

**A MANUAL OF
SPECIALIST TRAINING
IN DENTISTRY
IN THE UNITED KINGDOM
AND IRELAND**

DECEMBER 1999

Joint Committee for Specialist Training in Dentistry
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Foreword

The Joint Committee for Higher Training in Dentistry (JCHTD) was established in 1969 to meet the need to devise schemes of approved higher specialist training pathways in the major branches of dentistry. Guidance to the profession has been given in the form of published Reports. Much has happened since the last, the Fourth Report, was published in 1986 and fundamental changes are now occurring in the arrangements for training in the dental specialties.

In 1992 the General Dental Council (GDC) indicated its intention to exercise its powers to prescribe distinctive titles in branches of dentistry. In 1993 the Report of the Working Group on Specialist Medical Training (the Calman Report)¹, was published. In 1995 the Chief Dental Officer's Report on UK Specialist Dental Training (the Mouatt Report)² was published. Subsequent UK legislation, the European Specialist Medical Qualifications Order 1995 and the European Primary and Specialist Dental Qualifications Regulations 1998, have provided the legal basis for the changes and arrangements set out in this manual.

The Irish Dental Council (IDC) has also indicated its intention to exercise its powers under the Dentists Act 1985 and will establish a register of dental specialists in Ireland. The Council has invited the Irish Committee for Higher Training in Dentistry (ICHTD) to be the body to advise it on the granting of evidence of satisfactory completion of specialist training, and in doing so, recognised its continuing relationship with the Joint Committee

Conflicting factors have to be taken into account in structuring training. The requirement for shorter, more focused training must be balanced against adequate clinical exposure, professional development and, in the case of clinical academic trainees, academic advancement. Individual requirements are important and, in recognition of this, certain flexibility has been incorporated into the arrangements. Quality and standards must, however, continue to be of paramount importance.

In view of the broadened remit, to encompass training of specialists both within and outwith the NHS hospital service, the constitution of the Joint Committee, and that of its SACs, has been amended. The title of the Joint Committee has for the same reason been changed to the Joint Committee for Specialist Training in Dentistry (JCSTD).

This manual has been prepared for the guidance of all those involved in dental specialist training. It supersedes the Fourth Report of the former JCHTD. Since specialist training in dentistry is constantly developing it is likely that this manual will require updating.

Dr Ian Watson
Chairman

Professor Nairn Wilson
**Immediate
Past Chairman**

A MANUAL OF SPECIALIST TRAINING IN DENTISTRY IN THE UNITED KINGDOM AND IRELAND

INTRODUCTION

1. This document sets out the regulations for Specialist Training in Dentistry in the United Kingdom and Ireland in respect of the dental specialties relating to the Joint Committee for Specialist Training in Dentistry. The curricula were drawn up in accordance with the requirements of the Chief Medical Officer's (CMO's) report into Higher Specialist Training¹, the Chief Dental Officer's (CDO's) report on Specialist Training in Dentistry² and the Accord between the General Dental Council (GDC) and the Dental Faculties of the Royal Surgical Colleges and other Educational Bodies (Appendix 1). The Faculty of Dentistry of the Royal College of Surgeons in Ireland subscribes fully to the substance and tenor of this report, however there are a number of structural and operational differences in the health care system, appointments procedures and training in the Republic of Ireland. The relevant details, set out in a supplementary leaflet, may be obtained from the Secretary, Dental Faculty, Royal College of Surgeons in Ireland, 123 St Stephen's Green, Dublin 2. (Tel: 353-1 402 2239 Fax: 353-1 402 2466).

AIM OF SPECIALIST TRAINING IN DENTISTRY

2. To provide comprehensive, structured and balanced specialist training programmes enabling trainees to complete satisfactorily the appropriate programme to undertake independent practice in their chosen specialty.

