

General Dental Council

Quality Assurance Report Standards for Specialty Education

Training commissioner Northern Ireland Medical and Dental Training Agency	Training programmes Oral Medicine Oral Surgery Restorative Dentistry Oral and Maxillofacial Pathology Orthodontics
Outcome of Specialty Training self-assessment against the Standards for Specialty Education.	Three GDC actions identified for the training commissioner

Full details of the GDC’s specialty quality assurance process can be found in the annex

Summary

Remit and purpose:	To quality assure the specialty training and education being delivered by the Northern Ireland Medical and Dental Training Agency
Standards for Specialty Education:	All
Date of submission:	16 March 2022
GDC Staff:	Martin McElvanna, Education and Quality Assurance Officer Scott Wollaston, Education and Quality Assurance Manager
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This report sets out the GDC’s analysis of the self-assessment and evidence submission by the Northern Ireland Medical and Dental Training Agency (hereafter referred to as “the training commissioner” or “NIMDTA”) against the *Standards for Specialty Education* (“the Standards”).

NIMDTA is an arm’s length body sponsored by the Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland. NIMDTA commissions, promotes and oversees postgraduate medical and dental education and training throughout Northern Ireland.

This GDC specialty report should be read in the context of the GDC’s policy to develop the quality assurance of specialty training in collaboration with training commissioners.

The panel were grateful for the comprehensive and well-presented set of documentary evidence in support of the submission.

We noted that there are typically a maximum of three Dental Specialty Trainees (DST) in any specific Dental Specialty Training Programme in Northern Ireland.

The GDC wishes to thank the Postgraduate Dental Dean (PGDD) and staff at NIMDTA for their co-operation and assistance in this specialty submission process.

A list of acronyms can be found on page 19 of this report.

Summary of Requirement outcomes:

Of the 20 Requirements under the Standards, the GDC considers that the submission from NIMDTA team demonstrates:

	Number of Requirements	Requirements
Met	18	P1, P3, P4, P5, P7, P8, P9, P10, P11, P12, P13, P14, P15, P16, P17, P18, P19 and P20
Partly met	2	P2, P6
Not met	0	None

Requirements that were considered to be partly met have resulted in three actions which NIMDTA must address by the end of Q4 of 2022 to demonstrate progress against these Requirements.

Outcome of Requirements:

Standard One	
P1	Met
P2	Partly Met
P3	Met
P4	Met
P5	Met
P6	Party Met
P7	Met
Standard Two	
P8	Met
P9	Met
P10	Met
P11	Met
Standard Three	
P12	Met
P13	Met
P14	Met
P15	Met
P16	Met
P17	Met
P18	Met
P19	Met
P20	Met

STANDARD 1 – PROTECTING PATIENTS. Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of a correct and justifiable standard. Any risk to the safety of patients and their care by specialty trainees must be minimised.

P1: For clinical procedures, the programme provider should be assured that the specialty trainee is safe to treat patients in the relevant skills at the levels required prior to treating patients. (Requirement Met).

In their self-assessment, NIMDTA provided extensive commentary to illustrate how the PGDD and the Quality Team are assured that specialty trainees are safe to treat patients in the relevant skills at the levels required prior to treating patients.

The panel also reviewed a set of supporting documents which NIMDTA provided covering the following areas under this Requirement:

- recruitment processes for DSTs and job descriptions
- induction of DSTs
- *NIMDTA Trainee Educational Agreement*
- *draft NIMDTA Policy Removal of a Trainee.*

NIMDTA explained the thorough recruitment and selection process for specialty training programmes in Northern Ireland. The panel noted the adherence to the standardised UK-wide national recruitment process. Extensive pre-employment checks are carried out, including any fitness to practise matters which would be reviewed by NIMDTA's Doctors and Dentists Review Group.

NIMDTA referred to the NIMDTA Educational Agreement which DSTs must complete prior to the commencement of their post. In this they declare that they will only perform procedures in areas where they have sufficient knowledge, experience and expertise as set out by the GDC, their employers and Clinical Supervisors (CS).

NIMDTA described a robust trainee induction programme which has three components, an induction at NIMDTA, Local Education Provider (LEP) and specialty-specific level. At NIMDTA level, this is provided by the Associate Postgraduate Dental Dean (APGDD) for Hospital Training. The LEPs are responsible for making arrangements for providing placement inductions. Specialty-specific induction is provided by the Training Programme Director (TPD). Inductions are managed at a ratio of either 1:1 or 1:2 and are individually tailored, given that in Northern Ireland there are typically no more than two dental specialty trainees (DST) who start a programme at any given time.

This three-stage induction process provides assurance that trainees enter specialty programmes at the appropriate level.

We considered that this Requirement was Met.

P2: Programme providers must have a policy in place to inform patients that they will be treated by specialty trainees and providers should confirm patient recognition of this policy. (Requirement Partly Met).

Under this Requirement, NIMDTA submitted a variety of LEP documents relating to patient information and advice. These clearly indicate that they are being treated in a teaching hospital and that there may be students present during their consultation or that there are dentists in specialty training in attendance.

NIMDTA explained that all staff within the training unit wear name badges.

In referral letters, DSTs make clear that they are a DST.

The LEP consent form also requires consent from a patient that healthcare students are supervised by healthcare professionals who are assisting in their care.

We note the introduction of a new protocol *Care Provision by Dental Hospital Trainees – Patient Awareness and Recognition* which was agreed at a Quality Management meeting on 8 April 2022.

NIMDTA informed us that lanyards have been ordered for all DST and Dental Core Trainees (DCT) and will be distributed once received, with their immediate use mandated from then on. The requirement to wear the lanyard will be included in trainee induction handbook 2022-2023 and NIMDTA induction.

