

***JOINT COMMITTEE FOR SPECIALIST  
TRAINING IN DENTISTRY***

**SAC in Restorative Dentistry**

***A GUIDE TO  
TRAINING AND TRAINING POSTS IN  
RESTORATIVE DENTISTRY***

**September 2001**

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## **Glossary of terms**

CCST:	Certificate of Completion of Specialist Training
CPE:	Continuing Professional Education
CV:	Curriculum Vitae
DGH:	District General Hospital
EC:	European Community
EEA:	European Economic Area
FTN:	Fixed-Term Training Appointment Number
GDC:	General Dental Council
GDP:	General Dental Practitioner
GPT:	General Professional Training
ISFE:	Intercollegiate Specialty Fellowship Examination
IT:	Information Technology
JCSTD:	Joint Committee for Specialist Training in Dentistry
JMDF:	Joint Meeting of Dental Faculties
LAT:	Locum Appointment Trainee
MClinDent	Master of Clinical Dentistry
MFDS:	Diploma of Member of the Faculty of Dental Surgery
MRD:	Diploma of Membership in Restorative Dentistry
MSc:	Master of Science
MSTD(UK&I)	Manual of Specialist Training in Dentistry (UK & Ireland)
NACPDE:	National Advice Centre for Postgraduate Dental Education
NHS:	National Health Service
NTN:	National Training Number
PCD:	Professionals Complementary to Dentistry

PDP:	Personal Development Plan (or Portfolio)
PGD:	Postgraduate Deanery
PGDD:	Postgraduate Dental Dean (or Director)
RCS:	Royal College of Surgeons
RITA:	Record of In-Training Assessment
SAC:	Specialist Advisory Committee
SHO:	Senior House Officer
SpR:	Specialist Registrar
STC:	Speciality Training Committee
TPD:	Training Programme Director
VTN:	Visiting Training Number

# SAC in Restorative Dentistry

## A guide to training and training posts in Restorative Dentistry and its Monospecialties.

### 1. Introduction.

This document has been prepared by the Specialist Advisory Committee (SAC) in Restorative Dentistry of the Joint Committee for Specialist Training in Dentistry (JCSTD) with the principal purpose of giving guidance to all relevant parties on criteria and requirements for training programmes in their selected specialty.

### 2. Aim and Training Objectives

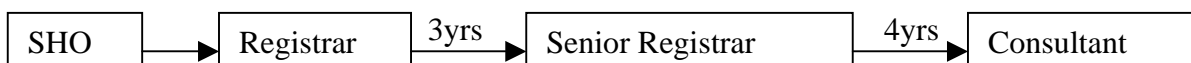
The aim is to provide comprehensive, structured and balanced specialist training programmes enabling trainees to complete, satisfactorily, their agreed prescribed programme so as to enable them to undertake independent clinical specialist practice in Restorative Dentistry, Endodontics, Periodontics and Prosthodontics (*A manual of specialist training in dentistry in the United Kingdom and Ireland, JCSTD, 1999 [MSTD(UK&I)]*).

On the completion of a training programme the Trainees should demonstrate competence in:

1. contemporary diagnostic, assessment and clinical techniques and laboratory procedures relevant to restorative dentistry and its monospecialties including all aspects of the associated scientific basis.
2. assessment and formulation of treatment strategies including involvement of colleagues from other disciplines.
3. the ability to provide comprehensive restorative treatment.
4. accountability and communication verbally and in writing to patients, professional colleagues, trainees, managers, lay staff and others.
5. organisational skills and knowledge including familiarity with the organisation and management structure of the NHS. Knowledge of health care planning, delivery and resource management is important.
6. research and service evaluation including the application of scientific knowledge. The trainee should demonstrate a willingness to contribute to the advancement of the knowledge base of the specialty.
7. assessment of the health care needs of specific groups of patients with the identification of components of service delivery including access, acceptability and effectiveness of such service (clinical audit).
8. teaching to professional colleagues, students, auxiliaries and the general public.

### 3. Background Information.

On 1<sup>st</sup> December 1995, the grade of Specialist Registrar (SpR) was launched, in particular for the vanguard specialty of general surgery. The introduction of the SpR grade was recommended by the Calman Report (*Hospital Doctors: Training for the Future, 1993*) in order to “improve” clinical training subsequent to the SHO grade. Previously, the specialist training pathway was:

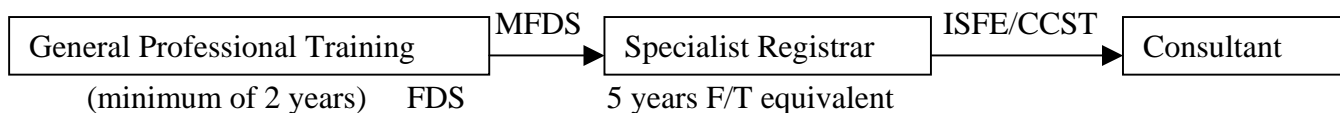


Each move up the ladder was as a result of a competitive interview. In dentistry, entry to a Registrar post was usually by FDS of one of the four Royal Surgical Colleges. Eligibility to Senior Registrar post was more competitive and candidates might have, in addition to FDS, a further postgraduate qualification such as MSc, MRD or sometimes both were secured.

To aspire to a Consultant post candidates required the Certificate of Accreditation of Higher Training.

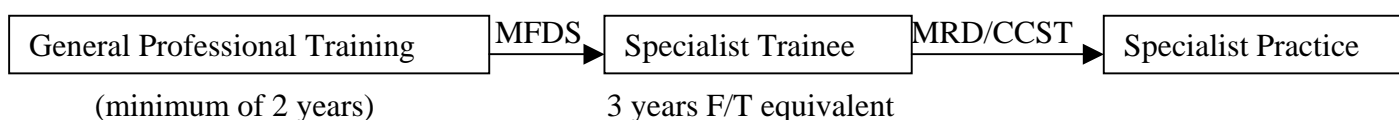
In a single move, new pathways were created, viz.:

#### **RESTORATIVE DENTISTRY:**



OR,

#### **ENDODONTICS, PERIODONTICS OR PROSTHODONTICS:**



Following the Calman Report, the Chief Dental Officer published a similar report in 1995 (UK Specialist Dental Training) which supported the establishment of a range of dental specialties and lists. This report called on the GDC to instigate task groups (composed of a partnership of the Royal Colleges, Universities and Postgraduate Dental Deans who formed an *Accord* with the GDC in 1996) for all dental specialties to establish appropriate training curricula. In 1997 summaries of curricula were approved for the specialties of Endodontics, Periodontics and Prosthodontics which have training pathways of 3 years' duration for those wishing to become "specialist practitioners"; and for Restorative Dentistry with a training programme of 5 years for those aspiring to be consultants (*see Appendix 1*).

The proposed changes to all specialist training are comprehensively explained in the NHS Executive document "A Guide to Specialist Registrar Training" (1988) – the "Orange Book" – which deals with Dental SpRs in its Annex 3. Readers are also referred to *Specialisation in Dentistry – A Practical Guide* (RCS Eng., 1999), *The Recruitment of Doctors and Dentists in Training* (NHS Executive, 1998) and *the MSTD(UK&I)*.

#### **4. General Information.**

##### ***General Professional Training***

Prior to entry into specialist training UK graduates are expected to have undertaken a minimum of two years in structured training sufficient to provide broad-based clinical experience in several disciplines of dentistry - this is termed General Professional Training or GPT. It is defined as:

"The further development of knowledge, skills and attitudes common to all branches of the dental profession which will provide a basis for informed career choice and improved patient care." (*"The Next Two Years"* – GDC)

All candidates at the completion of GPT must possess the MFDS of one of the Royal Surgical Colleges (or equivalent) prior to entry into specialist training. *This is common to salaried (NHS and University) and self-funded trainees.*

### ***SAC Role***

The SAC in Restorative Dentistry, on behalf of the JCSTD, is the body responsible for developing curricula and setting standards and criteria for trainees and training programmes which will ensure that the aims and objectives of specialist training are satisfied. To achieve this, visitors appointed by the SAC will inspect each training programme and/or trainees against agreed criteria before educational approval is granted.