THE SCHEME OF SPECIALIST TRAINING

3. The scheme of Specialist Training is controlled and administered by the Joint Committee for Specialist Training in Dentistry (JCSTD) representing the four Dental Faculties of the Royal Surgical Colleges in the UK and Ireland, the Specialist Associations and other bodies (Appendix 2). The JCSTD is the advisory body to the Surgical Royal Colleges with regard to Specialist Training in Dentistry, supported in the day to day management of the scheme by Specialist Advisory Committees (SACs). The JCSTD and the SACs are administered from a secretariat at the Royal College of Surgeons of England. The basis of the scheme is the evolution and recognition of Specialist Training programmes in each of the recognised dental specialties after the period of general professional training. Currently there are SACs in: -

Oral and Maxillofacial Surgery
Restorative Dentistry
Orthodontics
Paediatric Dentistry
Dental Public Health
and a Joint Advisory Committee for the Additional Dental Specialties (JACADS) which, amongst other activities, acts as an SAC for the specialty of Oral Medicine.

The GDC, as the sole Competent Authority for the Dental Specialties, has established specialist lists in: -

Oral Surgery	Prosthodontics
Surgical Dentistry	Orthodontics
Restorative Dentistry	Paediatric Dentistry
Endodontics	Dental Public Health
Periodontics	Oral Medicine

The GDC has indicated its intent to establish specialist lists in Oral Pathology, Oral Microbiology and Oral and Maxillofacial Radiology.

Oral and Maxillofacial Surgery comes within the European Medical Directives and in the UK is recognised by the Specialist Training Authority (STA) and the General Medical Council (GMC) as a surgical specialty. The JCSTD and the Joint Committee on Higher Surgical Training (JCHST) jointly administer it. Oral Surgery and Surgical Dentistry are within the remit of the SAC in Oral and Maxillofacial Surgery. Endodontics, Periodontics and Prosthodontics are within the remit of the SAC in Restorative Dentistry.

4. **Appointment to specialist training posts and courses** The detailed arrangements for the introduction of the Specialist Registrar Grade and associated matters are set out in "A Guide to Specialist Registrar Training"³ including the Dental Supplement⁴. The basic principle of Specialist Training is that the trainees (with UK, Irish or other EEA⁵ nationality) should enter a period of training in the grade of Specialist Registrar (SpR) or in recognised courses that have been inspected and approved for training by the appropriate SAC. Appointment to Specialist Training posts and courses is conditional upon the successful completion of general professional training (or equivalent) and success in the MFDS examination⁶. Appointment to a SpR programme is by open competition by a properly constituted Appointments Committee (AC)⁷ and acceptance on courses of Specialist Training should also be in open competition.

5. **Programme sequence** SpRs and non-SpRs⁸ entering Specialist Training can expect to follow a structured programme of training and assessment. There may be other postgraduate students who do not hold a Training Number⁹ (TN), particularly from overseas, but who will be following the same training:

- a. Following appointment, the Postgraduate Dental Dean¹⁰, who will also notify the appropriate SAC and the Lead Postgraduate Dental Dean in the specialty concerned, will allocate a TN to those eligible. **It is essential that trainees inform the JCSTD Secretariat of their appointment.** (see para 29).
- b. They will follow the prescribed period of clinical training laid down in the appropriate specialty curriculum (available from the JCSTD). In addition to the mandatory minimum clinical years, flexible time is to be set aside within programmes, for research or other relevant activity. The *minimum* length of programmes is as follows:

Orthodontics	3 years
Paediatric Dentistry	3 years
Surgical Dentistry	3 years
Endodontics	3 years
Periodontics	3 years
Prosthodontics	3 years
Oral Medicine	3 years
Oral Surgery	4 years
Dental Public Health	4 years
Restorative Dentistry	5 years
Oral and Maxillofacial Surgery	5 years

Further specialties are under consideration by the GDC and, as and when they are approved, they will be listed in supplements to this Report published from time to time by the JCSTD.

