

**Dental Public Health
Dentistry Specialty Training Curriculum**

Approved on: 23 January 2023

Foreword

This specialty curriculum sets out the specialist knowledge, skills, and capabilities for the attainment of the award of the Certificate of Completion of Specialty Training (CCST) and admission onto the Specialist List for Dental Public Health.

It also demonstrates how Dental Public Health meets the GDC's Principles and Criteria for Specialist Listing. This standards-driven, transparent approach protects patients, the public, employers, and others through preparation of dentists to deliver high quality, safe, patient, and public-centred care as specialists within the UK healthcare system.

The curriculum has been written by the Dental Public Health Specialty Advisory Committee (SAC), a constituent committee of the Advisory Board for Specialty Training in Dentistry (ABSTD). The SAC is responsible for and owns 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 delivery of the curriculum via training and assessment providers is quality assured by the GDC using the Standards of Specialty Education. 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 specialist list and be eligible to use the title of "Specialist".

This curriculum will take effect for new trainees from September 2024.

Acknowledgements

The dental public health curriculum was led by Dr Huda Yusuf (Consultant in Public Health), Dr Kate Jones and Professor Gail Douglas with input from members of the Dental Public Health Specialty Advisory Committee across nations and included a trainee representative.

SECTION A: PURPOSE STATEMENT FOR DENTAL PUBLIC HEALTH

1. Introduction to the Dental Public Health Specialty

Although dental public health (DPH) specialists are dentists and have a broad range of experience of different branches of dentistry, they do not provide direct clinical care to individual patients as part of their role. Instead, the GDC specialty of dental public health primarily deals with protection and improvement of the oral health of the population, including actions to address health inequalities. Dental public health specialty training provides specialists who serve the public through advocating for, and facilitating, the development and delivery of services,

interventions and programmes which align with the evidence base to meet the health needs/demands of the population. This includes the appropriate management of threats to public health.

A UK specialist in dental public health is a dentist who has undergone formal training in a recognised programme with practical service elements as well as academic training in dental public health. Underpinned by knowledge and skills developed in their clinical training as dentists, the specialist training described in this curriculum develops trainees' specialist level knowledge and understanding of scientific concepts, theories and methods across the three main areas of public health to enable specialists who can apply these skills as system leaders across organisations with multiple agendas and to deal with complex problems. These three areas are known as the pillars of public health:

- Healthcare public health. This involves the ability to assess the oral health needs of different population groups using appropriate methods and oral health intelligence data. It also involves providing expert and impartial advice into how the health and care system can meet those needs and provide quality and equity of service provision
- Health improvement. This involves needs assessment and using evidence-based approaches to promote the oral health of populations, often with a particular focus on disadvantaged groups to address inequalities. Further, the specialist in dental public health is trained to consider a common risk factor approach to protect general health as well as oral health where possible
- Health protection. This involves the development of a broad range of skills in protecting public health from a variety of threats including infectious diseases, radiation and chemical threats

Fundamental to working across the three pillars of public health is specialist level knowledge in developing, selecting and using appropriate sources of health intelligence.

Dental public health is a clinical specialty which requires a dental surgery degree on entry to training. The training is normally four years in duration. Included within the first two of these four years is the development and formal assessment of trainees' specialist level knowledge and understanding of the scientific concepts, theories and methods required to undertake the role of a specialist in dental public health in relation to the three pillars of public health is usually delivered via a master's degree in dental public health or a master's in public health, with a dental public health module. This aspect of training is essential as little dental public health is taught and assessed within the undergraduate dental surgery curriculum and general dentists do not have the knowledge and competence to undertake population health improvement and protection. Acquisition of these fundamental skills is necessary to enable trainees to move on to their applied service training in years two to four where they may be hosted within multiple health and social care organisations and government bodies. Dentists with a taught master's degree in dental public health (or a master's in public health, with a dental public health module) can enter a three-year training programme as these fundamental skills have been taught and assessed prior to specialty training. The practical service elements of training are principally project based. Some projects may be of a general public health nature, but the majority are dental public health projects. In recent years there has been increased diversification between healthcare systems in England, Scotland, Ireland and Wales affecting dental services.

Consequently, although trainees will usually be trained within a single healthcare system, the skills developed must be transferable to all systems and therefore the opportunity to develop experience within a different system is encouraged.

The level of supervision will vary depending on the progress through training and each individual trainee's level of competence in an area. Learning towards desired outcomes will take place to ensure progression on the 'knows' to 'knows how' to 'shows' to 'shows how' continuum. Projects appropriate to the stage of training will be chosen to facilitate this. In the early stages of training the trainee will most often assist with tasks which fulfil their training needs and in the later years of training they will lead on projects to consolidate their leadership and organisational skills.