NIMDTA informed us that lanyard distribution and inclusion in trainee induction documents will be completed by the end of June 2022.

NIMDTA also explained that it is currently working in collaboration with LEPs to develop a protocol for the identification of DSTs. A proposal suggested is the removal of acronyms which currently are not clear to patients. This issue has been added to the agenda for the Hospital Dentistry Committee (HDC) and the panel had sight of this agenda.

Given the ongoing developments and in agreement with NIMDTA, the panel considered that this Requirement was Partly Met.

P3: Programme providers must ensure specialty trainees provide patient-centred care in a safe learning environment. The provider must comply with relevant legislation, including equality and diversity, and requirements regarding patient care. (Requirement Met).

NIMDTA provided a range of documents in support of this Requirement, including a comprehensive list of Local Education Provider (LEP) policies and procedures.

NIMDTA and the LEPs have an educational contract which is the Learning and Development Agreement (LDA). This states that LEPs are responsible for maintaining a safe and appropriate learning environment underpinned by appropriate processes, resources, facilities and capacity to support trainees in their learning and allow them to raise patient safety concerns.

NIMDTA undertake routine and cyclical visits to LEPs, followed by reports summarising visit findings describing areas of good practice or areas for improvement or concern. This includes asking DSTs about their induction, learning experience and supervision. If there are areas of concern, these are addressed at the follow up visits usually within 8-10 weeks of the initial visit taking place.

The panel saw an example of this process in action in the *NIMDTA Factual Accuracy Report* of 9 December 2021 following a visit to the Belfast Health and Social Care Trust (BHSCT). We noted the areas of concern and areas of significant concern, as well as areas of good practice. We had sight of a *LEP Action Plan Deanery Visit Report* following a NIMDTA visit. The actions, which are red, amber and green-rated, will be reviewed again by the Quality Management Team in September 2022 via an updated LEP report.

NIMDTA explained that they define safety in the DST's workplace under three headings: educational, physical and clinical safety. We also reviewed the *NIMDTA Educational Monitoring and Safety & Quality* document, clinical safety policies, the Health and Social Care (HSC) alert system and policy of zero tolerance of unacceptable patient behaviour.

Within the *HDC Terms of Reference*, we noted that safety and quality is a standing item in the HDC agenda where all training units are represented and any concerns regarding safety can be discussed.

The panel had access to an extensive suite of LEP policies relating to equality, diversity and inclusion (EDI), cultural awareness, obtaining patient consent, conflict management, bullying and harassment, clinical record keeping, adult safeguarding and disability equality. We also noted the *NIMDTA Equality & Diversity Policy for Doctors and Dentists in Training*.

NIMDTA explained that EDI is delivered at local level for dental trainers who avail themselves of the NIMDTA Recognised Trainer programme. A new Cultural Awareness training module for Recognised Trainers has also been piloted.

NIMDTA cited some examples of where reasonable adjustments for DSTs have been made within the Trust. For example, provision for left handed trainees and students, a lift for disabled trainees and patients and a modified dental chair for use by a dentist wheelchair user.

The panel saw sufficient evidence that there is a process in place for trainee issues to be raised and considered and we saw some evidence of progress of these.

We considered that this Requirement was Met.

P4: When providing patient care and services, specialty trainees are to be supervised at a level necessary to ensure patient safety according to the activity and the trainee's stage of development. (Requirement Met).

We referred once again to the *NIMDTA Educational Agreement* as well as supervision policies, timetables and the provided documents in support of this Requirement. Supervising consultants are identified on DST timetables.

NIMDTA closely manages appropriate supervision arrangements in co-ordination with the LEPs. The panel noted that supervision arrangements and timetables are reviewed formally at the interim Review of Competency Progression (RCP) meetings and on an annual basis by an external expert through Specialist Advisory Committee (SAC) representation in the RCP process.

Procedures carried out by DSTs for the first time in units are fully supervised to monitor competence from the outset. If a learning need is identified, this is addressed on a case by case basis.

The LDA details the requirements expected of CSs for trainees placed in LEPs. The Trust confirmed that procedures are in place to ensure that consultants are available to trainees in all clinics. We noted the positive comments regarding clinical supervision in the NIMDTA BHSC visit report from December 2021.

Given the contained nature of training in the units, TPDs and Educational Supervisors (ESs) have regular contact with trainees and timetables and supervision are regularly discussed on an informal basis. This also facilitates regular contact between DSTs, their CS, ES and TPD, both at a formal level for RCP preparation and informally.

We saw a sample of DSTs Direct Observation of Practical Skills forms with assessor signatures.

The panel noted the recent introduction of a standardised TPD report template for use from 2022 which contains fields for completion by both the CS and ES.

We considered that this Requirement was Met.

P5: All educational and clinical supervisors must be appropriately qualified and trained, including training in equality and diversity where relevant to the role. Clinical supervisors must have registration with a UK regulatory body. There must be a clear rationale underpinning whether individual clinical supervisors are/are not included on a specialist list. (Requirement Met).

NIMDTA explained that recruitment of ESs and CSs is via open competition and trained panel members only appoint supervisors who can demonstrate a commitment to learning and teaching, an ability to assess and appraise trainees, have teamwork and leadership skills and exhibit the personal and professional attributes that are required of the role. The LDA also details the standards for selecting, developing and supporting educators.

We saw the ES job description and *NIMDTA's Achieving and Maintaining Recognition Policy*. This describes the role of the Faculty Development Education Management Team which is responsible for the management of the NIMDTA Recognised Trainer Database. This allows LEPs to maintain an accurate database of the number and types of trainees being supervised by each Recognised Trainer and job planning allocation.