### ***Approval of Programmes***

Units interested in providing training must complete detailed SAC forms about their existing and proposed programmes, facilities, trainers and trainees well in advance of the visit, details of which are agreed with the lead visitor. Only those programmes proposed for the full 3 or 5 years (or equivalent) will be inspected and approved. All training programmes are given written approval for up to 5 years. Approval of programmes may be “subject to” implementation of modifications recommended by the SAC. A re-visit may be required within a stipulated period to assess progress. This approach will be particularly applicable for new programmes. Units must respond in writing confirming their acceptance and compliance with SAC recommendations. Failure to comply with advised recommendations may result in withdrawal of approval, whilst ensuring that there should be no detriment to existing trainees.

A typical visit/inspection timetable, and the areas covered by the inspection are illustrated in **Appendix 2**.

In addition, trainees may be interviewed, or counselled by SAC visitors for example in helping to resolve difficulties, or determining duration of programmes, etc.

All SpRs will be trained under named consultants, one of whom will be the Training Programme Director (TPD). The TPD will liaise with the Postgraduate Dental Dean / Director (PGDD) and the deanery Speciality Training Committee (STC) to ensure that training needs are met. Annual in-training assessments are recorded formally (Record of In-Training Assessment or RITA) and copies are sent to the JCSTD secretariat (*see Appendix 3 for details*).

## **5. Entry into specialist training.**

### ***Entry Requirements and Appointments***

All applicants must have the MFDS or equivalent.

Recruitment into all specialist training is the responsibility of the Postgraduate Dental Deans and is conducted through a process designed to ensure that selection is made on merit in a fair systematic and objective way. Appointment to a specialist training programme must be by open competition and a properly constituted Advisory Appointment Committee. Details of appointment committees are listed in the “*Orange Book*”, as are the detailed processes required for establishing and advertising posts. Universities may have additional academic criteria for lecturers undergoing specialist training. It is further recommended that academic trainees will hold a higher research degree prior to entry onto a specialist training programme.

### ***EEA and Overseas dentist requirements***

The principles and arrangements for specialist training for EEA and Non-EEA (Overseas) dentists are set out in Section 9 of the “*Orange Book*” (*A Guide to Specialist Registrar Training*), in the MSTD(UK&I), and the JMDF document “*Training in the UK for Graduates from EEA and Non-EEA in Dental Specialties*” (Appendix 4). Valuable assistance and advice is available from Postgraduate Dental Deans and the National Advice Centre for Postgraduate Dental Education (NACPDE) based at the RCS England.



### ***Appointment and Enrolment Process, and Award of NTN***

The process is the responsibility of PGDDs; it requires that several established guidelines are followed:

- Verification that the training programme has SAC educational approval
- Identification of funding for the post whether NHS, University or self-funded
- Confirmation with the Lead Dean for Restorative Dentistry that a Training Number (e.g. National Training Number or NTN) is available. These numbers indicate that all trainees are monitored by the SAC through the JCSTD on behalf of the GDC and in liaison with the PGDDs.
- Confirmation that the specialty and the proposed training units have the appropriate infrastructure to conduct high quality training.
- Clearly prescribed application forms, job descriptions and person specifications are used.
- All advertisements for all training posts, whether NHS, University, or self-funded must contain the statement “The PGDD confirms that this placement and/or programme has the required educational and Dean’s / Director’s approval”. It is axiomatic that the duration of contract must be sufficient to allow completion of training.
- Advertisements for clinical academic posts should allow for open competition by indicating that a specialist training programme can be associated with the post. The following form of words, agreed by COPDEND, should be included in the advertisement :  
*'For a suitably qualified candidate, allocation of an NTN and entry to an approved training programme leading to the award of a CCST, will be arranged at an appropriate time.'*
- All training posts, whether NHS, University, or self-funded must be filled following the recommendation of a properly constituted Advisory Appointment Committee (outlined in *Orange Book* and MSTD(UK&I))
- When the trainee has been appointed the PGDD will be responsible for informing the SAC of the appointment and will formally award a NTN. The Lead Dean will record the NTN details. The SAC will formally enrol the trainee and make arrangements to determine the period of training.
- The trainees must ensure that the SAC/JCSTD Secretariat is informed of their appointment using the appropriate form.

### **6. Duration of training.**

A full-time training programme is 5 years (7,500 hours) for trainees in Restorative Dentistry and 3 years (4,500 hours) for trainees in its monospecialties. It is recommended that the overall distribution of time spent in all training pathways is 60% clinical, 25% academic and 15% research.

### ***Flexible and part-time training***

This is available but must be structured to achieve the full hourly commitment in a maximum of 7 years for the 5-year programme, and a maximum of 6 years for 3-year programmes (see GDC Curricula). The regulations regarding flexible and/or part-time training which must comply with EC Dental Directives are set out in the *Orange Book* (Section 6). The weekly duty commitment must be at least 50% of the full-time equivalent.

### ***Extension of the training period***

This will be necessary if the trainee elects to, or needs to take time out of approved training, or if progress in training has been unsatisfactory. However, the SAC has discretion to allow up to 3 months' variation from the normal programme. Time spent as a locum consultant cannot be counted as training time, although it may be permissible for a more senior trainee to spend a limited period “acting up” for a consultant. Trainees are advised to discuss any proposals with their Training Programme Director and Postgraduate Dental Dean in the first instance and seek approval from the SAC if there is to be any significant change in programme.

### ***Recognition of other training towards the training programme***

This matter is currently under review by the SAC, the JCSTD and the GDC. Depending on the outcome, the SAC may be able to prospectively recognise previous training as contributing to a trainee's programme.

For example, such recognition may be possible if the individual has:

- a) completed a clinically relevant research degree prior to entering specialist training. The reduction may be up to 6 months.
- b) been appropriately employed as a LAT. The reduction may be up to 1 year.
- c) completed relevant post-MFDS (or equivalent) specialist training programmes which are amenable to validation. Assessment will be on an individual basis and applications must be supported by detailed evidence.

### ***Completion of training***

Towards the end of the prescribed period of training, trainees in Restorative Dentistry must sit the Intercollegiate Specialty Fellowship Examination in Restorative Dentistry. When the Dean of the appropriate Dental Faculty has confirmed success in this exit examination, and the PGDD has confirmed the satisfactory completion of training, the SAC in Restorative Dentistry/JCSTD will recommend to the GDC that a CCST be awarded to the trainee. Thereafter the GDC will enter the successful candidate on the specialist list.

The same process applies for Trainees in Endodontics, Periodontics and Prosthodontics. They are required to complete an approved training programme and then sit and pass a College-based examination, the Membership in Restorative Dentistry (MRD), or equivalent e.g. FDS(Rest.Dent.) as approved by the GDC, before they may be recommended to the GDC for a CCST in their chosen specialty, and thence entered on the appropriate specialty list. Trainees should contact the appropriate examination boards of the RCS to obtain current regulations in relation to College examinations.

## **7. Curriculum (see Appendix 1).**

The GDC-approved Curricula for all the specialties are appended as Appendix 1.

Development of the curricula will be undertaken by the SAC and reviewed from time to time, and changes will be notified to all parties concerned in specialist training.

The SAC will encourage all SpR programmes to include a period of planned elective study. This may involve study in a centre of excellence in another country or within the UK, especially where reciprocal arrangements and optimum use of inter-deanery opportunities can be established.

Special care is required when proposed timetables involve multi-site working. Regular clinical allocation of a trainee to more than 2 sites in any one rotation would be disruptive to training and should be discouraged by visitors. It may prevent the trainee from developing working relationships, providing continuity of care, and benefiting from academic and research opportunities.

It should be noted that the concept of integrated training and the overall allocation of time in the proportions of 60% Clinical, 25% Academic and 15% Research are requirements of all curricula, and SAC visitors will expect to see explicit evidence of this balance.

Any significant variation in the approved training programme e.g. reduction in trainers, marked alteration in the timetable, or an elective or research period, etc must be notified to the SAC, and must not lead to the detriment of the trainee's progress.