Trainee and specialists teaching and research activities

The dental public health specialty curriculum incorporates audit, research, teaching, epidemiology and service evaluation. Academic dental public health skills are developed through attachments to clinical academic trainers. It is an expectation that all specialists should be equipped to engage in teaching and training, especially at specialty level. Opportunities for undergraduate and postgraduate teaching are available within academic attachments during training. Further teaching opportunities may be offered with other education providers, commissioners and professional bodies.

Trainees in dental public health are expected to produce high quality outputs and to present and/or publish their work. These elements are important to develop specialist level skills in critical thinking and in using the appropriate evidence-base for the reviewing and planning of services and interventions.

As a specialist it is expected that individuals will engage in quality improvement activities and research regularly. These are an essential component of the role of a specialist in relation to maintenance of quality standards and contributing to the evidence-base in the field of dental public health.

2. Dental Public Health improving the health of patients and the population

Patient pathways and specialists' day to day work:

In their day to day work specialists in dental public health provide systems leadership to the NHS, commissioning organisations, national and local government, social care, education providers, local dental networks, other professional organisations and the community and voluntary sector. An understanding of clinical dentistry as well as the regulations that apply to dentistry, public health and social care services allows them to identify opportunities for innovation in care pathways and service commissioning*. They will assess population health needs, the availability of resources and advise on options to address any gaps identified in service provision. This may involve the critical evaluation of existing service provision and subsequent re-organisation to improve standards.

Specialists are also involved in health protection at a number of levels, from the protection of individuals attending for dental care, to the protection of the public from infectious diseases and other threats to public health. The dental public health specialists' skills may be used to advise on reorientation of the dental workforce to address health protection issues in times of crisis, for example establishment and safe provision of urgent dental care during a pandemic.

How the specialty improves the oral health of patients and the population:

The dental public health specialist has a specific role in improving oral health and reducing inequalities. The role involves advocating for oral health in the context of general health and influencing policy and strategy across the whole of the health and social care system. It also includes provision of expert advice based upon assessment and interpretation of multiple sources of evidence. This informs the development and delivery of evidence-based interventions, programmes and services which, in turn, supports the provision of better health outcomes and high-quality oral health-related care for all across the UK.

Specialists in dental public health advise on the development, implementation and evaluation of health improvement programmes to improve population health and wellbeing. A major focus for dental public health specialists is to address inequalities in oral health, for example by protected characteristic and in disadvantaged groups. They are consequently enabled to develop, implement and evaluate strategies which tackle or avoid inequalities. A further role within specialisation in dental public health is taking a lead on the management of risks identified within healthcare provision. In this role specialists can lead the dental system response to emerging threats to public health and promote resilience in dental services by preparing for and responding to local, regional and national emergencies.

How the specialty meets a clear dental public health need:

The specialty works for and within health and social care organisations to improve services and interventions/programmes for patient benefit and to improve and protect the oral and general health of the public. The specialist in dental public health often holds a position of responsibility as an impartial intermediary between providers and commissioners of services to advocate for the good of the public based upon needs. Dental public health services are rarely commissioned privately.

*Commissioning is the cyclical process of assessing needs, planning, prioritising, agreeing, securing and monitoring services.

3. Entry to the Training Programme

Entry to a specialty training programme is through competitive entry and the recruitment process will ensure that applicants are assessed against the essential and desirable criteria contained within the person specification.

A specialty trainee must be registered with the General Dental Council. It is desirable that during previous early years training the individual has experienced work in as many sectors of dental provision as possible. Evidence of excellence in terms of attributes such as motivation, career commitment will be expected, as will an ability to demonstrate the competences and capabilities required for entry to specialist training, either by successfully completing a period of agreed dental foundation/vocational and core training or by demonstrating that those competences have been gained in another way.

4. Outline of the training programme

Training programmes include suitable placements/rotational arrangements to cover all the necessary areas of the curriculum and may include an appropriate balance between dental teaching hospitals/schools, district general hospitals and specialist clinical environments, such that each trainee gains the breadth of training required for satisfactory completion of the curriculum.

The training programmes are usually based around a training centre, normally comprising a dental teaching hospital/school together with other associated, recognised, and validated training environments.

It is anticipated that 4 years would normally be required to satisfactorily complete the Dental Public Health curriculum to the required depth and breadth. However, the focus of specialty training is on achieving the HLOs rather than a prescribed duration therefore the RCP process allows for individual adjustments to be made to this where appropriate.

5. Training specific to Dental Public Health

Dental Public Health is an inherently academic speciality with a substantial knowledge base underpinning practice. The academic learning needed by registrars is usually, mainly delivered through a formal academic course(s) i.e. a masters course, provided by recognised academic institutions with summative assessments and the award of a nationally recognised qualification or credit. The formal taught component should be completed within the first two years of training if not held on entry to training. This is a prerequisite for the acquisition of knowledge and skills required for later stages of training where trainees will increasingly take on systems leadership roles when working with multiple organisations. Holding such a formal qualification in dental public health is also a prerequisite for sitting the dental public health intercollegiate specialty fellowship examination.