When TPDs take up their role, they receive a Handbook and undergo an induction from the Associate Postgraduate Dental Dean (APGDD). LEPs provide induction sessions for new CSs and ESs in adherence with NIMDTA's Achieving and Maintaining Recognition policy, as explained in the LDA. Trainers are required to undergo an annual educational review within the LEP.

Educators and Recognised Trainers have the opportunity to attend NIMDTA delivered educational events and meetings such as the Clinical Education Day and Professional Support Day and we saw details of these. In addition, NIMDTA's delivers some flagship events, such as the Annual Clinical Education Day, which provides educators and Recognised Trainers the opportunity to meet and therefore foster a consistent approach to education and training.

NIMDTA explained that LEP CSs and ESs are registered with the GDC. CSs and ESs are appointed by the Trust and are registered on the GDC's Specialist List in the respective specialty. TPDs must be registered with the GDC or GMC.

Equality, Diversity and Inclusion (EDI) is delivered locally for dental trainers who avail themselves of the NIMDTA Recognised Trainer programme and a new Cultural Awareness training module for Recognised Trainers is also being piloted.

NIMDTA explained that it is the responsibility of the LEP to maintain a list of specialists and ensure they maintain their professional registration. However, NIMDTA has introduced an additional assurance measure and will cross-check on an annual basis that all listed CS and ES trainers are registered with the GDC. It would have been helpful to know when in the year this will take place and how issues identified with registration would be addressed.

We considered that this Requirement was Met.

P6: Programme providers must ensure that specialty trainees and all those involved in the delivery of education and training are aware of their duty to be candid in line with the guidance issued by the professional regulator. Specialty trainees must be made aware of their obligation to raise concerns if they identify any risks to patient safety. Programme providers should publish policies so that it is clear to all parties how they can raise concerns and how these concerns will be acted upon. Programme providers must support those who do raise concerns and provide assurance that staff and specialty trainees will not be penalised for doing so. (Requirement Partly Met).

Regarding the duty of candour, this is detailed on page 23 of the *Dental Specialty Trainee Handbook*. An escalation process is detailed on page 18 of the Handbook. A declaration of awareness of the GDC Professional Duty of Candour is detailed in the *NIMDTA Trainee Educational Agreement*. This is also covered at induction by the Associate Postgraduate Dental Dean.

NIMDTA and LEPs have a joint responsibility to ensure trainees are aware of the processes to raise concerns. A secure online portal accessible on NIMDTA's website allows trainees to raise concerns relating to patient safety.

The *NIMDTA Trainee Educational Agreement* also outlines trainees' responsibility to raise concerns and co-operate with any potential investigations. NIMDTA's Doctors and Dentists Review Group reviews any concerns, issues or incidents involving trainees that have been reported to establish if further action or support is required. This review also considers whether a trainee's fitness to practise (FtP) may be impaired due to health, performance or conduct and if so, the FtP process would be invoked.

We had sight of a draft of *NIMDTA's Escalation of Concerns Process* which explains the escalation of concerns related to clinical or educational governance for hospital-based trainees. It also describes a robust process to escalate concerns to various related stakeholders including the DHSSPS Sponsor Branch and Chief Medical Officer Office, Health and Social Care Board, Public Health Agency, NIMDTA Board, the Regulation and Quality Improvement Authority Medical Director and Queen's University of Belfast. The finalised document will be entitled *NIMDTA Raising and Managing Concerns* and will be forwarded to the GDC once it has received approval at the next QMG meeting.

Safety and Quality is a standing item on HDC agenda providing an opportunity to discuss issues raised anonymously or in other training programmes which may relate to dental programmes.

We also saw evidence of a clear LEP Whistleblowing policy.

NIMDTA cited extracts from their Corporate and Education Risk Registers which record all potential and actual risks to NIMDTA's Strategic Plan, with detailed action plans and controls to manage risks. We saw a series of statements from Education Risk Register in relation to Patient Safety. The Education Risk Register is RAG rated and we saw the Risk Quantification Matrix to illustrate this.

NIMDTA confirm that no incidents have taken place and therefore no action plan has been necessary and stakeholders have not needed to be notified.

We noted in the NIMDTA Deanery Visit Report of December 2021 that a recommendation was made to take proactive steps to encourage openness on the part of trainees and to protect them from any adverse consequences in relation to raising concerns (Recommendation 160). NIMDTA should provide us with an update on any progress made with this recommendation.

We considered that this Requirement was Partly Met.

P7: Programme providers must have mechanisms to identify patient safety issues. Should a patient safety issue arise, action must be taken by the provider with a clear rationale for the extent of the action including, where necessary, informing the relevant regulatory body. (Requirement Met).

NIMDTA explained the mechanisms in place to identify and manage patient safety issues.

Firstly, there is an onus on DSTs to raise patient safety issues through their placement provider's clinical governance procedures. This is detailed in NIMDTA's DST Handbook. They can also raise issues on NIMDTA's Raising Concerns Portal.

Secondly, LEP's record clinical incidents or 'near misses' on a system called "DATIX". At the LEP there are patient safety leads. We noted the information in the LEP Incident Trigger List. DATIX submissions are monitored by one of the DSTs and presented at a monthly audit meeting. The LEP uses reported incidents as a teaching opportunity.

Thirdly, NIMDTA explained that any trainee involved in a Serious Adverse Incident (SAI) is managed in line with LEP procedures. SAIs are recorded on DATIX and final reports are shared with staff involved in the SAI for learning and discussion with supervisors and to ensure that DSTs are supported. DSTs are asked to reflect on a SAI within their portfolio under Journal entries.