## 8. Facilities.

SAC-appointed visitors undertaking inspections of posts typically inspect a range of factors. Some of the principal factors assessed are:

- **Clinical**  
there should be adequate surgery space, appropriate access to and quality of individual items of equipment (including radiographic equipment). These must comply with Health and Safety standards, be appropriate for the clinical/training activities being undertaken, and be in an acceptable environment.
- **Support staff**  
e.g. hygienists, dental nurses etc - it is expected that an experienced dental nurse will be allocated to the trainee for all clinical sessions. The trainee should have adequate access to hygienist/therapist services when required. The trainee should be involved at some point in the education for professions complementary to dentistry (PCDs) and in the development of team skills.
- **Laboratory**  
evidence of direct contact / liaison with dental technicians will be sought, whether the facilities are in-house or otherwise. In addition, relevant training in dental technology will be expected. The use of up-to-date materials and techniques should be evident.
- **Library / IT**  
this should be available on site including Web access e.g. Medline.
- **Secretarial**  
adequate support should be available to the trainees.
- **Accommodation**  
it is expected that trainees will be allocated office accommodation with their own desk-space and adequate storage for clinical, research and academic material.
- **Equipment**  
be it clinical, technical, research or otherwise should be modern, well maintained and conform to current Health and Safety Regulations.
- **Study leave**  
there should be clear evidence that this is available, planned, funded and evaluated. Visitors will determine if study leave funding is re-imbursed in a timely manner.

### *Specialist training in practices for monospecialties.*

The key principles are outlined in **Appendix 5**

## 9. Clinical training.

### ***Ratio of Trainer to Trainees***

There must be adequate numbers of Consultants/specialist trainers, with sufficient time to commit to the supervised clinical, academic and research training of all trainees in all aspects of the specialty. The overall commitment of a training unit and its trainers to other taught courses, research, administration and management will affect their availability and accessibility for specialist training, and will need to be evaluated by SAC visitors.

Suggested trainer to trainee ratios are appended for the following situations:

- a) Clinical training: the ratio of trainer to trainee should not exceed 1:4
- b) Didactic teaching : no more than 1:8
- c) Dissertation: maximum of 5 trainees to 1 supervisor at any one time

It is also expected that **all trainers:**

- should have been trained to train,
- are on the appropriate Specialist List and
- are registered on a Royal College CPE scheme. This would also apply to trainers in other dental specialties programme (e.g. Paediatric Dentistry, Oral Medicine, Oral Surgery and Orthodontics) who are involved in Joint Clinics.

Trainers are expected to act in accordance with the duties set out in the MSTD(UK&I), and the SAC will wish to be assured that there is an effective deanery Specialist Training Committee (STC). Trainers will meet regularly during the training period to review the progress of individual trainees, timetabling, rotations and the training environment.

### ***Timetables – Full-time, Part-time, Flexible Training***

SAC Visitors will expect to see a series of consecutive timetables that would reflect a distribution of 60% clinical, 25% academic and 15% research over the period of the trainee's programme. Confirmation of this distribution should occur via the RITA process.

For all full-time trainees, the mean minimum weekly number of clinical contact sessions is therefore 6, when the timetable is averaged over the duration of the programme.

For **NHS trainees**, a typical timetable would involve;

- ◆ 5 x Personal Treatment sessions
- ◆ 1 x Consultant session
- ◆ 2 x personal study/ academic pursuit e.g. teaching on undergraduate, MSc/M.Clin. Dent Course, taught courses, lectures.
- ◆ 1 x research e.g. Masters courses (for NHS trainees)
- ◆ 1 x admin/audit.

For **academic trainees**, the six clinical sessions will typically be spent on

- 3 x personal treatment sessions
- 2 x clinical supervision sessions comprising undergraduate or postgraduate clinical teaching under consultant/specialist cover. Continuous allocation to a clinical skills classroom would be unacceptable.
- 1 x session on a Consultant-led diagnostic clinic.

N.B. the minimum number of personal treatment sessions is 3, plus the Consultant session. Flexible and Part-time trainees' *timetables must demonstrate a weekly duty commitment of at least 50% of a full-time equivalent.*

**There must be a named Consultant in charge of each trainee for all clinical sessions, who is easily accessible and readily available for consultation, indirect and direct supervision, as appropriate to the trainee's development.**

The trainees will experience supervised training (by registered specialists) in outlying centres/ satellite units. These may include District General Hospitals, Community Dental Clinics and approved Practices.

Visitors will ask trainees about the frequency of appraisal by the TPD as well as by the designated educational mentor/supervisor. Such appraisals are informal but should be scheduled and will normally occur on 3-4 monthly basis.

Visitors will also be keen to establish that there is a system in place to deal with those situations where there might be strained relations between a trainee and a trainer, or training problems in general.

The Deanery RITA process should be clear and transparent and well understood by trainers and trainees alike. The SAC Assessment Forms should be part of the RITA process and the SAC will expect timely completion and return of these documents (*see Appendix 3*)

## REFERENCES.

*A Guide to Specialist Registrar Training.* Department of Health, 1998.

*A Manual of Specialist Training in Dentistry in the United Kingdom and Ireland.* JCSTD, 1999. London.

*Hospital Doctors: Training for the Future,* Department of Health, 1993.

*Specialisation in Dentistry: A Practical Guide.* The Faculty of Dental Surgery, The Royal College of Surgeons of England, 1999.

*The Next Two Years, General Professional Training.* GDC, 1998.

*The Recruitment of Doctors and Dentists in Training.* NHS Executive, 1998.

*Training in the UK for Graduates from EEA and non-EEA in Dental Specialties.* JMDF, 1999.

*UK Specialist Dental Training.* NHS Executive, 1995.

## APPENDICES

***Appendix 1 GDC Curricula***

***Appendix 2 SAC Visits – Protocol, Model Timetable and Checklist***

***Appendix 3 SAC Forms and the RITA Process***

***Appendix 4 Training in the UK for Graduates from EEA and Non-EEA in Dental Specialties - JMDF 1999***

***Appendix 5 Specialist practices guidance - November 2000***

## APPENDIX 1

Training programmes in Restorative Dentistry should include experience of the following subjects.

### a) General

- Anatomy, physiology and pathology of the masticatory system, dental pulp and periodontium
- Comprehensive diagnosis and treatment planning
- Prevention of dental diseases
- Properties of biomaterials and dental materials
- Radiology
- Pharmacology
- Epidemiology
- Systemic diseases and pharmacotherapy
- Management of medically/clinically compromised patients
- Research methodology, audit and statistics
- Pathogenesis of oral diseases
- Communication, interpersonal skills and team leadership
- Health Service management and use of resources
- Information technology
- Critical assessment of relevant literature
- Ethics and jurisprudence
- Preparation and presentation of dental reports
- Effective learning and teaching

### b) Endodontics

- Diagnosis and management of pulpal and periapical disease
- Tooth preparation, isolation, access and instrumentation
- Preparation and obturation of the root canal system
- Surgical endodontics
- Assessment and management of teeth which have previously undergone endodontic treatment
- Management of traumatised teeth
- Endodontics in children
- Apexification and apexogenesis (root end closure)
- The periodontal / endodontic interface
- Review and maintenance procedures.

### c) Periodontics

- Microbiology of dental plaque
- Clinical features and diagnosis of periodontal diseases
- Pathogenesis of periodontal diseases
- Manifestations of systemic diseases
- Periodontal therapy (initial, occlusal, orthodontic and surgical)
- Review and maintenance procedures
- Regeneration techniques and adjunct therapies
- Antimicrobial therapy of periodontal diseases
- Management of furcation problems
- Theory and clinical practice of dental implants.

**d) Prosthodontics**

Comprehensive diagnosis and treatment planning  
 Complete dentures  
 Directly-retained removable partial dentures  
 Obturators and maxillo-facial prostheses  
 Combination of fixed and removable prostheses  
 Implant-retained/supported prostheses  
 Theory and practice of occlusion, including the use of all classes of articulator  
 Diagnosis and management of temporo-mandibular disorder patients  
 Fixed prosthesis conforming to existing intercuspal position and anterior guidance  
 Complex fixed prostheses involving reorganised ICP and changing anterior guidance  
 Experience of relevant laboratory work, including diagnostic laboratory work and technical aspects of fixed and removable prostheses.  
 Evaluation and testing of dental materials.

