concerns and how to ensure improvement of the specialty curriculum.</p> <p>In the description of the quality assurance process in place, please consider and describe:</p> <ul style="list-style-type: none"> <li>• Who quality assures the assurance infrastructure and how often?</li> <li>• How does the outcome inform improvements?</li> <li>• What structures are in place to address concerns?</li> <li>• What processes are in place to address urgent issues?</li> <li>• What guidance is available?</li> <li>• How to use quantitative and qualitative data as part of the improvement process?</li> </ul>	<p>Types of evidence may include:</p> <p>P8 - Relevant policy, procedures and documentation supporting quality management of the programme, review policy and timeline, use of multisource feedback including patient feedback.</p> <p>P9 and E2 - Relevant policy and procedures including escalation process, whistleblowing policy, risk log with solutions and actions taken, relevant minutes from meetings.</p> <p>P10 and E3 - Relevant policy and procedures, information about external examiners and verifiers, Internal/external verification/quality assurance reports.</p> <p>P11 - Relevant policy and procedures, feedback from staff, patients and specialty trainees, audit reports, monitoring reports from the provider and from placement providers.</p>

	quality of placements/rotations to ensure that patient care and assessment in all locations meets these Standards. The quality management systems should include the regular collection of specialty trainee and patient feedback relating to treatment provided within placements/rotations.		
2. Describe how learners demonstrate achievement across the full range of learning outcomes.	<p>P12. To make a recommendation for the award of a Certificate of Completion of Specialist Training (CCST), programme providers must be assured that specialty trainees have demonstrated achievement across the full range of learning outcomes in the relevant specialty curriculum. approved by the GDC.</p> <p>P15. The programme provider must have in place management systems to plan, monitor and record the assessment of specialty trainees throughout the programme against each of the learning outcomes.</p>	<p>Please use the learning outcomes as a guide for planning how to assess whether a dentist in training has attained the learning that is required to be awarded a CCST.</p> <p>Please describe the assessment strategy and present the identified purpose of each element and how this relates to the learning outcomes in the specialty curriculum. Please also clarify how the programme of assessment will enable decisions to be made.</p>	<p>P12. Assessment strategy for the programme(s), assessment timetable, assessment records/central recording system, specialty trainee portfolio, specialty trainee progression policy and procedures, specialty trainee and progression statistics, exit strategy.</p> <p>P15. Relevant policy and procedures, central recording and monitoring system, external examiner reports.</p>
3. Describe the processes in place that ensure assessments are fit for purpose and how they are being kept that way.	<p>P13 - Examination providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. Where appropriate, assessment conclusions should include more than one sample of performance.</p> <p>Providers must demonstrate a rationale for any divergence from this principle. Non-summative assessments must utilise feedback collected from a variety of sources, which may include other</p>	<p>Please describe the processes in place to ensure assessments are fit for purpose, consider and describe:</p> <ul style="list-style-type: none"> <li>• The validity of the assessment e.g. in what way is it ensured that assessments measures effectively what it is intended to measure?</li> <li>• The reliability of the assessment e.g. in what way is it ensured that assessment is fair and consistent?</li> </ul>	<p>P13. Relevant policy and procedure, patient feedback forms and details of actions taken, patient/peer/customer comments, assessment records, minutes of patient forum, patient guidance/systems for giving feedback.</p>