The panel saw examples of the documents relating to Oral and Maxillofacial Pathology incident and error reporting procedures.

NIMDTA explained that any patient safety issue automatically triggers an audit of practice, with possible recommendations to be made. We saw an example of the LEP Quality and Audit proposal form in use.

We considered that this Requirement was Met.

STANDARD 2 – QUALITY EVALUATION AND REVIEW OF THE PROGRAMME. The provider must have in place effective policy and procedures for the monitoring and review of the programme leading to recommendation for issue of a certificate of completion of specialist training.

P8: Programme providers must have a quality framework in place that details how the quality of the programme/examination is managed. This will include ensuring necessary development to programmes 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. (Requirement Met).

The panel considered NIMDTA's explanation of the roles of regulator and distinction between quality assurance, quality management and quality control demonstrated a good understanding of the roles of the Deanery and LEPs.

NIMDTA explained that "Quality Management" refers to the arrangements through which a deanery satisfies itself that LEPs are meeting regulator standards. The NIMDTA Quality Management Policy 2021 and Terms of Reference details the educational governance

structure and explains the processes for the monitoring, management and improvement of the quality of programmes.

“Quality Control” is defined as the arrangement through which LEPs ensure that postgraduate dental specialty trainees receive education and training that meets local, national and professional standards.

NIMDTA also submitted several documents to illustrate the quality framework within which they operate. We noted the following:

- NIMDTA Quality Management Policy 2021
- NIMDTA Quality Management Terms of Reference (ToR)
- NIMDTA Quality Management Group (QMG) Action Log
- NIMDTA Administrative RCP Checklist
- NIMDTA Minutes of HDC meeting

We noted that QMG meets fortnightly as seen in the ToR to oversee quality management aspects of NIMDTA’s operations and ensure that NIMDTA is meeting its statutory obligations.

NIMDTA and the LEP attend an Annual Review meeting at which the PGD is present. This meeting includes a review of how well the LDA between NIMDTA and the HSC Trust is working.

We also saw a clear statement within the NIMDTA LDA in relation to the Roles and Responsibility under the Quality Framework. There are clear processes to ensure that TPDs and LEPs are following relevant guidance via educational monitoring processes.

NIMDTA explained that dental training programmes are managed by the APGDD, TPDs and the Dental Team.

The PGDD provides an update to the HDC as a standing item on the HDC agenda. The PGDD reports on relevant national changes including information from the SAC to COPDEND on curriculum and assessments. The APGDD attends the COPDEND Dental Specialty Training Advisory Group where all national matters in relation to specialty training are discussed and shared.

In the event that HSC-wide changes to regulation or standards occur, these are circulated to all trainees both through the LEP and the Deanery.

The quality management quality of placements is discussed at Requirement 11.

Regarding mapping to the GDC approved curriculum/latest learning outcomes, the DST Portfolio is used by DSTs to record evidence against the curriculum requirements and learning outcomes. NIMDTA works with LEPs to ensure they have resources to deliver learning opportunities and practical experiences to learners as dictated by their specialty curriculum.

Should there be any uncertainty about the ability to deliver a new or modified programme, NIMDTA will take advice from the SAC.

We considered that this Requirement was Met.

P9: Providers must address any concerns identified through the operation of this quality framework, including internal and external reports relating to quality, as soon as possible. (Requirement Met).

The PGD regularly meets Medical Directors at each HSC Trust to discuss educational concerns. Meetings take place twice a year between NIMDTA and LEPs. Open Items on LEP Quality Reports and other educational concerns are reviewed for progress and resolution.

Safety and Quality is a standing item on the HDC agenda to ensure that best practice is shared and any safety concerns are highlighted and addressed.

The panel saw an example of this process in action in the NIMDTA Factual Accuracy Report and note there is a forthcoming action plan as detailed in P3.

External quality assurance is provided during the RCP process by SAC Representatives. We had sight of a SAC Representative ARCP report. Post-CRP discussions with the SAC informs advice given to COPDEND and the individual Deanery. We noted the ARCP External Report which demonstrated external input to the process as per the Gold Guide example from June 2021.

The PGDD attends national COPDEND meetings and provides a report on specialty training in Northern Ireland (NIMDTA UK PGDD Four Nation Report).

We considered that this Requirement was Met.

P10: 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. (Requirement Met).

Internal quality management procedures are discussed at Requirements 8 and 9 above.

Regarding external quality assurance, one notable component is the RCP process. Lay reports from RCP processes are reviewed by the Chair of the RCP and forwarded to the NIMDTA Quality Management Group (QMG) to identify areas for improvement and good practice.

We were provided with exemplars of the Oral Medicine shared national programme. This illustrated critical appraisal and shared teaching sessions in collaboration with other training commissioners relating to curriculum components.

A lay and an external dentist assessor participates on the NIMDTA visiting panel and we noted this in the December 2021 Visit Report.

The PGD meets Medical Directors at each HSC Trust regularly to discuss educational concerns.

We considered that this Requirement was Met.

P11: The programme provider must have systems in place to ensure the 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. (Requirement Met).

We had a wealth of evidence from the submission to illustrate how NIMDTA monitors the quality of the established LEP.

NIMDTA undertake cyclical visits to LEPs to review processes and procedures within the LEPs. Also considered are educational arrangements including the quality of supervision,

accessibility and responsiveness of senior staff, working patterns, workload and a review of the patient consent process. Informal feedback is also obtained from consultants.