Trainees' learning opportunities are sought based upon their individual learning needs. Training is mainly project based and these may be planned annually or arise opportunistically, for example in response to threats to population health or safety. To meet all of a trainees' learning needs, cross regional or national working may be necessary.

Although trainees will usually be trained within a single healthcare system, the skills developed are required to be transferrable to all four UK healthcare systems. Therefore the opportunity to develop experience within a different system is often provided during training. Trainees in Northern Ireland also need to have a clear understanding of the healthcare systems in the Republic of Ireland due to cross border movement by health service users.

Training opportunities within a general public health setting may also be proposed as long as they offer trainees the opportunity to address learning outcomes identified within the dental public health curriculum. Such projects may include valuable opportunities which address the common determinants of oral and general health, such as tobacco control and health risk incidents.

6. Evidence and assessment

The purpose of assessment is to reassure the trainee, their employer and the public that they have achieved the required outcomes associated with their chosen specialty

The Higher Learning Outcomes (HLOs) should not be demonstrated through singular assessments. A programmatic assessment approach should be used in the workplace in which there are multiple assessment points over time, undertaken by multiple assessors with a range of methodologies and sufficient evidence to ensure reliability.

Most assessments early in the training programme will be undertaken as part of a taught programme such as a master's in dental public health or master's in public health with a dental public health module, which is a required part of the training programme if not held on entry to training. This will include both formative and summative assessments, the latter of which must be completed successfully for a trainee to progress through training.

The overall approach to assessment and provision of evidence of attainment in the curriculum is one of flexibility, as far as that is possible. Trainees should focus on 'quality over quantity', utilising assessments which are valid and appropriate to evidence the HLOs.

The principle of Supervised Learning Events (SLEs) is that trainees are assessed on work that they undertake on a day-to-day basis and that the assessment is integrated into their daily work. The curriculum does not stipulate minimum numbers of assessments for SLEs. When there is a requirement by specialty, this can be found in the specialty assessment strategy which is available at [Higher Specialist Training Documents and Curricula — Royal College of Surgeons \(rcseng.ac.uk\)](https://www.rcseng.ac.uk/higher-specialist-training-documents-and-curricula).

A full list of SLEs can be found in the glossary of assessment terms. Supervised Learning Event assessment tools will include but are not limited to:

- Clinical examination exercise
- Case based discussions
- Direct observation of procedural skills
- Procedure based assessments
- Multisource feedback
- User feedback
- Objective structured dental public health assessment

Training courses may be an effective way of gaining the underpinning knowledge and skills for some of the HLOs. However, attendance at a course will not normally be sufficient evidence of competence; assessors will be looking for evidence of competence and how the learning is applied in practice.

Continuous assessment throughout training will be undertaken by the educational supervisor, clinical supervisors and other educators involved in training, using a range of SLEs. All assessments completed in the workplace have a formative function, with trainees given contemporaneous feedback on their performance, and these all contribute to the decision about a trainee's progress. The assessment process should be initiated by the trainee, who should identify opportunities for assessment throughout their training.

In sections C and D, a list of sources of evidence are provided against each of the HLOs. These are provided as a list of possible sources, and there is no expectation that the full list of sources would be used as evidence of attainment of a particular HLO. Some of the assessments in Section D will be mandatory (for example College examinations), but other forms of assessment should be tailored to the training program/local circumstances/stage of training, and these should be agreed with the Training Provider(s) as part of the RCP process and the Education supervisor(s) as part of a learning agreement. **All mandatory assessments are clearly indicated in section D.**

Trainees are required to sit the appropriate royal college specialty examinations. These must be passed prior to the award of a certificate of completion of specialty training and entry to the GDC's specialist list for dental public health.

In Section C no individual assessment is mandated for all specialties. Further guidance will be provided in the specialty assessment strategy which highlight how the HLOs are best achieved within each programme. This will normally be through application in practice rather than summative assessment, although this may vary by specialty dependent on the range of workplace assessments.

An assessment blueprint is provided within Sections C and D which illustrates the SLEs that can be used to assess the HLOs.

Progress through training is assessed through the Review of Competence Progression (RCP) process, and training is completed when all the curriculum requirements are satisfied, and HLOs have been evidenced.

7. Research

Trainees may combine specialty training and academic development with an intention of becoming a clinical academic. The same curriculum outcomes for clinical training are required to be achieved as for any other trainee. Consideration of the required training time will need to be assessed depending on the proposed timetable and academic activities.