	members of the dental team, peers, patients and/or customers.	<ul style="list-style-type: none"> <li>• Are the task description and requirements unambiguous?</li> <li>• Is the language level appropriate to the learner's level?</li> </ul>	
4. Describe the processes in place that ensure assessments are fit for purpose and how they are being kept that way.	E4 - Examination providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. Where appropriate, assessment conclusions should include more than one sample of performance.	<p>Please describe the processes in place to ensure assessments are fit for purpose, consider and describe:</p> <ul style="list-style-type: none"> <li>• The validity of the assessment e.g. in what way is it ensured that assessments measures effectively what it is intended to measure?</li> <li>• The reliability of the assessment e.g. in what way is it ensured that assessment is fair and consistent?</li> <li>• Are the task description and requirements unambiguous?</li> <li>• Is the language level appropriate to the learner's level?</li> </ul>	E4 - Relevant policy and procedure, assessment records.
5. Describe how the range of assessment methods are proportionate to the learning outcomes and how they are quality managed.	P14 and E5 - Assessment must involve a range of methods relevant to the learning outcomes and these should be in line with current and best practice and be routinely developed, refined, monitored and quality managed.	<p>Please describe the assessment strategy and set out the rationale for the chosen assessment methods with regard to the various learning outcomes. Please also describe the rationale behind the range of assessment methods trainees are exposed to.</p> <p>Please consider and describe:</p> <ul style="list-style-type: none"> <li>• Is the assessment capable of generating evidence consistent with the level of skills as set out in the learning outcome/examples?</li> </ul>	<p>P1 - Mapping and description of assessments, assessment development framework and meetings, internal programme review process, access to assessments used on a programme.</p> <p>E5 - Mapping and description of assessments, assessment development framework and meetings.</p>

		<ul style="list-style-type: none"> <li>• Does the assessment focus on larger themes covering connected outcomes?</li> <li>• How to analyse trainee achievement systematically to understand learning gaps?</li> <li>• What are the processes in place to modify, refine and develop assessments to better support learning?</li> </ul>	
6. Describe the educational approaches and learning opportunities necessary to meet the outcomes of the specialty curriculum.	P16 - Specialty trainees must have exposure to a breadth of patients/procedures which reflects the specific specialty. They should also undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competence to achieve the relevant GDC-approved learning outcomes.	<p>Please describe the appropriate learning opportunities and educational approaches that are available. For example:</p> <ul style="list-style-type: none"> <li>• Learning with peers.</li> <li>• Personal study.</li> <li>• Formative assessments.</li> <li>• Simulation.</li> </ul> <p>Please describe the methodology in place that ensures that trainees are assessed at regular intervals. Please also describe how assessments are designed and organised to help trainees achieve the learning outcomes.</p>	P16 - Relevant policy and procedures, central recording system, clinical treatment records, assessment records, competency sign off policy and procedures, specialty trainee portfolio.
7. Describe how performance of the trainees is managed.	P - 17 The programme provider should support specialty trainees to improve their performance by providing regular feedback and by encouraging trainees to reflect on their clinical and professional practice.	<p>Please describe the processes in place, policies and procedures, that ensure constructive feedback is giving to trainees at regular intervals during their training and before they attempt to sit the specialty exam. How have these procedures been developed?</p> <p>Please also describe how underperformance is identified and managed within the context of the assessment method. Please set out what</p>	P17 - Relevant policy and procedures, specialty trainee portfolio, relevant training in reflection and receiving feedback, records of reflection, records of mentoring sessions and feedback.



		opportunities are given to trainees to improve, when this is done this information is made available.	
8. Describe the role and responsibilities of examiners and ensure they adhere to ED regulation.	P18 - Assessors must have the skills, experience and training to undertake the task of assessment, including, when necessary, registration with a regulatory body.	<p>Please add a description of the roles and responsibilities of the examiners within the submission, including their knowledge, skills and attributes. Assessors may include:</p> <ul style="list-style-type: none"> <li>• Clinical Supervisors.</li> <li>• Educational Supervisors.</li> <li>• Other dental healthcare professionals.</li> </ul> <p>Please also ensure that assessors include those with Protected Characteristics.</p>	P18 - Relevant recruitment and appointment policy and procedures, list of assessors/examiners showing qualifications, training, experience, and registration status, assessor calibration and recalibration, external examiner/verifier reports.
9. Describe the process for benchmarking assessors via external examiners.	P19 and E7 - Programme providers must document external examiners/assessors reports on the extent to which examination and/or assessment processes are rigorous, set at the correct standard, ensure equity of treatment for specialty trainees and have been fairly conducted.	<p>Please describe the systems and processes in place that ensure assessors assess to agreed standards. This should include available guidance documents to ensure assessors can make judgements about trainees' performance and behaviours to an agreed standard.</p> <p>Please consider and describe:</p> <ul style="list-style-type: none"> <li>• How do assessors distinguish between different levels of performance?</li> <li>• What is the feedback given to assessors and what are the opportunities given to them to ensure they can raise queries related to the examination process?</li> </ul>	P19 - External examiners'/assessors' reports, records showing actions taken.
10. Describe the standard setting methodology for the assessment.	P20 and E8 - Assessment must be fair and undertaken against clear criteria. The standard expected of specialty trainees in each area to be assessed must be clear and trainees and staff	Explain the methodology that clearly set out how standards have been set that describe the expected levels of performance.	P20 and E8 - Relevant policy and procedures including managing bias, specialty trainee and staff handbook, clear marking/assessment criteria and