- c. Those on programmes of SpR training in Oral Medicine, Oral Surgery, Dental Public Health, Restorative Dentistry and Oral and Maxillofacial Surgery will, upon reaching the appropriate stage of their training, be eligible to enter the relevant Intercollegiate Specialty Fellowship Examination, success in which is a mandatory precursor to the award of the CCST.
- d. Those in SpR and non-SpR training programmes in Orthodontics, Paediatric Dentistry, Surgical Dentistry, Endodontics, Periodontics and Prosthodontics will, upon reaching the appropriate stage of their training, be eligible to enter the relevant Specialty Membership Examination towards the end of the training period, success in which is a mandatory precursor to the award of the CCST.
- e. Upon successful completion of a training programme, trainees will be informed of the necessary procedure for making an application to the GDC for the award of a CCST, and for entry upon the appropriate specialist list. From the following dates it will be a precondition for appointment as a consultant to be included on the appropriate specialist list: -

15 April 2000	Dental Public Health, Oral Surgery and Restorative Dentistry
30 June 2000	Orthodontics and Paediatric Dentistry
30 June 2001	Oral Medicine

- f. For Orthodontics, having completed the initial three year training, passed the MOrth Examination and obtained entry to the specialist list, trainees will be eligible to apply for an SAC approved two-year FTTA appointment and take the Intercollegiate Specialty Fellowship Examination before appointment to a consultant post. The same applies to Paediatric Dentistry, where there will be a requirement to pass the MPaedDent Examination.

- 6. **Consultant appointments** Trainees who have passed the Intercollegiate Specialty Fellowship Examination and received satisfactory assessments may apply for a consultant post not more than three months before the end of their training. The Faculty Assessor (National Panellist in Scotland) will continue to advise the Advisory Appointments Committee on the suitability of an individual candidate's training experience for a particular post. Holders of a CCST, (who are therefore fully trained) will, at the discretion of the Postgraduate Dental Dean, be allowed to retain their NTN's and continue in their posts/programmes, or another appropriate post on their rotation, for a period of time normally not exceeding six months.¹¹

PROCEDURES AND RULES

7. **Appointment**

- a. The appointment and the day to day management of trainees in the SpR grade is controlled by the Postgraduate Dental Dean, although employment contracts will be held by individual NHS Trusts or Health Authorities in the case of Dental Public Health.
- b. An educational contract is also agreed between the employing Trust and the office of the Postgraduate Dental Dean in accordance with the arrangements as set out in EL(95)133 annex A and HSG(95)61.
- c. Those non-SpR grade trainees appointed to SAC approved posts or courses and holding an NTN will also be assessed by their training body in conjunction with the Postgraduate Dental Dean
- d. Trainees must notify the appropriate SAC of their appointment, and must maintain close contact with the SAC (through the Secretariat), over all aspects of their training, particularly if they are concerned about any matter that cannot be resolved locally.

8. **Training Numbers**¹² Eligible trainees will be allocated a Training Number (TN) by the Postgraduate Dental Dean immediately their appointment is confirmed. They will retain this number until they have successfully completed their training or until the expiry of their contract. TNs are classified by specialty, postgraduate deanery and by individual. Trainees will lose their number if they resign, or are withdrawn from the training programme. Numbers will be retained by trainees during periods of leave of absence, secondment, research periods or during rotations to other Regions. In addition to trainee numbers, the TN scheme proposes that, in due course, approved training posts will also be allocated a number and Postgraduate Dental Deans in collaboration with SACs also will administer this process. Until Post Numbers (PN) are introduced, the SACs will continue to use their own nine-digit numbering system for approved training posts. For the purposes of this document, references to TNs apply equally to Scotland and Northern Ireland who have their own equivalent arrangements for numbering trainees.