SECTION B: DELIVERING THE CURRICULUM AGAINST THE GDC STANDARDS FOR SPECIALTY EDUCATION

The GDC sets Standards for Specialty Education ([Dental Specialty training \(gdc-uk.org\)](https://www.gdc-uk.org/dental-specialty-training)) and assures that training commissioners and examination providers (collectively referred to as “providers”) meet these standards.

The standards relate to:

- Patient protection (training commissioners only)
- Quality evaluation and review
- Specialty trainee assessment

As part of the quality assurance process, the GDC will ensure that training and assessment is designed, delivered and reviewed within a quality framework, that patient safety is at the heart of programme delivery and that assessments are reliable, valid and clearly mapped to the Specialty curriculum learning outcomes. Reports from GDC quality assurance activity are available on the [Dental Specialty training \(gdc-uk.org\)](https://www.gdc-uk.org/dental-specialty-training) webpage.

SECTION C – GENERIC PROFESSIONAL CONTENT OF THE SPECIALTY CURRICULUM

Section C – Generic Professional Content of the Specialty Curriculum	
Domain 1: Professional knowledge and management	
Outcome	Examples
1.1. Demonstrate they can communicate effectively and respectfully with patients and others and with colleagues	<p>Effectively and respectfully communicate with patients, relatives, carers, guardians by:</p> <ul style="list-style-type: none"> • consulting with patients and carers in a sensitive and compassionate way • giving clear and accurate verbal/oral information with information the recipient wants and needs and avoiding unnecessary jargon • giving clear, accurate and legible written information in a form the recipient can understand, with information the recipient wants and needs and avoiding unnecessary jargon • making accurate and contemporaneous records of observations or findings in English • making information accessible and inclusive by adapting written and verbal communication and tone and adopting appropriate techniques and communication aids/resources to suit others as appropriate • assessing their communication support needs and implementing appropriate methods to reduce communication barriers. 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 • demonstrating ability to communicate effectively and sensitively when delivering bad news • recognising own limitations and works within limits of capabilities. • Competency in obtaining informed consent <p>Effectively and respectfully communicate with colleagues by:</p> <ul style="list-style-type: none"> • promoting and effectively participating in multidisciplinary, inter-professional team working • communicate effectively with referrers regarding patient consultation and treatment • ensuring continuity and coordination of patient care and/or management of any ongoing care through the appropriate transfer of information demonstrating safe and effective handover, both verbally and in writing

<p>1.2. Demonstrate that they can make decisions, while maintaining professional behaviour and judgement</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • maintaining appropriate situational awareness and sensitivity to the impact of their comments and behaviours on others (emotional intelligence) • influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations and exploring and resolving diagnostic and management challenges
<p>1.3. Demonstrate they can deal with complexity and uncertainty</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • showing appropriate professional behaviour and judgement in clinical and non-clinical contexts • demonstrating resilience • managing the uncertainty of success or failure • adapting management proposals and strategies to take account of patients' informed preferences, co-morbidities and long-term conditions • supporting and empowering patient self-care and respecting patient autonomy • recognises and manages dental emergencies
<p>1.4. Recognise their legal responsibilities and be able to apply in practice any legislative requirements relevant to their jurisdiction of practice</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • understanding, and adhering to, the principles of continuing professional development • understanding relevant guidance and law including that relating to equality and diversity, employment, health and safety, data protection etc, with an appreciation that legislation may differ between England, Scotland, Wales and Northern Ireland • understanding information governance, data protection and storage and the legal parameters relating to digital and written records in the context of their workplace • recognising the need to ensure that publicly funded health services are delivered equitably
<p>1.5. Recognise and work within the context of a health service and healthcare systems,</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • understanding the structure and organisation of the wider health and social care systems, including how services are commissioned, funded and audited

<p>understanding that systems may differ between England, Scotland, Wales and Northern Ireland</p>	<ul style="list-style-type: none"> • demonstrating an appreciation of how services are deemed to be clinically effective, cost effective or restricted such as on a 'named patient' basis • understanding how resources are managed, being aware of competing demands and the importance of avoiding waste • having an awareness of how services are held publicly accountable through political and governance systems, public scrutiny and Judicial Review • recognise and work towards achieving carbon neutrality within the context of understanding the importance of sustainability in design and delivery of services and demonstrating application of these principles in practice
<p>1.6. Recognise and demonstrate their role in health promotion, disease prevention and dental population health</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • understanding the factors affecting health inequalities as they relate to the practise of dentistry being willing and able to work to reduce health inequalities relevant to the practise of dentistry • understanding national and local population oral health needs • understanding the relationship of the physical, economic and cultural environment to health and its impact on patients and patient outcomes • understanding the role of national and local public health organisations and systems and how the role of a dental specialist supports these organisations in improving the public's dental health
<p>1.7 Recognise the importance of, and demonstrate the ability to practise, person-centred care (PCC), including shared decision making (SDM)</p>	<ul style="list-style-type: none"> • Understanding that patients are partners with their health care providers <ul style="list-style-type: none"> ○ providing balanced information about treatment options ○ eliciting the patient's concerns, values and preferences ○ offering support to the patient to help them to reach a decision and making that final decision together. • being able to articulate personal values and principles yet show understanding of how these may be different to those of others – patients and colleagues. • valuing, respecting and promoting equality and diversity