	<p>involved in assessment must be aware of this standard. A recognised standard setting process must be employed for assessments. Exceptions from this principle must be clearly justified for programme providers only.</p>	<p>The standard setting approach should be criterion referenced e.g. the standard should be based on a predetermined level of competency. If there is a need for more than one level to assess trainees, please indicate how each method informs the decision-rational related to the final pass-mark.</p> <p>Please consider and describe:</p> <ul style="list-style-type: none"> <li>• What is the cut score, or minimum performance levels, that a trainee must adhere to?</li> <li>• Is the standard appropriate, feasible, credible, acceptable to stakeholders, evidence-based and academically acceptable?</li> <li>• Does compensation exist between question formats? Is so, please explain the approach taken</li> <li>• Is there a defensible rationale?</li> <li>• Has due diligence been applied?</li> </ul>	<p>guidance, communication mechanism, records of review meetings, records of a range of assessors being used, standard setting procedures, arrangements for failed candidates, appeals process.</p>
<p>11. Explain how the specialty curriculum was developed.</p>	<p>Overarching requirement.</p>	<p>Please explain how the specialty curriculum was developed in no more than 500 words. Think of how the following were developed:</p> <ul style="list-style-type: none"> <li>• High-level learning outcomes.</li> <li>• Examples and incorporated key input from stakeholders, including hard-to-reach-groups.</li> </ul>	<p>Consulting with stakeholders is essential for the development of the specialty curricula.</p> <p>Please explain the consultation process and provide the following to the GDC within the submission:</p> <ul style="list-style-type: none"> <li>• Description of the expertise of those involved in the development of the specialty curricula.</li> <li>• A statement or letter from the stakeholders confirming their</li> </ul>

						<p>involvement in the development of the curriculum and or their consultation/survey results.</p> <ul style="list-style-type: none"> <li>• A summary of the report of the outcomes of the consultation with stakeholders.</li> </ul> <p>Evidence of meetings held to consult with stakeholders such as meeting notes and action plans.</p>
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Stakeholder	Impact on revision	Influence on revision	Objectives	Contributions	Consultation method	Timeline
Name	How does the revision of the specialty curriculum impact them? (High, Medium, Low)		To what extent can they influence the revision? (High, Medium, Low)	How can they contribute to the revision? E.g. feedback on what works well/not well in the current curriculum.		When to engage with stakeholders? e.g. conference in February 2020 and again through workshop in April 2020.

## Section C – Generic Professional Content of the Specialty Curriculum

### Domain 1: Professional knowledge and management

Outcome	Examples	Evidence
<p>1.1. Demonstrate they can communicate effectively and respectfully</p>	<p>They should do this with patients, relatives, carers, guardians, colleagues, dental profession, partner and stakeholder organisation and the public in the multidisciplinary team by:</p> <ul style="list-style-type: none"> <li>• giving clear and accurate written and verbal instructions, and accurate and contemporaneous records of their observations or findings in English</li> <li>• demonstrating effective and sensitive consultation skills, including effective listening skills and other effective verbal and non-verbal interpersonal skills</li> <li>• adapting their communication style to suit others as appropriate, for example by using email, video conferencing tools, or any other communication tools suitable for individuals with disabilities or impairments and specifically with patients, relatives, carers, guardians and others by:               <ul style="list-style-type: none"> <li>○ establishing a constructive dentist-patient partnership with the ability to demonstrate empathy and compassion</li> <li>○ sharing decision making by informing the patient, being candid with patients, ensuring informed consent, prioritising the patient’s wishes, and respecting the patient’s beliefs, concerns and expectations</li> </ul> </li> </ul> <p>and specifically with colleagues in any relevant team by:</p> <ul style="list-style-type: none"> <li>○ promoting and effectively participating in multidisciplinary, inter-professional team working</li> </ul>	<p>To be completed by the Specialty Advisory Committee</p>
<p>1.2. Demonstrate that they can share decision</p>	<p>They should do this:</p> <ul style="list-style-type: none"> <li>• with colleagues in the multidisciplinary team by:</li> </ul>	