In addition, it is expected that the following will be included in the training programme:

Management of medically / clinically compromised patients  
 Research methodology, audit and statistics  
 Communication, interpersonal skills and team leadership.

With regards to SpR training in Endodontics, Periodontics and Prosthodontics, training programmes should include experience in the following (including Research methodology, audit and statistics and Communication, interpersonal skills and team leadership).

**a) Training programme in Endodontics:**

Anatomy, physiology and pathology of the masticatory system, dental pulp and periodontium  
 Periodontics and Prosthodontics in relation to Endodontics  
 Diagnosis and management of pulpal and periapical disease  
 Comprehensive diagnosis and treatment planning  
 Prevention of dental diseases  
 Tooth preparation, isolation, access and instrumentation  
 Preparation and obturation of the root canal system  
 Surgical endodontics  
 Assessment and management of teeth which have previously undergone endodontic treatment  
 Properties of biomaterials and dental materials  
 Radiology  
 Pharmacology  
 Epidemiology  
 Management of medically / clinically compromised patients  
 Management of traumatised teeth,  
 Endodontics in children  
 Apexification and apexogenesis (root end closure)  
 The periodontal / endodontic interface  
 Review and maintenance procedures  
 Theory and practice of implants



**b) Training programme in Periodontics:**

Anatomy, physiology and pathology of the masticatory system, dental pulp and periodontium  
 Endodontics and Prosthodontics in relation to Periodontics  
 Microbiology of dental plaque  
 Comprehensive diagnosis and treatment planning  
 Prevention of dental diseases  
 Clinical features and diagnosis of periodontal diseases  
 Pathogenesis of periodontal diseases  
 Manifestations of systemic diseases  
 Periodontal therapy (initial, occlusal, orthodontic and surgical)  
 Review and maintenance procedures  
 Regenerative techniques and adjunctive therapies  
 Properties of biomaterials and dental materials  
 Radiology  
 Pharmacology  
 Epidemiology  
 Management of medically / clinically compromised patients  
 Antimicrobial therapy of periodontal diseases  
 Management of furcation problems  
 The periodontal / endodontic interface  
 Theory and practice of implants

**c) Training programme in Prosthodontics**

Anatomy, physiology and pathology of the masticatory system, dental pulp and periodontium  
 Endodontics and Periodontics in relation to Prosthodontics  
 Comprehensive diagnosis and treatment planning  
 Prevention of dental diseases  
 Complete dentures  
 Directly-retained removable partial dentures  
 Understanding of maxillo-facial prosthodontics  
 Combination of fixed and removable prostheses  
 Implant-retained/supported prostheses  
 Radiology  
 Pharmacology  
 Epidemiology  
 Theory and practice of occlusion, including the use of all classes of articulator  
 Diagnosis and management of temporo-mandibular disorder patients  
 Management of medically / clinically compromised patients  
 Fixed prosthesis conforming to existing intercuspal position and anterior guidance  
 Complex fixed prostheses involving reorganised intercuspal position and changing anterior guidance  
 Review and maintenance procedures  
 Experience of relevant laboratory work, including diagnostic laboratory work and technical aspects of fixed and removable prostheses.

## Protocol and Checklists for Institutions and SAC visitors for inspection of specialty training programmes in Restorative Dentistry, Endodontics, Periodontics and Prosthodontics.

This protocol represents good practice and is expected for all SAC visits.

### PRE-VISIT

1. **Visitors appointed by SAC to visit**
  - Programme(s) – new/ 5-year/ revisit/ ad hoc
  - Individual trainee – specific issues
2. **Lead Visitor to liaise with**
  - a. the training unit and other visitors to agree dates and timetable
  - b. SAC Chairman regarding any confidential information received on SAC Forms. Such information must be used sensitively
3. **Documents/information** to be requested/provided by secretariat and sent to all visitors **prior** to the visit:
  - a. JCSTD Forms 1 to 4 with up to date information from the institution, particularly complete programmes and timetables.
  - b. Previous SAC Visit reports and official letters
  - c. Documents relating to any formal university programmes which are part of the speciality programme
  - d. CVs of trainees, summary of any logbook records
  - e. Expenses claims' forms for the visitors
4. **Visitors briefing meeting/teleconference** to identify specific issues, priorities and duties.

### THE VISIT

#### Draft Model Timetable for the visit:

*Timings are for guidance only. Allowance must be made for visits to multiple sites.*

0900-0930	Visitors to meet to discuss the final details of documentation, issues, priorities and duties for the visit.
1000-1100	Meeting with the Training Programme Director, Consultants and Specialists involved in the training and the Postgraduate Dental Dean / Director or deputy
1100-1200	Visit the facilities as appropriate
1200-1230	Review by visitors
1230-1330	Lunch – opportunity to meet others associated with training programmes
1330-1500	Interviews with the trainee(s)
1500-1530	Review by visitors
1530-1600	Tea and meeting with Clinical Director, General Manager and Deans as appropriate
1600-1630	Meeting with the Training Programme Director, Consultants and Specialists involved in the training and the Postgraduate Dental Dean / Director or deputy to review the visit and raise any issues for clarification
1630-1700	Review by visitors

*The visitors should be allocated a room for the meetings during the day so that all review sessions can be conducted in private.*

## Checklist for the visit and report

*Please fill a separate form for EACH TRAINEE involved in the training programme*

1. Name of Trainee \_\_\_\_\_ Speciality \_\_\_\_\_
2. Existing NTN, VTN or FTN(if applicable) \_\_\_\_\_
3. SAC Number \_\_\_\_\_
4. Date of Basic Dental degree \_\_\_\_\_ Awarding Dental School \_\_\_\_\_
5. Date of FDS/MFDS \_\_\_\_\_
6. Other relevant degrees and date awarded  
\_\_\_\_\_
7. Date of SpR appointment \_\_\_\_\_
8. Date of entry to training if different to (7) \_\_\_\_\_
9. Type of contract (full-time part-time/ flexible) \_\_\_\_\_  
Duration of contract (in years/months) \_\_\_\_\_
10. For overseas dentists :  
Type of GDC registration \_\_\_\_\_  
Immigration status \_\_\_\_\_  
Permit Free Training start date \_\_\_\_\_
11. Logbook checked? Y / N (please delete as appropriate)

**Notes:**

*Please fill a separate form for EACH CENTRE involved in the training programme*

<b>Title</b>	<b>Current status from documents</b> (Good/Satis/Investigate)	<b>Any proposed changes by the institution</b>	<b>Change/suggestions by the SAC visitors</b> (Amplify in report)
<b>Documentation</b> Received, Quality, etc			
<b>Curriculum</b> Full programme, etc			
<b>Timetables</b> Several, Detailed			
<b>Facilities</b>			
Office			
Library			
IT/Computer			
Secretarial			
Medical Illustration/ lecture preparation			
<b>Clinical</b>			
Surgeries/Equipment			
Nurse (s)			
Hygienist /Therapist			
Consultant supervision			
Joint Clinics			
External Clinics			
DGH/Community/GDP			
<b>Technical support</b>			
Internal			
External			
Personal tuition			
<b>Academic/Didactic</b>			
Formal programme e.g. MClintDent, MSc			
Study leave – planned, Evaluated & funded			
Generic training : -Management training, -Training to teach, -Others			

<b>Title</b>	<b>Current status from documents</b> (Good/Satis/Investigate)	<b>Any proposed changes by the institution</b>	<b>Change/suggestions by the SAC visitors</b> (Amplify in report)
<b>Research</b>			
Training/Support			
Projects			
- Organised & funded?			
Publications			
<b>Clinical Audit/Governance</b>			
Training			
Projects			
<b>Teaching</b>			
Undergraduate			
Postgraduate			
GDPs			
PCDs			
<b>Management/Admin</b>			
Involvement			
<b>Appraisal/PDP</b>			
Frequency, by whom			
<b>RITA process</b> in place			
SAC forms used			
<b>Log book</b>			
Kept, Checked, Satis			
<b>Trainers</b>			
-Attended Training courses			
-On Specialist List			
-CPD enrolled			
-Regular Trainer meetings			
<b>Departmental/ Institutional meetings</b>			
Journal Clubs			
Postgraduate meetings			
Others			