9. **Assessment and Appraisal**

Assessment of Trainee and Post¹³ Training requires steady progress through planned programmes designed to meet the curricular requirements of the specialty concerned. The purpose of assessment is to monitor progress during training. Trainees have to meet an agreed standard to be able to proceed from year to year. All trainees with an TN will have their training assessed by the Deanery Specialty Training Committee (STC), arranged by the Postgraduate Dental Dean, at 6 months, 1 year and annually thereafter. In the case of non-SpR trainees with NTNs, training will be assessed by the Deanery STC in conjunction with the university or health care trust.

In the case of trainees whose assessments are judged unsatisfactory, additional help and support will be given to enable them to fulfil the requirements of the programme (see paragraph 11). The JCSTD has introduced assessment forms for completion by both trainer and trainee. A parallel assessment form for trainees to assess their training is being used to monitor the effectiveness of the programme. Copies of the forms will be held in the SAC files and by the Postgraduate Dental Dean and Training Programme Director only. The forms will be a useful source of information for SACs not only in the assessment of individual trainees, but also in the ongoing process of inspection and approval of training programmes. There may be variations in the assessment process between regions.

Appraisal An appraisal system needs to be separate from assessment conducted to inform the regulatory process. The prime purpose of appraisal is educational and the participants are the trainer and the trainee. The principal method is regular appraisal discussions covering the areas of educational, personal and professional progress, career progress and employment issues. A confidential record of the appraisal, including an agreed educational and personal development plan, is kept. The outcome is to enhance the trainee's development.

10. **Counselling** It is the responsibility of Trainers, and most particularly Training Programme Directors, to counsel trainees encountering difficulties. It is in the interest of trainees, and ultimately of the service that they are continually informed of their performance so that any failure to progress can be identified quickly and appropriate advice given.
11. **Remedial action and appeal against assessments of progress** In the event of trainees not progressing as expected, there are three stages of remedial action:
 - a. **Stage 1** Targeted training – closer than usual monitoring and supervision, to address particular needs and to provide feedback.
 - b. **Stage 2** Intensified supervision - a repeat of the appropriate part of the programmes, possibly in another location if the Training Programme Director considered this to be desirable.
 - c. **Stage 3** Withdrawal from the programme.

The need for remedial action will be identified by and will be implemented by the deanery Specialty Training Committee (STC) (Appendix 10)

The appeal process¹⁴ contains various steps which are clearly laid out in the Guide to Specialist Registrar Training.

12. **Training agreements**¹⁵ Trainees will be invited to complete a formal training agreement with their Postgraduate Dental Deans defining, in terms of education and training, the relationship, duties and obligations on each side.

13. **Record of In-training Assessment (RITA)** ¹⁶ Trainees, Chairs of Specialty Training Committees and Postgraduate Dental Deans should complete, annually, the Record of In-training Assessment (RITA), which provides a record of annual review and of the trainee's progress through the grade. The JCSTD assessment forms referred to in paragraph 9 above, together with other supporting documentation such as logbooks, are elements of the annual review which are recorded using the RITA process. Whilst RITA forms are within the remit of the Postgraduate Dental Dean, copies will be despatched to the JCSTD secretariat in order to support the Colleges' statutory obligations with regard to recommending the award of CCSTs. **Trainees must ensure that copies of their forms are despatched to the JCSTD secretariat.**
14. **Specialty Examinations** Recommendation for the award of the CCST for those in the SpR grade in specialties with 4 and 5 year training programmes and in oral medicine will depend upon successful completion of the relevant Intercollegiate Specialty Fellowship Examination. For those undertaking three year training programmes, recommendation for the award of the CCST will depend upon success in the relevant Specialty Membership Examination (see paragraph 5c and 5d above). In Orthodontics and Paediatric Dentistry trainees in FTTA appointments will take the Intercollegiate Specialty Fellowship Examination towards the end of their two-year training programme.