At the visit, areas for 'improvement', 'concern' or 'significant concern' are identified and assigned a risk rating (green, amber or red) on the basis of the 'impact' and 'likelihood' of the risk occurring. 'Impact' relates to patient or trainee safety, or the risk of trainees not progressing in their training and 'likelihood' measures the frequency at which concerns arise.

A full Visit Report is produced and we reviewed the report from the *NIMDTA BHSCT* visit in 2021. The report also summarises visit findings and areas of good practice. NIMDTA confirmed that there have not been any new quality concerns following this visit.

At QMG meetings, the status of concerns is reviewed with a status assigned to each action, categorised as 'New Concern Identified', 'Plan in Place', 'Progress Being Monitored', 'Change Sustained' or 'Close Concern'. A timeframe for addressing actions is also recorded.

Any areas of concern are addressed at the Post Visit Follow Up meeting, as held within 8-10 weeks of visits/reviews taking place. This enables action plans to be discussed between Visit Chairs and Medical Directors.

LEPs are expected to submit a twice yearly Quality Report which reports progress on addressing and resolving areas of concern. Quality Report Meetings between NIMDTA and LEPs take place twice per year to review and monitor progress in resolving Open Items on LEP Quality Reports and any other educational concerns identified at visits. The meeting is attended by the PGDD, Director of Professional Development, APGDD, Associate Deans for Visits and LEP Director of Medical Education and their team. The PGDD will receive feedback from this meeting on progress in resolving relevant open items.

Regarding trainee feedback, trainees can raise concerns about any aspect of their placement. The LDA requires LEPs to facilitate trainee representation and involvement in engagement events and other meetings. The LDA itself is also reviewed at the NIMDTA and LEP Annual Review.

There is also an opportunity for DSTs to give feedback through the Trainee Representative attending the HDC.

At visits, DSTs are also asked questions in relation to their induction.

In the Lay Visit Report from December 2021, several trainee concerns were recorded. In particular we noted Recommendation 160 as discussed at Requirement P6. We noted that the LEP lead and 'action complete' columns are empty. NIMDTA informed us that many of the actions identified in this report will be updated in the September 2022 LEP Quality Report.

Regarding patient feedback, this is not a requirement for the purposes of assessment in the RCP requirements. However, the LEP has added all DSTs to their patient feedback system following NIMDTA's 2021 cyclical visit so DSTs now have access to patient feedback. It would have been helpful for the panel to have had sight of feedback from patients.

We considered that this Requirement was Met.

STANDARD 3 – STUDENT ASSESSMENT. Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.

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, and that they are fit to practise at the level of a specialist in the relevant specialty. This assurance should be underpinned by a coherent approach to the principles of assessment referred to in these standards. (Requirement Met).

NIMDTA explained in their submission that its training programmes are managed by the APGDD, TPDs and Education Management Team.

In their induction, trainees are introduced to the formal RCP process through which their progression is monitored. This also sets expectations with regard to work-based assessments (WBA) and portfolio completion. The RCP process also provides information to trainees regarding their progress in the programme and setting objectives for the next learning year.

NIMDTA clearly illustrated that it manages the RCP process in adherence with COPDEND's Gold Guide. It also observes the guidance in the Gold Guide and uses the "ARCP Panel and Decision Aid 2022" matrix and RCP minimum data sets as set by each SAC.

The portfolios are a vital resource for illustrating that the full range of GDC-approved learning outcomes in the relevant specialty curriculum are being addressed by trainees. Within the portfolio, trainees can select and link the evidence and assessments undertaken to the curriculum domains and this give assurance that curriculum requirements are being addressed.

An ES report is completed for each clinical RCP. For non-clinical RCPs, the trainee's academic ES reviews the RCP and completes a training report.

After the RCP process has completed, trainees receive their feedback directly from the TPD. If required, a targeted personal development plan is issued and training supported identified and agreed.

NIMDTA were clear that the recommendation to the GDC of a CCST can only be made once the minimum time in training for each specialty has been completed, the appropriate Royal College speciality examination has been passed and the trainee has received a final Outcome 6 in the RCP process.

We noted that NIMDTAs takes part in Super-Regional RCP panels, in conjunction with NHS Education for Scotland and Health Education and Improvement Wales. We agreed that this demonstrates good working between panels, particularly for small specialties.

We considered that this Requirement was Met.

P13: Programme providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. Assessment conclusions should include more than one sample of performance. (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 members of the dental team, peers, patients and/or customers. (Requirement Met).

As explained at P12, NIMDTA manages the RCP process in line with the COPDEND Gold Guide.

The use of detailed portfolios demonstrates how training on a programme is recorded. We saw examples of WBAs which illustrates the 4 performance levels at different stages of training, from Level 1: Appropriate for Early Years Training to Level 4: Appropriate for Certification.

Those members involved in supervising training, the TPD, APGDD and the SAC representative, who have an understanding of the principles of assessment, review the portfolio. This allows for a specialty-specific perspective as well as an external perspective when assessments are being reviewed.

SAC representatives are nominated by the SAC which enables the SAC to standardise the approach to assessments.

Additionally, dental trainers who participate in the NIMDTA recognised trainer programme complete modules on assessment.

Regarding feedback, NIMDTA explained that there is a system of multi-source feedback (MSF) which is obtained annually for each trainee. MSF has evolved with input from the relevant SAC. This includes trainees' self-assessment and feedback from a variety of peers including dental care professionals and centre support staff.

Finally, explained that the PGDD analyses and evaluates progression data from specialty examination results and RCP outcomes. This is then benchmarked against national progression data. All of this data is provided to the QMG.

We considered that this Requirement was Met.

P14: Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current and best practice and be routinely developed, refined, monitored and quality managed. (Requirement Met).