**Notes:**

Date of visit \_\_\_\_\_

Report of the SAC visitors to: \_\_\_\_\_

Programme(s) visited: \_\_\_\_\_

\_\_\_\_\_

	Key Observations	Recommendations
Documentation		
Programme & Timetables		
Facilities & Technical support		
Clinical Support and supervision inc. joint clinics and other centres		
Academic/Didactic support and supervision		
Research		
Teaching		
Clinical Audit /Governance		
Management / Admin		
Study leave		
Appraisal, RITA and logbook		
Trainer “characteristics”		
Other		

## SAC in Restorative Dentistry Forms &amp; RITA

SAC / JCSTD and RCS roles	Main Stages and Responsibilities for the Trainee	PG Deanery (PGD) role
Visit + Approve Programme		Ensure funding Agree placement Organises appointments
Enrolment and decide duration of training period necessary for CCST. Allocate SAC number.	Appointed and  Informs PGDD of any change in Core information	<b>RITA A – Core Information</b> Copy to – Trainee + RCS  <b>NTN or VTN awarded</b>  <b>RITA B – Change to Core information</b>
Ensure SAC Forms are available	PDP with TPD  <b>At ~6 months :</b> Receives <i>SAC Training Post Assessment Form</i> from TPD Completes + returns to PGDD who copies to TPD & SAC Chairman <b>IN CONFIDENCE</b>  Signs <i>SAC Trainee Assessment Form</i> as seen.	Training Programme Director (TPD) organises regular scheduled Appraisal of trainee.  <b>At ~ 5 months :</b> TPD sends out SAC Forms : 1. <i>SAC Trainee Assessment Form</i> (to Trainers involved) 2. <i>SAC Training Post Assessment Form</i> (to Trainee)
Receives and reviews : 1. <i>SAC Trainee Assessment Form</i> 2. <i>SAC Training Post Assessment Form</i> 3. RITA forms and intervenes if necessary	Attends RITA Panel with : - PDP/Personal record - Logbook – up-to-date - Any other required data  Appeal mechanism possible	<b>RITA Panel convened - &amp; award :</b> <b>RITA C – Satisfactory Progress or</b> <b>RITA D – Targeted Training or</b> <b>RITA E – Additional Training</b>  IF RITA D or E awarded, a RITA C must be completed after that period of training.  Copy of RITA + SAC Forms → SAC and the trainee.
May arrange for visit to the programme as part of a 5-year approval rolling programme, or to visit trainees, or to trouble shoot.	Maintains Logbook  <b>At ~12 months and annually thereafter :</b> Prepares for RITA as above. Undertakes associated University exams if appropriate e.g. MClin Dent	Training Programme Director (TPD) organises regular scheduled Appraisal of trainee & monitors PDP  <b>Before 12 months and annually thereafter :</b> TPD sends out Forms for the RITA process as above.

SAC / RCS role	Main Stages and Responsibilities for the Trainee	PG Deanery (PGD) role
May prospectively approve a planned 'out of programme' experience to count as training	May undertake out of programme experience e.g. elective, research, etc by prior consent of PGDD and SAC	TPD / PGDD may approve out of programme experience if planned, and awards : <b>RITA F</b> – Record of Out of Programme Experience - so that the trainee can keep NTN
Intercollegiate Board in Restorative Dentistry, and the English/Glasgow and Edinburgh RCSs ( <u>NOT THE SAC</u> ) enrol candidates for the ISFE and MRD diplomas respectively	In Final Year of training prepares for ISFE / MRD : <ul style="list-style-type: none"> <li>• Logbook</li> <li>• Case presentations</li> </ul> Requires PGDD to confirm satisfactory progress in RITA on application form to enter ISFE / MRD	In Final Year of training awards : <b>RITA G</b> – Final Record of Satisfactory Progress
SAC / JCSTD administer the process leading to the award of the CCST. Formal confirmation is required of completion of the set training period (by the PGDD) and of the ISFE / MRD (by the relevant Dean of Faculty) prior to recommendation to the GDC for award of CCST. Upon award of CCST, the trainee is entered upon the relevant specialist list.	On passing the ISFE / MRD the trainee must still complete the designated period of training. Or, following completion of the designated period of training for a CCST the trainee must still pass the ISFE / MRD before being awarded a CCST. Must inform SAC of satisfactory completion of both.	PGD confirms satisfactory completion of training period, and permits trainee to continue in post for 6 months after completion of training. A further discretionary period of 6 months extension may be permitted for SpRs in active search for jobs.



TRAINING IN THE UNITED KINGDOM FOR  
GRADUATES FROM THE EUROPEAN  
ECONOMIC AREA (EEA)  
AND FROM OVERSEAS (NON-EEA)  
IN THE DENTAL SPECIALTIES

JOINT MEETING OF DENTAL FACULTIES

*DECEMBER 1999*

## ***Forward***

The arrangements for training in the dental specialties in the United Kingdom have changed significantly over the last few years. The regulatory framework is laid out in the European Primary and Specialist Dental Qualifications Regulations, (1998) and the General Dental Council (Distinctive Branches of Dentistry) Regulations, (1998). The practical arrangements for their implementation are governed by the Accord between the General Dental Council (GDC), the Dental Faculties of the Royal Surgical Colleges, the Universities, the Specialist Societies, the Postgraduate Dental Deans and Directors, and the Joint Committee for Specialist Training in Dentistry (JCSTD).

However, there has been some confusion in relation to training in the UK for trainees from the EEA and overseas, and to specialist training undertaken outwith the UK. This report, produced by the Joint Meeting of Dental Faculties (JMDF), with input from the Conference of Deans of Dental Schools (CDDS), addresses these issues and is welcomed by the JCSTD.

The report makes a number of recommendations which will be taken forward by the JMDF and the JCSTD, in consultation with other agencies.

This report together with the Manual of Specialist Training in Dentistry in the United Kingdom and Ireland produced by the JCSTD, should be of great benefit to all who want further information on specialist training in the UK.

***Ian B Watson***

***Chairman***

***Joint Committee for Specialist Training in Dentistry***

## ***Definitions***

The European Community (EC) provisions on training and mutual recognition of qualifications apply to a number of European countries, which, together with EC member states, comprise the European Economic Area (EEA). The EEA includes the following countries: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, The Netherlands, Norway, Portugal, Spain, Sweden and the United Kingdom.

Overseas dentists are those who are not nationals of the EEA, or do not have right of residence or are not settled in the UK (as determined by immigration and nationality law), or do not benefit from EC rights, or do not hold a primary qualification obtained in the EEA.

## ***Background***

An increasing number of questions have been raised about trainees both from the EEA and Overseas. At a meeting of the Joint Committee for Specialist Training in Dentistry (JCSTD), held in Glasgow on 14 December 1998, the Joint Meeting of Dental Faculties (JMDF) was asked to establish a Working Party to consider the issues.

## **Members of the Working Party**

Mr David Barnard	Dean, Faculty of Dental Surgery, The Royal College of Surgeons of England (Chairman)
Professor John McGimpsey	Dean, Faculty of Dentistry, Royal College of Surgeons in Ireland
Professor Murray Meikle	Dean, Faculty of Dental Surgery, Royal College of Surgeons of Edinburgh
Mr Ray Reed	Dean, Faculty of Dentistry, Royal College of Physicians and Surgeons Of Glasgow
Professor Norman Whitehouse	Chairman, Conference of Deans of Dental Schools
Mr Albert de Looze	Secretary, Joint Committee for Specialist Training in Dentistry

## ***Meetings***

Working Party 9 February 1999

Joint Meeting of Dental Faculties 13 June 1999

Working Party 1 November 1999

Meetings of Boards and Councils of individual Dental Faculties

## ***Acknowledgements***

The working party gratefully acknowledges constructive comments in the preparation of this report from Mr Michael Stewart (Camerons, Solicitors); the General Dental Council; the Chief Dental Officers for England, Wales and Scotland; and the Chairman of the Joint Committee for Specialist Training in Dentistry.