Domain 2: Leadership and teamworking

Outcome	Examples
<p>2.1. Demonstrate understanding of the importance of personal qualities within leadership (focus on self)</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • understanding a range of leadership principles and styles and being able to apply and adapt them in practice in a way that is relevant to the work context • understanding team dynamics, behaviours and personalities with insight and awareness of own behaviours and their effect on others. Relevant model: NHS Leadership Academy: the nine leadership dimensions
<p>2.2. Demonstrate understanding of the importance of working with others both within their specialty and the wider healthcare system (working with others).</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • being able to seek out the views of others in maintaining and improving specialist services • being able effectively to lead/chair multidisciplinary and interprofessional meetings • undertaking safe and effective patient handover, both verbally and in writing • demonstrating an understanding of leadership responsibilities as a clinician and why effective clinical leadership is central to safe and effective care • showing awareness of clinical leadership responsibilities and why effective clinical leadership is central to safe and effective care • being confident about challenging and influencing colleagues and the orthodoxy where appropriate • being able to lead the process of exploring and resolving complex diagnostic and management challenges • leading the formal appraisal process for their teams
<p>2.3. Demonstrate the importance of planning and an understanding of managing dental specialist services</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • understanding and being able to work effectively within the relevant being NHS funding, structures and pathways in their local healthcare system in relation to specialist dental services and the healthcare services they interface with, • understanding how to identify, mitigate and manage risk, including understanding local and national risk reporting structures

Domain 3: Patient safety, quality improvement and governance	
Outcome	Examples
3.1. Recognise a professional and statutory duty of candour and act accordingly within established governance, legal and regulatory systems, including equality and diversity	<p>They should do this by:</p> <ul style="list-style-type: none"> • understanding how to raise safety concerns appropriately through local and national clinical governance systems. • understanding how to raise concerns where there is an issue with patient safety, dignity or quality of care • demonstrating a commitment to learn from patient safety investigations and complaints • understanding the process of root cause analysis for investigating and learning from patient safety incidents • demonstrating honesty and candour regarding errors in patient care • demonstrating familiarity with relevant patient safety directives • understanding the importance of sharing and implementing good practice
3.2. Recognise the impact of human factors on the individual, teams, organisations and systems	<p>They should do this by:</p> <ul style="list-style-type: none"> • understanding of effects of teamwork, tasks, equipment, workspace, culture and organisation on human behaviour and abilities and the application of that knowledge in clinical settings • protecting patients and colleagues from risks posed by problems with personal health, conduct or performance • demonstrating an understanding of the learning by reporting and sharing these experiences locally and widely
3.3. Design and employ quality improvement measures that improve clinical effectiveness, patient safety, care or experience	<p>They should do this by:</p> <ul style="list-style-type: none"> • using a range of quality improvement methodologies to improve dental services and improve patient care • demonstrating understanding the importance of patient and public involvement in decision-making when changes to services are proposed • engaging with all relevant stakeholders in the planning and implementation of change • working with others to effectively measure and evaluate the impact of quality improvement interventions and their impacts on the wider systems

	<ul style="list-style-type: none"> • demonstrate knowledge of additional challenges related to oral health inequalities in minority ethnic populations and other groups with protected characteristics in the UK, assess and recognise impact of cultural and language and other barriers and strategies for oral health promotion
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	<p>They should do this by:</p> <ul style="list-style-type: none"> • 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 • understanding the responsibilities and needs of carers as they play an increasing role in healthcare provision • recognising and taking responsibility for safeguarding vulnerable patients • understanding when it is appropriate and safe to share information on a patient
1.5 Immediate Life Support	Demonstrate competency and undertake annual training in Immediate Life Support
Domain 4: Personal education, training, research and scholarship	
Outcome	Examples
4.1. Demonstrate that they can plan and deliver effective education and training activities	<p>They should do this by:</p> <ul style="list-style-type: none"> • providing safe clinical supervision of learners • providing effective educational supervision of learners, including giving supportive, developmental feedback to learners • seeking and respecting patients' wishes about whether they wish to participate in the education and training of learners • evaluating and reflecting on the effectiveness of their educational activities and changes to improve practice • promoting and participating in inter-professional learning (including with members of the wider healthcare team in dentistry and in other healthcare professions) • demonstrating an ability to use a range of teaching methods for individual and group teaching, including face to face and online teaching and the use of simulation and other technology enhanced learning methods