Full details of Intercollegiate Specialty Fellowship Examinations and dates may be obtained from:

Secretariat of the Dental Intercollegiate Examination
Boards
Royal College of Physicians & Surgeons of Glasgow
234-242 St Vincent Street
Glasgow
G2 5RJ

Tel: 0141-221 6072
Fax: 0141-221 1804
e-mail: lyn.cranwell@rcpsglasg.ac.uk

Full details of the Intercollegiate Examination in Oral and Maxillofacial Surgery and dates may be obtained from:

Secretariat of the Intercollegiate Specialty Boards
Royal College of Surgeons of Edinburgh
Central Administration Office
3 Hill Square
Edinburgh
EH8 9DR

Tel: 0131-662 9222
Fax: 0131-662 9444
e-mail: claire@cdisb.freeserv.co.uk

Full details of Specialty Dental Diplomas and dates may be obtained from the following Examinations Departments:

Royal College of Surgeons of Edinburgh
18 Nicholson Street
Edinburgh
EH8 9DW

Tel: 0131-527 1677
Fax: 0131-527 1621
e-mail: information@rcsed.ac.uk

Royal College of Surgeons of England
35 - 43 Lincoln's Inn Fields
London
WC2A 3PN

Tel: 0171-973 2178
Fax: 0171-973 2179
e-mail: jbrownlow@rcseng.ac.uk

Royal College of Physicians & Surgeons of Glasgow
234-242 St. Vincent Street
Glasgow
G2 5RJ

Tel: 0141-221 6072
Fax: 0141-221 1804

Royal College of Surgeons in Ireland
123 St. Stephen's Green
Dublin 2

Tel: 00 353-1 402 2239
Fax: 00 353-1 402 2466
e-mail: dentistry@rcsi.ie

15. **Certificates of Completion of Specialist Training (CCST) and Specialist Lists** All those completing training after the date on which particular specialist lists were set up will be eligible to apply for the award of a CCST.

CCSTs will therefore only be awarded to those completing training after the following dates:

15 April 1998	Dental Public Health, Restorative Dentistry and Oral Surgery
31 May 1998	Surgical Dentistry, Endodontics, Periodontics and Prosthodontics
30 June 1998	Orthodontics and Paediatric Dentistry
30 June 1999	Oral Medicine

Successful completion of Specialist Training will be marked by the award of the CCST. The Certificate will be issued to individuals by the GDC following a recommendation by the appropriate Faculty on the advice of JCSTD. The CCST will be recognised throughout the EEA as certification that a dentist has completed specialist training. CCSTs issued in EEA countries for specialties listed in the EC Dental Directives will be recognised on an equal basis in the UK. The GDC maintains and publishes specialist lists which will contain the names of those recognised as having training and experience to merit recognition as a trained specialist.

For application forms and guidance for entry to specialist lists contact the Specialist Desk, General Dental Council, 37 Wimpole Street, London W1M 8DQ, telephone 0171 887 3800. Specialty specific guidelines are available on the GDC website at <http://www.gdc-uk.org>.

16. **European Trainees** Dentists from other EEA countries are eligible for entry into Specialist Training, competing directly with UK and Irish graduates. However, before EEA dentists can be appointed to a Specialist Training programme the Postgraduate Dental Dean, through the appropriate SAC, will need to establish that their training is comparable with the entry criteria required of UK and Irish graduates. The JCSTD, through the SACs, will determine the appropriate equivalence criteria.
17. **Overseas Dentists**¹⁷ The term "Overseas Dentist" refers to dentists who are not nationals of the EEA or who do not hold a primary qualification obtained in the EEA and who, regardless of where they obtained their primary dental qualification, do not have a right of indefinite residence or settled status in the UK as determined by immigration or nationality law or who do not benefit from European Community rights. Individuals in this category are referred to as Visiting Specialist Registrars (VSpR). This designation would be lost should their immigration status change while in the grade and they acquire UK rights of indefinite residence. Although still overseas dentists, they would thereafter be regarded as Specialist Registrars (SpRs). In this case, *if they had been appointed in open competition by a properly constituted Appointment Committee*, they would automatically receive the next available NTN, and time spent in VSpR posts would be taken into account when determining their expected date of completion of specialist training. Entry requirements for overseas dentists (other than those with relation to language) to enter specialist training will be laid down such that they should demonstrate a level of competence comparable to