<p>making, while maintaining professional behaviour and judgement</p>	<ul style="list-style-type: none"> <li>○ applying management and team working skills appropriately, including influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations and exploring and resolving diagnostic and management challenges</li> <li>○ ensuring continuity and coordination of patient care and/or management of any ongoing work through the appropriate transfer of information demonstrating safe and effective handover, both verbally and in writing</li> <li>• and individually by: <ul style="list-style-type: none"> <li>○ maintaining appropriate situational awareness and sensitivity to the impact of their comments and behaviours on others, including shared decision-making with patients' consent</li> <li>○ Recognising the need to ensure that publicly funded health services are equitable in their provision across all population groups and act to reduce health inequalities</li> </ul> </li> </ul>	
<p>1.3. Demonstrate they can deal with complexity and uncertainty</p>	<ul style="list-style-type: none"> <li>• showing appropriate professional behaviour and judgement in a wide range of clinical and non-clinical contexts and circumstances</li> <li>• managing the uncertainty of achieving specific outcomes</li> <li>• managing the uncertainty of success or failure</li> <li>• adapting management proposals and strategies to take account of patients' informed preferences, comorbidities and long-term conditions</li> <li>• supporting and empowering patient self-care and respecting patient autonomy</li> </ul>	
<p>1.4. Recognise their legal responsibilities and be</p>	<ul style="list-style-type: none"> <li>• understanding, and adhering to, the principles of continuing professional development</li> </ul>	

<p>able to apply in practice any legislative requirements relevant to their jurisdiction of practice</p>	<ul style="list-style-type: none"> <li>• demonstrating an awareness of other relevant legislation</li> <li>• understanding relevant guidance and law relating to equality and diversity, with an appreciation that legislation may differ between England, Scotland, Wales and Northern Ireland</li> </ul>	
<p>1.5. Recognise and work within the context of a health service and healthcare systems, understanding that systems may differ between England, Scotland, Wales and Northern Ireland</p>	<ul style="list-style-type: none"> <li>• recognising the need to ensure that publicly funded health services are equitable in their provision across all population groups and act to reduce health inequalities</li> <li>• understanding the structure and organisation of the wider health and social care systems, including how services are commissioned, funded and audited</li> <li>• demonstrating an appreciation of how services are deemed to be clinically effective, cost effective or restricted such as on a 'named patient' basis</li> <li>• understanding how resources are managed, being aware of competing demands and the importance of avoiding waste</li> <li>• having an awareness of how services are held publicly accountable through political and governance systems, public scrutiny and judicial review</li> <li>• demonstrating an appropriate understanding of the legal aspects of digital and written records, understanding that legislation may differ between England, Scotland, Wales and Northern Ireland</li> </ul>	
<p>1.6. Recognise and demonstrate their role in health promotion, disease prevention and dental public health</p>	<ul style="list-style-type: none"> <li>• understanding the factors affecting health inequalities and the social determinants of health and basic principles of public health</li> <li>• understanding the relationship of the physical, economic and cultural environment to health</li> </ul>	