## ***Terms of Reference***

To consider the arrangements for specialist training for trainees from the EEA and from overseas in the light of European law, and paying particular regard to liability to claims of discrimination from both non-UK and UK trainees. Such considerations will become even more important when the Human Rights Act (1998) comes into effect in October 2000 and which can be applied retrospectively.

There were three main areas to consider:

1. Quality control for all specialist training within the UK.
2. Entry requirements to Specialty Advisory Committee (SAC) approved specialist training programmes.
3. Entry requirements to specialty diploma examinations.

Whilst it was the brief of the Working Party to consider specialist training in the UK, it was agreed to consider two further issues relating to EEA and overseas trainees.

4. Opportunities and access to general professional training which provides an important preparation for specialist training.
5. Recognition of specialist training undertaken outside the UK both for graduates from the EEA and overseas, and for UK graduates.

***Republic of Ireland***

Whilst the Republic of Ireland is a member of the EC outwith the UK, there are special arrangements for mutual recognition of qualifications and for training with the UK.

***Overall Philosophy***

The principle outlined in *A Guide to Specialist Registrar Training*, February 1998, section 9, paragraph 1 is supported.

*The United Kingdom welcomes medical and dental students, doctors and dentists from overseas who wish to pursue undergraduate or postgraduate education and training in medicine or dentistry and who may wish to seek employment here. The tradition of training or studying in the United Kingdom is long established and has made a major contribution to the health services of both developed and developing countries. The experience gained benefits both the overseas doctor or dentist and this country.*

The United Kingdom has a long tradition of providing high quality training for colleagues from outside the UK, and there was a strong view that this should continue. However, it was agreed that where legal requirements, particularly in regard to Europe, made it necessary to introduce some flexibility for these trainees, the standards of training which have been agreed within the UK by the JCSTD and SACs should not be compromised. Indeed every effort should be made to ensure that the training provided for non-UK trainees within the UK is at least of the same standard to that which has been agreed for UK trainees.

## 1. *Quality control for all specialist training within the UK*

- 1.1 From the end of transition in each specialty, for UK dentists fully registered with the GDC undertaking specialist training in UK, the only route onto the Specialist List will be following the award of a Certificate of Completion of Specialist Training (CCST) in accordance with the *European Primary and Specialist Dental Qualifications Regulations 1998* (European Regulations), and the *General Dental Council (Distinctive Branches of Dentistry) Regulations 1998* (GDC Regulations). A CCST can only be awarded on the successful completion of training in accordance with *A Guide to Specialist Registrar Training (1998)*. In the case of the dental specialties this may be within a funded specialist registrar post or as a self-funded trainee. In either case there must be competitive entry to the programme, the entry requirement to specialist training must be satisfied, a Training Number must be issued by the Postgraduate Dean, the appropriate specialty examination must be passed and the training programme successfully completed as certified by regular and formal in-training assessment (RITA). A recommendation will then be made by the SAC through the JCSTD to the GDC for the award of a CCST. The only exceptions to this process relate to a small number of academic and research workers and to individuals on the Specialist List in Oral and Maxillofacial Surgery held by the General Medical Council (GMC) or Oral Surgery held by the GDC.
- 1.2 EEA dentists may apply for Type I training for which a National Training Number (NTN) must be issued. This training should conform to the same arrangements which exist for UK trainees. Type I training programmes are subject to manpower controls through the Specialist Workforce Advisory Group (SWAG) in England and Wales and the Scottish Advisory Committee on the Dental Workforce (SACDW). Trainees are eligible for a UK CCST if they are fully registered with the GDC. A dentist with temporary registration is not eligible for a UK CCST and therefore not eligible for entry to a UK Specialist list following UK training.
- 1.3 EEA dentists may apply for a Type II programme for a limited period of training. This would be as a Fixed Term Training Appointment (FTTA) for which a Fixed Training Number (FTN) would be issued, but training should be provided in a programme which has standards of training approved by the SAC. (This is different from the arrangement which exists in orthodontics and paediatric dentistry for additional post-CCST training in a FTTA for senior academic and consultant posts). Trainees are not eligible for a UK CCST
- 1.4 Overseas dentists may apply for a Type I training programme as a visiting specialist registrar for which a Visiting Training Number (VTN) will be issued. These are not subject to manpower control, but the programme must be approved by the SAC to ensure that the educational resources are adequate to provide training of an appropriate quality, and that the additional trainees do not affect the quality of training for existing approved trainees. Trainees are eligible for a UK CCST if they are fully registered with the GDC. A dentist with temporary registration is not eligible for a UK CCST and therefore not eligible for entry to a UK Specialist List following UK training.
- 1.5 Overseas trainees may apply for a defined period of Type II training for an FTTA for which an FTN will be issued. The same overall rules apply. (This is different from the arrangement which exists in orthodontics and paediatric dentistry for additional post-CCST training in a FTTA for senior academic and consultant posts). Trainees are not eligible for a UK CCST.

- 1.6 In addition to these trainees, in the dental specialties some institutions have accepted additional specialist trainees which are self-funded and which do not have SAC approval. Whilst it is the right of any institution to admit postgraduate students, in relation to specialist training two concerns arise.

1.6.1 The JCSTD and the SACs ensure a nationally agreed standard for specialist training within the UK which has been approved by the GDC as the Competent Authority. Such training within the UK for individuals from the EEA or overseas should be of the same standard and this cannot be assured without subjecting the training to the same inspection and approval process. If the training is not of an equivalent standard, the credibility of training within the UK could be undermined and there could be liability to claims of discrimination and exploitation of non-UK trainees, particularly where self-funding is involved. This is an issue about which the government is particularly sensitive at the present time.

1.6.2 Additional trainees may undermine the quality of training available to trainees both from UK and non-UK who are on approved programmes by making impossible demands on the educational resources and clinical opportunities available. If this could be shown to be the case the Competent Authority would be relieved of the obligation to award a CCST. In practical terms this would be effected by the withdrawal of SAC approval.

- 1.7 It is recognised that institutions admit postgraduate students for one or two-year courses leading to higher degrees, but which are not intended to represent specialist training. It is not the responsibility of the SAC to approve the educational content of such courses, (unless they are to be included as part of an SAC approved specialist training programme), but there must be consideration of the impact of trainees on such courses on the total educational and clinical resource of the institution. It is also important for the institution to recognise their responsibility to ensure that all postgraduate education is of an appropriate standard in the light of 1.6.1.

## RECOMMENDATIONS

1. **All specialist training for trainees from UK, EEA and overseas must be approved by the relevant SAC and a Training Number (NTN, VTN or FTN) issued by the Postgraduate Dental Dean.**
2. **It is the responsibility of institutions which have SAC approved training programmes to ensure that all specialist training follows the protocol defined in *A Guide to Specialist Registrar Training*.**
3. **It is the responsibility of all institutions with SAC approved training programmes to inform the SAC of additional trainees and educational activities which may impact on the standard of training in SAC approved programmes.**

## **2. *Entry requirements to SAC approved specialist training programmes***

- 2.1 In dentistry the concept of general professional training has been agreed to provide broad based preparation and foundation for subsequent specialist training.
- 2.2 The GDC has agreed that the entry requirement to specialist training should include the MFDS diploma for UK graduates, (the MFD or FDS diplomas are acceptable)
- 2.3 Legal opinion is that the United Kingdom is perfectly entitled to adopt the entry requirements that have been agreed for entry to dental specialist training. However, in applying those requirements to another member state the United Kingdom may not apply them literally. Rather, it is obliged to regard the entry requirements as indicating the standard of professional attainment reached by the person who wishes to train as a specialist. In other words if an applicant's training and qualifications are not tested for equivalence the candidate would have grounds for complaint.
- 2.4 A process should be put in place to assess equivalence for dentists from the EEA which is fair, reasonable and equitable if it is not to cause disquiet amongst trainees from the UK. In this case, UK trainees would not be in a position to claim discrimination by the acceptance of different criteria for trainees from the EEA and each member state may put in place training requirements as it sees fit for its own nationals.
- 2.5 The onus to provide evidence of equivalence is on the trainee from the EEA. It would be reasonable to expect that part of that evidence would include formal peer assessment, i.e. examination. If an examination is not submitted as part of that process and there is therefore doubt about equivalence, in those circumstances the applicant may wish to demonstrate the attainment of equivalence by taking the MFDS examination. However, this cannot be made a condition of entry but only as a means of providing evidence of equivalence.
- 2.6 There is no legal requirement to apply the same principles to overseas dentists from outside the EEA but this would constitute good practice. Indeed, failure to consider equivalence could lead to claims of unfair discrimination under domestic law.
- 2.7 In view of the need to comply with European law and domestic law, and to be fair both to UK and non-UK trainees, it is essential that a robust system is established for the assessment of equivalence for dentists who wish to enter specialist training within the United Kingdom. It is more likely to be equitable if this is agreed through the JCSTD as the entry requirement is generic for all dental specialties.