<p>4.2. Demonstrate that they can critically appraise and interpret scientific/academic literature and keep up to date with current and best practice</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • demonstrating an ability to critically appraise evidence • interpreting and communicating research evidence and data to support patients and colleagues in making informed decisions about treatment • appreciating the role of both qualitative and quantitative methodological approaches in scientific enquiry • demonstrating an understanding of the strengths and limitations of different approaches to gathering research evidence • conducting literature searches and reviews to inform their professional practice • locating and using clinical guidelines appropriately • demonstrating an understanding of stratified risk and personalised care
<p>4.3. Understand what is required to participate in research</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • demonstrating understanding of clinical research design, ethics processes and research governance (GCP)

Generic Learning Outcomes Assessments Blueprint

HLO	Patient feedback / MSF	SLEs	Reflective reports	Training course or qualification (incl PG degrees)	Critical incidents / complaint reviews	Research or QI/audit projects	Logbook	Specialty specific summative assessment	Other	CS / ES reports
Domain 1: Professional knowledge and management										
1.1 Demonstrate they can communicate effectively and respectfully with patients and others and with colleagues	*	*	*	*			*	*	*1	*
1.2 Demonstrate that they can make decisions, while maintaining	*	*	*	*	*			*		*

professional behaviour and judgement										
1.3 Demonstrate they can deal with complexity and uncertainty	*	*	*	*	*			*		
1.4 Recognise their legal responsibilities and be able to apply in practice any legislative requirements relevant to their jurisdiction of practice				*		*		*	*9	
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		*	*	*		*		*		
1.6 Recognise and demonstrate their role in health promotion, disease prevention and population health	*	*				*		*		
1.7 Recognise the importance of, and demonstrate the ability to practise, person-centred care (PCC), including shared decision making (SDM)	*	*	*			*		*		*

HLO	Patient feedback / MSF	SLEs	Reflective reports	Training course or qualification	Critical incidents / complaints review	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other	CS/ ES reports
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Domain 2: Leadership and teamworking										
2.1 Demonstrate understanding of the importance of personal qualities within leadership (focus on self)		*	*	*		*		*		*
2.2 Demonstrate understanding of the importance of working with others both within their specialty and the wider healthcare system (working with others).	*	*	*	*	*	*		*		
2. Demonstrate the importance of planning and an understanding of managing dental specialist services		*	*	*	*	*		*	*9	*

HLO	Patient feedback / MSF	SLEs	Reflective reports	Training course or qualification	Critical incidents/ complaints review	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other	CS/ ES reports
Domain 3: Patient safety, quality improvement and governance										
3.1 Recognise a professional and statutory duty of candour and act accordingly within established governance, legal and regulatory systems, including equality and diversity	*	*		*		*		*	*2	*
3.2 Recognise the impact of human factors on the individual, teams, organisations and systems		*	*	*					*2	

3.3 Design and employ quality improvement measures that improve clinical effectiveness, patient safety, care or experience	*	*		*	*	*		*	*2	
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		*	*	*			*	*	*2	
3.5 Immediate Life Support				*						

HLO	Patient feedback / MSF	SLEs	Reflective reports	Training course or qualification	Critical incidents/ complaints review	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other	CS/ ES reports
Domain 4: Personal education, training, research and scholarship										
4.1 Demonstrate that they can plan and deliver effective education and training activities		*	*	*				*	*2,3,4,5	
4.2 Demonstrate that they can critically appraise and interpret scientific/academic literature and keep up to date with current and best practice		*		*		*		*	*6,7,8	
4. Understand what is required to		*		*		*		*	*2,6,7	

participate in research										
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1. Case presentation
2. CPD
3. Education feedback
4. Conference presentation
5. Observation of teaching
6. Journal clubs
7. Publications
8. Developing protocols
9. Objective structured assessments eg OSDPHA

SECTION D - SPECIALTY-SPECIFIC CONTENT FOR DENTAL PUBLIC HEALTH

Section D - Specialty-Specific Content for Dental Public Health	
Domain 5: Key clinical skills	
Outcome	Examples
1. Secure/create and interpret appropriate data to assess population health and well-being	<p>They should do this by demonstrating the ability to:</p> <ul style="list-style-type: none"> • identify appropriate sources of data which inform on the health and wellbeing of populations • show a critical approach to health services data, use and interpretation • develop, quality assure, analyse and interpret dental surveys in line with best practice • critically appraise, select and then undertake an appropriate method of oral health needs assessment • monitor and evaluate oral health inequalities • contribute to the dental public health evidence base • share best practice through publication and dissemination