NIMDTA confirmed in their submission that it follows the current curricula for each the specialties in adherence with the Gold Guide. Within the curricula, the range of summative and non-summative assessments are specified and mapped directly to the learning outcomes.

A variety of assessment methods are used in the RCP process such as WBAs, logbook entries, reflection and feedback. The methods used are appropriate to the learning outcomes.

The RCP outcomes are recorded on the Intercollegiate Surgical Curriculum Programme (ISCP) system and also on the Dental Gold Guide RCP Outcomes Form, in line with national standards.

NIMDTA have recently agreed to participate in Super-Regional RCP panels, where possible. Such participation enables NIMDTA to be aligned with the national process so that consistent, current and best practice is adopted and up to date methodology is being constantly developed through COPDEND.

The quality assurance of assessments takes the form of reports from the RCP process which are reviewed by the Chair of the RCP and forwarded to the NIMDTA QMG to identify areas of good practice and areas for improvement. RCP outcomes are also shared with the HDC through the respective TPD Reports and a summary provided at QMG meetings for ongoing monitoring.

We considered that this Requirement was Met.

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. (Requirement Met).

NIMDTA explained that TPDs oversee the specialty programme and are responsible for ensuring trainees progress safely through the programme.

This is underpinned by the RCP process and portfolio system which are pivotal for the frequent planning, monitoring and recording of assessments against each of the learning outcomes in the respective training year. This applies for both trainers and trainees.

The RCP process has been discussed at P4, P12, P13 and P14. RCPs take place annually and an additional interim RCP is held at 6 months for new DSTs to a programme. RCP outcomes are noted at NIMDTA's Hospital Dentistry Committee and also NIMDTA's Quality Management meetings.

Assessments are completed within ISCP and are signed off by CS's, ES's and supervising colleagues.

We considered that this Requirement was Met.

P16: Specialty trainees must have exposure to an appropriate breadth of patients/procedures and should 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. (Requirement Met).

The panel considered that the logbook provided demonstrated a breadth and depth of trainee experience. This is corroborated by the documents we saw relating to the RCP process above.

We also noted that the breadth and volume of experience is reviewed at cyclical monitoring. Although the cyclical visit would not focus on individual trainees, the visiting team may ask if trainees (as a group) feel that they are getting access to enough practical experience and training opportunities to meet curricular requirements to progress in training.

NIMDTA explained that any concerns relating to clinical exposure or experience are addressed on a specialty by specialty basis by the TPD or through RCP. Where these arise, NIMDTA will act to remedy any deficiency that cannot be delivered locally by supporting the DST to travel to another region. We saw an example of this in Oral Pathology.

NIMDTA explained that local placement in another unit is integral to a number of programmes to ensure an appropriate breadth of experience. This includes zygomatic implant placement and oncology experience in an Oral & Maxillofacial Surgery unit in a neighbouring Trust for trainees in Restorative Dentistry.

Furthermore, DSTs have had the opportunity to avail themselves of Simodont simulation training at NIMDTA and they can take advantage of ongoing training on these units. Simodont haptic simulation units are also available for DSTs returning to training following time out of programme. The panel learnt how this initiative enabled individualised return-to-training plans to be developed for returning trainees. Other support available includes mentoring schemes and the availability of one to one coaching.

NIMDTA explained that during the COVID-19 pandemic, DSTs were advised to complete a weekly COVID survey to measure any impact on their training.

The panel had sight of an anonymised overarching trainee timetable which demonstrated good variation across a period of a week. Given the small number of trainees on the Northern Ireland training programmes, it was possible to see trainees within the timetables for Oral Medicine, Oral Surgery, Restorative Dentistry and Oral & Maxillo-facial Pathology. The supervisor initials are included which also gave assurance that the trainees see a variety of supervisors.

We considered that this Requirement was Met.

P17: 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. (Requirement Met).

We considered that regular feedback from trainees is well demonstrated in the extracts of portfolios and in MSF. The Intercollegiate Specialty Fellowship Examination portfolio contains feedback as an essential component of WBAs and these are reviewed at clinical progression meetings. We also noted the Reflection, LEP Patient Feedback and PSU FAQs.

In NIMDTA's educational monitoring activities with LEP, trainees are asked in a questionnaire whether they receive regular informal feedback on their clinical performance from senior clinicians and what feedback they receive about teaching or presentations they have delivered.

NIMDTA explained that the LEP has added all DSTs to their patient feedback system allowing DSTs to have electronic access to patient feedback.

Small group teaching and presentations opportunities are encouraged within the unit for trainees to present to peers. This enables them to develop their theoretical, clinical and professional knowledge and practice, as well as reflection. This was identified as an area of strong and effective practice in the cyclical visit 2021.

Trainees are encouraged to connect with trainees from other regions and are formally encouraged to participate in national speciality specific events. NIMDTA is also working with the LEP to increase national networking opportunities for DSTs as detailed in the NIMDTA Follow up Visit Report.

There is an established Professional Support & Wellbeing (PS&W) Unit underpinned by the PS&W Policy. This outlines procedures for mentoring and coaching support for trainees with training needs. It also allows for early identification of trainees requiring additional support and options to address this. Additionally, if there are concerns about a trainee's health or well-being, there will be an automatic referral to PS&W Unit for pastoral support.

NIMDTA explained that reflection is an integral element on the portfolio where trainees are required to reflect on assessments. This is recorded on the ISCP system. MSF also encourages trainees to reflect on their professional practice.

We considered that this Requirement was Met.

P18: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate registration with a regulatory body. (Requirement Met).