## **RECOMMENDATIONS**

- 4. The JCSTD should agree guidance for assessing equivalence for EEA and overseas trainees who wish to enter specialist training within the United Kingdom.**
- 5. The JCSTD should agree a practical process for the application of these principles.**



### 3. *Entry Requirements to specialty diploma examinations*

- 3.1 Entry Requirements to the Intercollegiate Specialty Membership Examinations of Glasgow and England are that the candidates should have satisfied training requirements in an SAC approved programme, and hold the MFDS diploma. For entry to the Specialty Membership Examinations in Edinburgh there is also a requirement for training within an SAC approved programme for UK graduates training within the UK. However, there is more flexibility for non-UK graduates and trainees who will be admitted to the examination at the discretion of the College. As an alternative to the MFDS or equivalent, a Part I of the specialist diploma examination continues to be available.
- 3.2 The principles of equivalence for EEA and overseas dentists described in section 2 refer equally to entry requirements to the specialty examinations.
- 3.3 The regulations for the Intercollegiate Specialty Fellowship Examinations include the option to consider equivalent qualifications, training and career pattern in assessing whether entry requirements have been satisfied.
- 3.4 The final decision to allow entry of a particular candidate to an examination rests with the examining College(s). If equivalence has to be considered, it is essential that this is robust and equitable between the Colleges. This will ensure that the reputation of the specialty diplomas is preserved both within this country and overseas, and that the quality standards of the GDC continue to be satisfied.
- 3.5 There has been concern about the effects of a candidate from the EEA or overseas taking a UK diploma with regard to their access to the UK Specialist List where this may have been based on training of a different standard from that agreed by the SAC within the UK. If an EEA trainee is entered onto a Specialist List in an EEA country they will have access to the UK Specialist List through the European Regulations, (at the moment this applies only to oral surgery and orthodontics as the only two specialties currently recognised within Europe). Whether a UK diploma influences the individuals acceptance for the Specialist List of an EC country is clearly a matter for the regulations which apply at the time in that country.
- 3.6 An EEA or overseas dentist who has been awarded a UK specialty diploma does not have the right of direct entry to the UK Specialist List simply on the basis of the diploma.
- 3.7 It is accepted that to reach an appropriate level of expertise for specialist practice that an appropriate standard of training cannot be separated from the assessment process of an examination. Clear principles and process must be agreed for assessing the acceptability of specialist training undertaken outside the UK for the purposes of admission to UK specialty diploma examinations.
- 3.8 As the UK specialty diploma examinations are registrable with the General Dental Council as additional qualifications, the Council would need to be reassured that the standards were being maintained.

## RECOMMENDATIONS

6. **Where a trainee from the EEA or overseas has been admitted to an SAC approved training programme within the UK, on the basis of having attained equivalence to the entry requirements in accordance with the guidance agreed by the JCSTD, the need for the MFDS or equivalent as an entry requirement to the examination should be waived.**
7. **The Joint Meeting of Dental Faculties should agree a protocol for the assessment of appropriate specialist training obtained outside UK for admission to UK specialty diploma examinations.**
4. ***Opportunities for and access to general professional training which provides an important preparation for specialist training***
  - 4.1 Significant numbers of trainees from the EEA, and particularly from overseas wish to undertake the MFDS examination. This may be an end in itself or provide a base from which to proceed to subsequent specialist training.
  - 4.2 The requirements for the award of the diploma of MFDS include a minimum of 2 years experience in dentistry with at least one year of training in posts approved by the Dental Faculties in hospital or community practice.
  - 4.3 In recognition of the difficulty which some overseas dentists have in meeting this requirement, it has been agreed that approved training can take place entirely outside UK, but only where the post had been formally approved by one of the Dental Faculties. Such approval would be reciprocal between the Faculties.
  - 4.4 In the longer term it was expected that MFDS examination would be run overseas, but this would not occur until September 2000 at the earliest.
  - 4.5 Although the recognition of overseas training may reduce the demand for approved training posts within the UK, it is anticipated that there will still be a problem which had been exacerbated by difficulties with the long established training opportunities provided by Honorary Clinical Attachments (HCA). This follows from the proposals set out in *Recruitment of Doctors and Dentists in Training HCS(1998)229* and difficulties with the immigration status of dentists who wish to take up HCA posts. A solution to these problems is being urgently sought in discussions with the Department of Health and the National Advice Centre for Postgraduate Dental Education.

## RECOMMENDATIONS

8. **Principles and process for the intercollegiate recognition of overseas posts for general professional training recognised under the MFDS Regulations are progressed as rapidly as possible through the Joint Meeting of Dental Faculties.**
9. **The possibility of taking the MFDS examination overseas is explored by the Joint Meeting of Dental Faculties.**

**10. Mechanisms by which training opportunities for overseas trainees can be provided in the UK are developed with the relevant agencies.**

**5. *Recognition of specialist training undertaken outside UK both for non-UK graduates and UK graduates.***

- 5.1 An EEA dentist registered with the GDC who has specialist dental qualifications awarded outside the UK which are directly recognised under the Regulations, or who satisfies the GDC that those qualifications are equivalent to a CCST in the specialty in question, is eligible for entry to the UK Specialist List in accordance with the European Regulations and the GDC Regulations.
- 5.2 An overseas (non-EEA) dentist registered with the GDC who has specialist dental qualifications awarded outside the UK, and who satisfies the GDC that those qualifications are equivalent to a CCST in the specialty in question, is eligible for entry to the UK Specialist List in accordance with the European Regulations and the GDC Regulations.
- 5.3 A UK dentist who is registered with the GDC who has specialist dental qualifications awarded outside the UK which are directly recognised under the Regulations, or who satisfies the GDC that those qualifications are equivalent to a CCST in the specialty in question, is eligible for entry to the UK Specialist List in accordance with the European Regulations and the GDC Regulations.
- 5.4 Trainees on Type I training programmes within the UK may undertake some training outside the UK as long as this is agreed prospectively by the relevant SAC. The trainee must return to a recognised training programme so that their training abroad can be taken into account in assessing the time needed to complete the CCST training programme and, in due course, for making a recommendation to the GDC for the award of a CCST.
- 5.5 The SAC must ensure that training overseas is of appropriate standard in order to exercise their responsibility in recommending to the GDC that a CCST is awarded.
- 5.6 Occasionally an individual may seek approval from an SAC to undertake training outside the UK before they have applied in open competition for a place on a recognised training programme. In this case, the individual would be required to apply for a training post on completion of training overseas and on return to the UK.
- 5.7 It should be noted that the European Regulations require that if more than one year of training towards a CCST took place outside the EEC, the CCST should indicate that this was the case with an indication of the duration of such training.