	<ul style="list-style-type: none"> <li>• understanding the basic principles of person-centred care, including effective self-management, self-care and expert patient support, appreciating the influence of ageing, dependency, multiple co-morbidities and frailty upon individual healthcare needs</li> <li>• understanding the principles of behaviour change and their role in supporting patients with it</li> <li>• understanding the role of national and local public health organisations and systems and how the role of a specialist supports these organisations in improving the public's health</li> </ul>	
<b>Domain 2: Leadership and Teamworking</b>		
<b>Outcome</b>	<b>Examples</b>	<b>Evidence</b>
2.1. Recognise the leadership role of a specialist and the range of skills and knowledge required to do this effectively	<ul style="list-style-type: none"> <li>• demonstrating an understanding of their leadership responsibilities as a clinician and why effective clinical leadership is central to safe and effective care</li> <li>• demonstrating an understanding of a range of leadership principles, approaches and techniques, where appropriate</li> <li>• demonstrating an understanding and application of different leadership styles, where appropriate</li> <li>• understanding the role of clinical networks and the importance of leadership across the health care system</li> <li>• showing awareness of clinical leadership responsibilities and why effective clinical leadership is central to safe and effective care</li> </ul>	To be completed by the Specialty Advisory Committee

Domain 3: Patient safety, quality improvement and governance		
Outcome	Examples	Evidence
3.1. Recognise a professional duty of candour and act accordingly within established governance, legal and regulatory systems, including equality and diversity	<ul style="list-style-type: none"> <li>• understanding how to raise safety concerns appropriately through clinical governance systems, and how to learn from concerns raised</li> <li>• demonstrating a commitment to learn from patient safety investigations and complaints, including an understanding of root cause analysis for investigating and learning from patient safety incidents</li> <li>• raising and escalating concerns where there is an issue with patient safety, dignity or quality of care</li> <li>• demonstrating honesty and candour regarding clinical errors</li> <li>• demonstrating a clear understanding of patient safety incidents and health care provider responsibility with regard to reporting Never, Serious and Sentinel events in accordance with regulators' recommendations</li> <li>• demonstrating familiarity with relevant NHS improvement patient safety directives, understanding the importance of sharing and implementing good practice</li> </ul>	To be completed by the Specialty Advisory Committee
3.2. Recognise the impact of human factors on the individual, teams, organisations and systems	<ul style="list-style-type: none"> <li>• enhancing clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture and organisation on human behaviour and abilities and application of that knowledge in clinical settings</li> <li>• protecting patients and colleagues from risks posed by personal health, conduct or performance</li> <li>• understanding the organisations responsible for governing the practice of the specialty and ensuring the safety of the patient</li> </ul>	



	<ul style="list-style-type: none"> <li>demonstrating an appropriate understanding of information governance, data protection and storage</li> </ul>	
3.3. Design and employ quality improvement measures that improve clinical effectiveness, patient safety, care or experience	<ul style="list-style-type: none"> <li>using data to identify areas for improvement and employing quality improvement methods</li> <li>awareness of the design, conduct and implementation of audit and service implementation projects</li> <li>examining information from audit, inquiries, critical incidents or complaints, and implementing appropriate changes</li> <li>understanding the importance of patient and public involvement in decision-making at group level and when changes to services are proposed</li> <li>engaging with stakeholders, including patients, other dentists and managers, and other colleagues in the multidisciplinary team, to plan and implement change</li> <li>working with others to effectively measure and evaluate the impact of quality improvement interventions and their impacts on the wider systems</li> </ul>	
3.4. Act to safeguard patients, particularly children, other young people and vulnerable adults in accordance with the requirements of appropriate equality and diversity legislation	<ul style="list-style-type: none"> <li>effectively measuring and evaluating the impact of quality improvement interventions</li> <li>recognising the individual oral health needs of patients with physical, sensory, intellectual, mental, medical, emotional or social impairments or disabilities, or with a combination of these factors</li> <li>understanding the responsibilities and needs of carers as they play an increasing role in healthcare provision</li> </ul>	