NIMTDA submitted documents applicable to this Requirement such as the *ARCP Guidance for Lead Educators*, *NIMDTA STATUS – Recognised Trainer* and *LEP Appointed Educators* documents.

As explained at P5, NIMDTA trainee appointments take place through open competition and selection made by trained panel members. TPDs must be registered with the GDC. Trainers are subject to annual appraisals.

All named CSs who have undertaken the Recognised Trainer training will have obtained a Recognised Trainers Certificate confirming training in Supervisory Skills, Teach the Teacher, Supporting Trainees and EDI as well as dental-specific training. This includes training in providing regular, constructive and meaningful feedback to trainees on their performance, development and progress.

As described at P5, NIMDTA has an *Achieving and Maintaining Recognition* policy for hospital-based trainers, "STATUS". This includes details on the management of the NIMDTA Recognised Trainer Database for close monitoring of the number and types of trainees each Recognised Trainer is supervising and overall job planning allocation.

We considered that this Requirement was Met.

P19: 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. (Requirement Met).

NIMDTA explained in their self-assessment that externality in the RCP process is assured through the involvement of SAC representatives. We were provided with the *NIMDTA Lay Representative Handbook*.

In the interests of consistency, the SAC representative attending RCP panels is nominated by the SAC to ensure they have specialty-specific awareness in line with curricula requirements. This allows for identification of any deficits in the trainee's portfolio. This also enables the SAC to further develop and standardise assessment and to ensure the required skills and training are delivered to those who sit on panels.

In adherence with the Dental Gold Guide, the SAC representative produces an external assessor feedback form which contains includes commentary on the extent to which examination and / or assessment processes are rigorous, are set at the correct standard, ensure equity of treatment for specialty trainees and have been fairly conducted. We had sight of four *SAC Representative ARCP Reports* from 2019-2021 covering Restorative Dentistry and Orthodontics. We noted the positive feedback and that there were no issues that that needed to be actioned.

The SAC representatives report the outcomes to both the APDD for review and the SAC for their specialty. Subsequent discussion by the SAC informs advice to COPDEND and the individual training commissioner. A nominated Lead Dean attends SAC meetings to address any issues raised at COPDEND.

Each Specialty TPD will also provide a report at the bi-annual HDC including RCP outcomes and to present any issues that have arisen during the RCP process.

NIMDTA explained that it does not run examinations as this is conducted by the Royal Colleges in the respective specialty.

We noted the appeals options available to trainees and that these have not been invoked to date.

We considered that this Requirement was Met.

P20: 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 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. (Requirement Met).

There is coverage of assessments and the national RCP process at P13.

In addition, NIMDTA explained that the induction process for trainers covers an overview of the requirements of each training programme as clearly set out in the relevant specialty curricula. This includes expectations with regard to WBA, portfolio and the RCP process. This is also set out in the trainee handbook.

The RCP criteria are well-known and discussed in advance with trainers and trainees. It also forms part of the induction for trainers and trainees. In addition, specialty-specific checklists are shared in advance prior to final RCPs taking place.

Given the contained nature of NIMDTA's training programme, the number of assessors for each trainee is not large, maximising consistency when assessments are conducted. The unit is set in an undergraduate teaching school and therefore most assessors have additional training in assessment through their involvement in undergraduate training.

We considered that this Requirement was Met.

Common acronyms used:

APGDD	Associate Postgraduate Dental Dean
BHSCT	Belfast Health and Social Care Trust
COPDEND	UK Committee of Postgraduate Dental Deans and Directors
CS	Clinical Supervisors
DCT	Dental Core Trainee
DHSSPS	Department of Health, Social Services and Public Safety
DOP	Direct Observation of Practical Skills
DST	Dental Specialty Trainee
ES	Educational Supervisor
HDC	Hospital Dentistry Committee
HSC	Health and Social Care
ISCP	Intercollegiate Surgical Curriculum Programme
LDA	Learning and Development Agreement
LEP	Local Education Provider
MSF	Multi-source feedback
NIMDTA	Northern Ireland Medical and Dental Training Agency
PGD	Postgraduate Dental Dean
PS&W	Professional Support & Wellbeing
QMG	Quality Management Group
RCP	Review of Competency Progression
SAC	Specialist Advisory Committee
SAI	Serious Adverse Incident
TPD	Training Programme Director
WBA	Work-based assessment

Summary of Actions for NIMDTA

Req. number	Actions	Observations & response from NIMDTA	Due date
P2	1) The protocol for the identification of DSTs should be submitted alongside evidence of implementation in practice.		By end of Q4 2022
P6	2) NIMDTA should forward the “NIMDTA Raising and Managing Concerns” policy once it has received approval at the next QMG meeting. 3) NIMDTA should provide evidence of how the NIMDTA Deanery Visit Report of December 2021 recommendations relating to “openness on the part of trainees and to protect them from any adverse consequences in relation to raising concerns” have been satisfactorily actioned.		By end of Q4 2022

Observations from NIMDTA on the content of the report

Annex 1: Education Quality assurance process and purpose of activity

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council's (GDC) Strategic Review of Education (2008) recommended that the Council should actively quality assure all training and awards which lead to entry to all GDC registers and listings (Dentist, Dental Care Professionals (DCP) and Specialist).
2. The aim of this quality assurance activity is to ensure that dentist registrants, at the point of inclusion upon one of the GDC's specialist lists, have demonstrated, on completion of their training, that they have met the outcomes required for specialist listing on the dentists register with the GDC. This will underpin and add value to the GDC's responsibility in issuing a Certificate of Completion of Specialist Training (CCST) as part of the listing process.
3. Consideration and development of our quality assurance processes therefore apply to training programmes in all 13 current specialties. Whilst our statutory responsibilities (see section 17 below) focus on orthodontics and oral surgery we do not currently possess an evidence base, drawing upon public protection arguments to differentiate between the specialties in quality assurance activity.