**RECOMMENDATION**

- 11. It should be brought to the attention of both trainers and trainees that specialist training undertaken outside the UK must be approved prospectively by the relevant SAC if it is to be recognised as part of the training requirement towards the award of a CCST.**

***References***

1. A guide to Specialist Registrar Training, Department of Health, February 1998.
2. European Primary and Specialist Dental Qualifications Regulations, 1998.
3. General Dental Council (Distinctive Branches of Dentistry) Regulations, 1998.
4. Legal advice provided to the Working Party from Camerons, (Solicitors), between 7 April 1999 and 5 November 1999.
5. Recruitment of Doctors and Dentists in Training, HSC(1998)229

## Summary of Recommendations

1. All specialist training for trainees from UK, EEA and Overseas must be approved by the relevant SAC and a Training Number (NTN, VTN or FTN) issued by the Postgraduate Dental Dean.
2. It is the responsibility of institutions who have SAC approved training programmes to ensure that all specialist training follows the protocol defined in *A Guide to Specialist Registrar Training*.
3. It is the responsibility of all institutions with SAC approved training programmes to inform the SAC of additional trainees and educational activities which may impact on the standard of training in SAC approved programmes.
4. The JCSTD should agree guidance for assessing equivalence for EEA and overseas trainees who wish to enter specialist training within the United Kingdom.
5. The JCSTD should agree a practical process for the application of these principles.
6. Where a trainee from the EEA or overseas has been admitted to an SAC approved training programme within the UK on the basis of having attained equivalence to the entry requirements in accordance with the guidance agreed by the JCSTD, the need for the MFDS or equivalent as an entry requirement to the examination should be waived.
7. The Joint Meeting of Dental Faculties should agree a protocol for the assessment of appropriate specialist training obtained outside UK for admission to UK specialty diploma examinations.
8. Principles and process for the intercollegiate recognition of overseas posts for general professional training recognised under the MFDS Regulations are progressed as rapidly as possible through the Joint Meeting of Dental Faculties.
9. The possibility of taking the MFDS examination overseas is explored by the Joint Meeting of Dental Faculties.
10. Mechanisms by which training opportunities for overseas trainees can be provided in the UK are developed with the relevant agencies.
11. It should be brought to the attention of both trainers and trainees that specialist training undertaken outside the UK must be approved prospectively by the relevant SAC if it is to be recognised as part of the training requirement towards the award of a CCST.

## **SAC in Restorative Dentistry**

### **Monospecialty training in Endodontics, Periodontics, and Prosthodontics.**

#### **Guidelines for third year monospecialty training in practice**

During the third year of monospecialty training the element which may be carried out in a practice environment requires a consistent basic framework and standard.

***The arrangements for this training should include the following principles and requirements:***

1. Each trainee must maintain a Logbook continued in the same format as years 1 and 2. Detailed patient records must be kept in a form that is easily accessible to the SAC. Photographs of significant stages of treatment should be encouraged. By agreement with the school supervisor/training programme director selected patients must be viewed by a trainer at salient points in their treatment.
2. The practice must agree to inspections by members of the SAC. These may be arranged in advance or, in unusual circumstances, at short notice. The trainee must certify that facilities are in place. There must also be basic responsibility of the practice owner(s) or chief executive to maintain suitable standards. (Practices that have already been visited for the VT programme shall be able to certify suitable facilities and equipment)
3.
  - (i) **Clinical.** The trainee is accountable as a registered dentist for a patient's treatment. It is recognised that the responsibility for the maintenance of treated patients may fall on the trainer.
  - (ii) **Training.** The training programme director is accountable for the training aspects of in-practice training.
4. The trainee may be self funded or supported. When visits are arranged by SAC visitors then reasonable travelling costs must be borne by the practice or trainee or both. It is normally the responsibility of the main training base (usually University or Trust) to make payment of visitors' expenses and recover them, as appropriate, from the trainee or training practice. The trainee will normally earn fees or salary when providing service to the practice.
5. The provision of a proper case mix is the responsibility of the individual trainee in the particular circumstances. In most circumstances this will involve close co-operation with the practice and the training programme director. Links with dental schools should be encouraged to evolve.
6. The suggested weekly timetable is 2 days supervised clinical treatment in a dental school, 2 independently in practice, 1 study or academic.

7. The process must work towards all training practices having a relevant specialist in place. Such a specialist would, by agreement, act as a trainer. Training reports from practice would be included in the RITA process.

Eventually, in a practice without an appointed specialist trainer, one third of the clinical component in practice should be recognised as training time within the overall 4500 hours.

When a recognised trainer in the practice contributes to training at the main base all the time spent in practice should be included in the programme. When a recognised trainer does not contribute to training at the main base but works within guidelines specified by the principal trainer all the time spent in practice should be recognised as part of the programme.

Because training practices may be in widely different environments the following practice protocol of procedures and equipment will protect trainees and guide practice owners.

### ***Practice administration***

- Support staff must be aware of the status of the trainee. Before an appointment is given patients must be informed that the trainee is a qualified dentist aiming to become a specialist
- Data users registered under Data Protection Act
- Systems secure and password-protected
- Routine back-up and virus protection systems
- Patient records procedures in accordance with GDC “maintaining standards” advice
- NHS records kept in accordance with current regulations

### ***Surgery equipment***

- Surgery floor area (minimum 3m x 3m)
- The clinical floor covering is impermeable and washable
- The surgery is of conventional low seated design
- The dental unit is in good repair
- There is a suitable operating light
- There are adequate hand washing facilities with disposable towels
- Type of suction:
  - Accessible suction filters
  - External exhaust from suction
- Amalgam encapsulated
- Amalgam spillage kit
- Light curing unit calibrated regularly
- Ultrasonic scaler
- Autoclave
- Closed tray instrument system
- Autoclave bags for sterile instruments
- Cold sterilisation - appropriate use
- Sufficient handpieces to provide a sterilised handpiece for each patient
- Sufficient 3-in-1 tips for sterile use
- Rubber dam kit
- Pulp tester

- Hand instruments provided in sufficient quantity for the procedures offered
- Disposable mouthwash cups
- Eye protection for patients and staff
- Radiograph viewer at chairside
- Implant equipment properly stored and maintained (where appropriate)

**For Prosthodontics programme the following additional items**

- Semi-adjustable articulator
- Average axis earbow, facebow
- In-practice facilities for pouring casts and trimming, manufacture of temporary restorations, diagnostic waxing, and limited laboratory work.
- Laboratories must agree to inspections by the SAC

***Radiography***

- Intra-oral radiography unit in the surgery with suitable collimation
- Provision of, or easy access to, panoramic radiography
- Certification and recording of training in Ionising Radiation Regulations
- Local rules for radiation protection defined
- The use of the fastest films consistent with diagnosis
- Films are identified and stored efficiently
- Quality assurance programme for use and processing of films
- *Digital imaging is not recommended at present because of the possibility of image modification.*

***Cross-infection control***

- All instruments used in patient treatment disposed or sterilised
- Sterilised instruments stored in closed or sealed containers
- Autoclave verification strips
- Hard surfaces disinfected after each patient
- Burs sterilised after each patient
- Air and water hoses equipped with non return valves
- Correct collection and disposal of “sharps”
- Correct collection and disposal of partially dispensed medication
- Impressions disinfected before pouring or despatch
- Gloves worn and changed between each patient by all personnel involved in treatment
- Correct bagging and disposal of clinical waste
- Outdoor clothes changed for clinical treatment
- Face masks or visors worn routinely by clinical staff during treatment
- Antibacterial handwash and disposable towels used



- Eye protection worn by all patients and staff involved during operative procedure
- All clinical staff sero-converted against Hepatitis B
- Contaminated areas routinely disinfected between patients
- Environmental and Hazard control conforms to current regulations
- Health and safety measures comply with current legislation

### ***Emergency procedures***

- Formal training of all staff in basic life support techniques once per year with records of attainment for each member of staff
- Portable regulated oxygen delivery system to provide intermittent positive pressure ventilation of lungs. Record of regular checks.
- Portable suction unit.
- Appropriate emergency drugs in container with reminder instructions.

### ***Laboratory Work***

- Laboratories registered with Medical Devices Agency
- British Dental Association/Dental Laboratories Association code of practice.
- **For the prosthodontics programme** the laboratories used should agree to inspections by the SAC.

### ***Sedation***

- In accordance with current GDC guidelines
- Sedation should be administered by an anaesthetist or a properly trained and certified person.

In view of the early stage of this process these guidelines should be reviewed at least five years from the date of publication.