	<ul style="list-style-type: none"> <li>understanding the issues around safeguarding and demonstrating awareness of when, why and how to inform the appropriate colleague(s) when concerns are identified</li> </ul>	
Domain 4: Personal education, training, research and scholarship		
Outcome	Examples	Evidence
4.1. Demonstrate that they can plan and deliver effective education and training activities for members of the dental team	<ul style="list-style-type: none"> <li>providing safe clinical supervision of and effective learning opportunities for learners, and providing supportive developmental feedback</li> <li>respecting patients' wishes about whether they wish to participate in the education and training of learners</li> <li>evaluating and reflecting on the effectiveness of their educational activities</li> <li>promoting and participating in inter-professional learning (including with members of the wider healthcare team)</li> <li>demonstrating an ability to employ a range of teaching methods for individual and group teaching</li> <li>routine evaluation of teaching experience and evidenced reflection and changes to improve practice</li> </ul>	To be completed by the Specialty Advisory Committee
4.2. Demonstrate that they can critically appraise and interpret scientific/academic literature	<ul style="list-style-type: none"> <li>demonstrating an ability to critically appraise available evidence</li> <li>interpreting data and draw conclusions relevant to patient management and work practices</li> <li>appreciating the role of both qualitative and quantitative methodological approaches in scientific enquiry</li> <li>having experience with the different research designs found in the hierarchy of evidence and what is meant by the quality of evidence</li> </ul>	

4.3. Keep up to date with current research and best practice	<ul style="list-style-type: none"> <li>conducting literature searches and reviews to inform their professional practice</li> <li>locating and using clinical guidelines appropriately</li> <li>communicating and interpreting research evidence in a meaningful way for patients to support them making informed decisions about treatment and management</li> <li>demonstrating an understanding of stratified risk and personalised care</li> </ul>	
4.4. Understand what is required to participate in research in practice	<ul style="list-style-type: none"> <li>understanding and having experience with the principles of clinical research, ethics approval and research governance</li> <li>demonstrating an understanding of good clinical practice</li> </ul>	

**Section D - Specialty-Specific Content of the specialty curriculum**

To be written by the relevant SAC. The following learning outcomes and examples are examples only, to be edited, adapted and finalised by the SAC as appropriate and in conjunction with the specialty-specific content of the curriculum. The learning outcomes need to describe the standards trainees must meet in order to progress and if successfully passed at the end of their training, to receive a CCST.

**Domain 5: Key clinical skills**

Outcome	Examples	Evidence
5.1. Demonstrate these key clinical skills, for the clinical specialties that involve direct patient contact	<p>History taking, diagnosis and healthcare management</p> <ul style="list-style-type: none"> <li>taking a relevant patient history including patient symptoms, concerns, priorities and preferences</li> <li>performing accurate clinical examinations</li> <li>showing appropriate clinical reasoning by analysing physical and psychological findings</li> <li>formulating an appropriate differential diagnosis</li> <li>formulating an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required</li> <li>explaining clinical reasoning behind diagnostic and clinical management decisions to patients, carers, guardians and/or other colleagues</li> </ul>	<p>Types of evidence may include:</p> <ul style="list-style-type: none"> <li>relevant policy, procedures and documentation supporting quality management of the programme</li> <li>review policy and timeline</li> </ul>

	<ul style="list-style-type: none"> <li>• appropriately selecting, managing and interpreting investigations (e.g. reviewing results)</li> <li>• understanding the challenges of safe prescribing for people at extremes of age, which includes neonates, children and frail or elderly people</li> <li>• assessing a clinical situation to recognise a drug reaction</li> <li>• managing adverse incidents and therapeutic interactions appropriately</li> <li>• accessing the current product literature to ensure medicines or products are prescribed and monitored according to most up to date criteria</li> <li>• making an appropriate risk benefit assessment with regard to the patient's preferences and circumstances</li> <li>• recognising if they are prescribing an unlicensed medicine</li> </ul> <p>Using medical devices safely</p> <ul style="list-style-type: none"> <li>• understanding the importance of being trained in the use of specialist medical equipment and devices</li> <li>• knowing how to safely operate medical devices after appropriate training</li> <li>• making sure medical devices are used safely by complying with safety checks, contributing to reporting systems, and following other appropriate maintenance, monitoring and reporting processes</li> <li>• understanding the design features and safety aspects associated with the safe use of medical devices</li> </ul> <p>Infection control and communicable disease</p> <ul style="list-style-type: none"> <li>• preventing, managing and treating infection, including controlling the risk of cross-infection</li> <li>• working appropriately within the wider community to manage the risk posed by communicable diseases.</li> </ul>	<ul style="list-style-type: none"> <li>• use of multisource feedback including patient feedback</li> </ul>
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