<p>2. Assess and interpret the evidence on risk and effectiveness to provide expert advice on interventions, programmes and services intended to protect and improve the oral and general health of populations and address oral health inequalities</p>	<p>They should do this by demonstrating the ability to:</p> <ul style="list-style-type: none"> • apply insights from multiple sources of information and data including research, health surveillance, needs analysis, health economics (e.g., return on investment), service monitoring and evaluation • communicate evidence in a meaningful way for commissioners, policy makers, the public and other stakeholders • assimilate and interpret evidence to influence strategy and policy development • provide clinical advice to inform decision making for oral health improvement and service planning/innovation • contribute to evidence based clinical or public health guidelines and policies • give a clinical dental and public health perspective on population oral health measures and dental service planning, providing constructive challenge when required
<p>3. Use strategic leadership skills to protect and improve the oral health of the population by working across the whole of the health and social care system including statutory and non-statutory bodies and organisations</p>	<p>They should do this by demonstrating the ability to:</p> <ul style="list-style-type: none"> • act as a system leader by: <ul style="list-style-type: none"> ○ understanding the key networks across the health and social care system and the specialty's role and relationship to them ○ leading across organisational boundaries ○ using influencing and negotiating skills in a setting where they do not have direct authority ○ advocating for action on a public health issue of local and/or national importance ○ demonstrating appropriate personal attributes and leadership skills ○ advocating for disadvantaged groups • work effectively with clinical and non-clinical colleagues, understanding the context and language of both clinical dentistry and the wider health and social care system • demonstrate appropriate decision making and judgement
<p>4. Influence, develop and implement strategy and policy as a specialty and in collaboration with partners to promote, maintain and improve oral health and general health</p>	<p>They should do this by demonstrating the ability to:</p> <ul style="list-style-type: none"> • influence national/regional/local policy on health/oral health or healthcare • develop and implement oral health strategies or plans in collaboration with partners and address inequalities • demonstrate knowledge of appropriate local and national policies and relevant legislation • identify, consult and engage with appropriate stakeholders in policy and strategy development • understand the factors considered in decision making processes within relevant organisations and their financial and planning cycles, including priorities and opportunities to influence

	<ul style="list-style-type: none"> • manage and implement change across multiple organisations locally and nationally
5. Improve oral health and reduce oral health inequalities at a community/population level	<p>They should do this by demonstrating the ability to:</p> <ul style="list-style-type: none"> • advise on and implement effective and equitable methods of oral health improvement • design, monitor and evaluate programmes and services to improve oral health and reduce inequalities • understand factors influencing behaviours and apply this knowledge in oral health improvement programmes • identify opportunities for action to bring about oral health improvement • advocate for oral health improvement within a general health improvement context • influence and act on the determinants of health and oral health • demonstrate a balance between the evidence base and pragmatism
6. Identify, assess and communicate risks or hazards in the dental setting to protect the health of the public and provide an appropriate public health response	<p>They should do this by demonstrating the ability to:</p> <ul style="list-style-type: none"> • apply current regulation, guidance and best practice in managing common risks across dental services • provide leadership and support to dental and public health incidents • identify and work with appropriate partners in the management of risk • undertake risk management in the context of infection control in dentistry • provide appropriate advice and facilitate decision making relating to patient and public safety • support the response to national and global threats to public health as part of the public health workforce
7. Advise on the development and monitoring of quality and outcomes of dental services	<p>They should do this by demonstrating the ability to:</p> <ul style="list-style-type: none"> • advise on workforce planning including workforce development and health and wellbeing of the workforce • advise on patient, professional and public engagement and involvement in service development and improvement • advise on all stages of the commissioning/planning cycle: <ul style="list-style-type: none"> ○ provide advice relating to levels of need and appropriate service requirements ○ advise on quality assurance processes and quality and outcome measures for dental services and oral health improvement services ○ facilitate the procurement of dental and oral health improvement services

	<ul style="list-style-type: none"> • develop or advise on service specifications • provide advice on the prevention and management of poor quality or safety of clinical services • design and undertake review, monitoring and evaluation of programmes and services to ensure acceptability, accessibility, affordability, effectiveness, efficiency and equity • advise regarding the management and improvement of dental contract/services performance • influence commissioning/planning processes to ensure evidence-based commissioning, transparency and value • understand and manage/challenge conflicts of interests appropriately • advise on reducing inequalities in access to services and programmes and the outcomes of these
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Dental Public Health Assessments Blueprint

HLO	Academic examination (MSc) *	Delivery of Projects and outputs	Appraisal using MSF/ written feedback	DOPs e.g. Presentations, facilitation, teaching/ training etc	Advocacy activities	Published report or paper	Case Based Studies Discussion (CBD)	Reflective reports	ES, CS, AS and TPD reports	Specialty specific Summative assessment/ College exams	OSD PHA
1. Secure/create and interpret appropriate data to assess population health and well-being	*	*		*		*		*	*	*	
2. Assess and interpret the evidence on risk and effectiveness to provide expert advice on interventions, programmes and services intended to protect and improve the oral and general health of populations and address oral health inequalities	*	*		*		*	*	*	*	*	*