Specialty training

4. The primary route by which specialists join the Specialist lists, and the route upon which the GDC focusses its quality assurance activity, is successful completion of a national training programme in the individual UK specialties, where training is based upon a GDC-approved curriculum¹, overseen by the regional training commissioner, and where the trainee also passes the relevant Royal College examination.
5. Following these successes, the trainee is recommended for entry to the GDC Specialist Lists by award of a Certificate of Completion of Specialist Training (CCST). The regional training commissioner recommend the award and the GDC awards the CCST.
6. Training in the dental specialties under the route described above is, typically, a three-year full-time hospital-based programme. This can involve trainees receiving training in a variety of hospital settings and other clinical environments. This form of delivery, together with the provision of exit examinations by a further examination provider has required changes to the GDC's model of pre-registration QA inspection which is typically based on a single training centre under the auspices of a university or other educational body.

The GDC's powers

7. The GDC's powers in relation to specialist education and training differ from its powers for pre-registration training:
8. The Dentist Act 1984 (the Act) restricts our ability to require training commissioners to provide information to those with Dental Authority (DA) Status. Of postgraduate providers, the Royal Colleges possess dental authority status as do universities undertaking postgraduate or specialist dental training. We can request information from other postgraduate training providers such as training commissioners who do not hold such status in connection with section 1(2)(a) of the Act.

9. We have powers under Section 9 of the Act to appoint visitors to inspect programmes and examinations of both undergraduate and postgraduate/specialist programmes. However, the concept of “sufficiency” applies only to DAs and there is no formal mechanism to approve or withdraw approval from postgraduate/specialist training providers who do not possess such status.
10. The Specialist List Regulations provide us with powers to determine who is eligible to join the lists.
11. The GDC is, in relation to specialist dental qualifications in orthodontics and oral surgery, the competent authority in the United Kingdom for the purposes of the Recognition Directive and the Dental Training Directive. The Council has a statutory duty to supervise training in these two specialties.
12. We have taken legal advice and have established that our statutory duty to supervise training in orthodontics and oral surgery can support quality assurance activity across the 13 specialties.

Annex 2: The EQA Process

13. The education quality assurance activity focuses on three Standards for training commissioners, with a total of 20 underlying requirements. These are contained in the document *Standards for Specialty Education* (current iteration published 2019 and available [here](#)).

General Principles

14. Our historic consultation and stakeholder engagement on the Standards signalled the GDC’s expectations in relation to specialty education. Publishing the first iteration of Standards for Specialty Education in 2015 was seen to send a clear message to the sector about the quality the GDC expects in order to protect patients and the public.
15. In addition to publishing the GDC standards, we recognised that the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) already publishes a quality management tool in the form of *The Gold Guide*. We also recognised that specialty trainees are in the main already GDC registrants; and that we needed to be sensitive to the fact that specialty training (where it takes place in NHS Trusts and roles) operates in an already highly regulated environment.
16. We have been mindful that that our regulatory approach, both in its piloting and in its current operational introduction, must not introduce disproportionate or unnecessary burdens on providers.
17. The second iteration of Standards for Dental Education, referenced above, maintains this proportionate approach whilst also containing two major developments:
 - a. Separating the Standards so there are discrete requirements for training commissioners and examination providers.
 - b. Introducing an overarching requirement to provide evidence (of the provider’s choosing) to support their self-assessment.

Collection of evidence

18. Therefore, the process remains based upon moderated self-assessment and includes:
- a. a data set that profiles specialty trainees and scrutinises key data including information about the trainees' progression rate through programmes and exit examinations.
 - b. a self-assessment questionnaire giving training commissioners the opportunity to indicate their performance in the context of the Standards and requirements.
 - c. the requirement to provide illustrative and supporting evidence to support the contents of the completed self-assessment questionnaire.
19. The following descriptors are employed as a means of reference for establishing a training commissioner's compliance with the individual requirements.

A Requirement is **Met** if:

There is sufficient appropriate evidence derived from the pilot process. This evidence provides the GDC with broad confidence that the training commissioner demonstrates compliance with the requirement. The training commissioner's narrative and documentary evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential."

A Requirement is **Partly Met** if:

Evidence derived from the pilot process is either incomplete or lacks detail and, as such, fails to convince the GDC that the training commissioner fully demonstrates compliance with the requirement. There may be contradictory information in the evidence provided.

There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in follow-up processes.

A Requirement is **Not Met** if:

The training commissioner cannot provide evidence to demonstrate compliance with a requirement or the narrative and evidence provided are not convincing.

The evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to concern and will require an action plan from the training commissioner.

Other:

Use of this descriptor is exceptional and will usually be applied if the training commissioner's narrative and evidence would be considered **Partly Met** but it appears to the GDC that evidence and/or indications across the breadth of the submission mean that during the observations period of the EQA process this requirement can be **Met**.

20. The significance of not demonstrating compliance with a requirement will depend upon the compliance of the training commissioner across the range of requirements and any possible implications for public protection.

21. Outcomes from the pilot specialty EQA exercise typically fell into two categories of follow-up action:

- a. Where requirements were not fully met, the need for follow-up action (either submission of further evidence or clarification of self-assessment) that could normally be addressed by ongoing further specialty monitoring.
- b. Joint action between the training commissioner and the GDC to capture good practice (where requirements were met) to further inform the evidence prompts within the Standards and so to provide additional guidance for future specialty EQA activity.