3. Use strategic leadership skills to protect and improve the oral health of the population by working across the whole of the health and social care system including statutory and non-statutory bodies and organisations	*	*	*	*	*			*	*		*
4. Influence, develop and implement strategy and policy as a specialty and in collaboration with partners to promote, maintain and improve oral health and general health	*	*	*	*	*	*	*	*	*		*
5. Improve oral health and reduce oral health inequalities at a community/population level	*	*		*	*	*		*	*	*	*
6. Identify, assess and communicate risks or hazards in the dental setting to protect the health of the public and provide an appropriate public health response	*	*		*		*	*	*	*	*	*
7. Advise on the development and monitoring of quality and outcomes of dental services	*			*		*	*	*	*	*	*

* The academic learning needed by registrars is usually, mainly delivered through a formal academic course(s) ie a masters courses, provided by recognised academic institutions with summative assessments and the award of a nationally recognised qualification or credit. The formal taught component should be completed within the first two years of training if not held on entry to training.

SECTION E: GLOSSARY OF TERMS AND REFERENCES

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
AoA	Assessment of Audit
ARCP	Annual Review of Competence Progression
CAT	Critically Appraised Topic
CBD	Case-based discussion
CCST	Certificate of Completion of Specialty Training
CEX/mini CEX	Clinical evaluation exercise
CPA	Competence in practice assessment
COPDEND	Committee of Postgraduate Dental Deans and Directors
CPD	Continuing Professional Development
DDMFR	Diploma in Dental and Maxillofacial Radiology
DOP/DOPS	Direct observation of procedure/procedural skills
EPA	Entrustable professional activities
ES	Educational Supervisor
ESR	Educational Supervisor's Report

FDS(DPH)	Fellowship in Dental Surgery in Dental Public Health
FDS(OM)	Fellowship in Dental Surgery in Oral Medicine
FDS(OS)	Fellowship in Dental Surgery in Oral Surgery
FDS(Orth)	Fellowship in Dental Surgery in Orthodontics
FDS(PaedDent)	Fellowship in Dental Surgery in Paediatric Dentistry
FDS(RestDent)	Fellowship in Dental Surgery in Restorative Dentistry
FRCPath	Fellowship of the Royal College of Pathologists
GDC	General Dental Council
HcAT	Healthcare Assessment and Training
HEIW	Health Education and Improvement Wales
HEE	Health Education England
ISCP	Intercollegiate Surgical Curriculum Project
ISFE	Intercollegiate Specialty Fellowship Examination
JCPTD	Joint Committee for Postgraduate Training in Dentistry
MEndo	Membership in Endodontics/Membership in Restorative Dentistry
MPaedDent	Membership in Paediatric Dentistry
MSCD	Membership in Special Care Dentistry
MSF	Multi-source feedback
MOralSurg	Membership in Oral Surgery
MOrth	Membership in Orthodontics
MPerio	Membership in Periodontics/Membership in Restorative Dentistry
MPros	Membership in Prosthodontics/Membership in Restorative Dentistry

NES	NHS Education for Scotland
NHS	National Health Service
NIMDTA	Northern Ireland Medical and Dental Training Agency
NTN	National Training Number
OoP	Out of Programme
OoPC	Out of Programme: Career Break
OoPE	Out of Programme: non-training Experience
OoPR	Out of Programme: Research
OoPT	Out of Programme: Training
OoT	Observation of teaching
OSCE	Objective Structured Clinical Examination
OSDPHA	Objective Structured Dental Public Health Assessment
PBA	Procedure-Based Assessments
PGDD	Postgraduate Dental Deans and Directors
PDP	Personal Development Plan
QA	Quality Assurance
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
RCR	Royal College of Radiologists
SAC	Specialty Advisory Committee
SCRT	Specialty Curriculum Review Team

SLE	Supervised Learning Event
STC	Specialty Training Committee
StR	Specialty Training Registrar* <i>note, the interchangeable term Specialty Trainee is used in the Dental Gold Guide</i>
TPD	Training Programme Director
VTN	Visitor Training Number
WBA	Workplace-based Assessment
WR	Written report
WTE	Whole Time Equivalent

References

- GDC Principles and Criteria for Specialist Listing incorporating the [Standards for Specialty Education 2019](#) and [GDC principles of specialist listing](#)
- Dental Gold Guide 2021 - [Dental Gold Guide 2021 - COPDEND](#)
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- Faculty of Public Health (2020). Examination regulations and information for candidates 2020-21. Accessed on March 21 2021 at https://www.fph.org.uk/media/3055/fph-exam-regulations-online-september-2020_final.pdf