UK/EEA dentists. Overseas dentists not eligible for full registration with the GDC will need to apply for temporary registration unless registered as a postgraduate student of a university. Posts must be of comparable educational value to UK training posts, built into proper programmes and, similarly, must carry educational approval from the appropriate SAC. It is important that, other than in certain clearly defined circumstances, entry to the grade must be through open competition. Overseas dentists may, if eligible, apply for programmes of training leading to recommendation for the award of a CCST (Type I programmes) or Fixed Term Training Appointments or Locum Appointments for Training (Type II programmes). CCSTs may only be awarded to dentists who hold full registration. Those with temporary registration may undertake training and may apply for entry to a specialist list but may not be awarded a CCST.

18. **Fixed Term Training Appointments and Locum posts**¹⁸ From time to time, short-term vacancies will arise in training programmes. These will be filled either by a SpR appointment to cover the service element or by a SpR appointment that acknowledges the training value of the vacancy:

Locum Appointments - Service (LASs) are for service purposes only, should be limited to a maximum of three months, do not attract an NTN/VTN and cannot be credited towards the completion of Specialist Training.

Locum Appointments - Training (LATs) are locum opportunities, not normally for a period of less than three months or exceeding one year, with sufficient training potential, approved by the appropriate SAC, to allow holders to receive *prospective* training recognition. LATs do not attract NTN/VTNs, and it will not be possible to complete Specialist Training without first entering the SpR grade in a substantive placement, or a SAC approved University specialist training programme.

Fixed-Term Training Appointments (FTTAs) are normally designed for dentists without right of permanent residence who do not wish to, or cannot, pursue a specialist training programme. An FTTAs will provide independent 'stand alone' SpR training for a period normally between six months and two years. An FTTA programme will not lead to the award of a CCST but overseas dentists entering these programmes will hold a FTN. If an overseas dentist acquires the right to permanent residence in the UK, wishes to pursue a Specialist Training programme and is subsequently properly appointed to a Type I programme relevant experience, achieved during an FTTA or a LAT, may be taken into account in determining the expected date of completion of specialist training. Candidates for FTTA appointments must demonstrate that they have fulfilled the minimum entry requirements relating to the appropriate specialist training programme.

Additional hospital training in Orthodontics or Paediatric Dentistry builds on the initial 3 year specialty training programme to create a possible total of five years of training. Academic trainees may take up to six years to obtain the full time equivalent

of 5 years. Trainees will be appointed competitively to Additional Training Programmes by a formal standardised interview process. They will be appointed to FTTAs and will be issued with a FTN by the Regional Postgraduate Dental Dean. They must already hold (or shortly anticipate holding) a CCST.

19. **Flexible and Part-time training**¹⁹

Flexible training The intention of flexible training for those in the SpR grade is to retain individuals who might otherwise leave because they are unable to take up full-time appointments, in line with EC Directive EC 93 16 EEC. Flexible training posts are open to all SpRs with well-founded reasons such as domestic commitments, disability or ill health that prevent them working full-time. Candidates are required to work a minimum of 5 sessions per week (50%), plus appropriate additional duty hours. Trainees considering flexible training should discuss the opportunities with the Postgraduate Dental Dean as early as possible. Trainees wishing to undertake flexible training will be appointed by properly constituted Appointment Committees in open competition. It is possible to move from full-time to flexible training and vice-versa, to move between regions and to undertake training abroad.

Part-time training Non-SpR grade trainees may train part-time provided that this is for a minimum of 5 sessions, on a SAC approved course or training programme.

20. **Research**²⁰ All trainees are encouraged to undertake research and are expected to develop an understanding of research methodology during the period of Specialist Training. Recognition may be granted by the appropriate SAC for research undertaken prior to entry to the grade on application at the time of appointment to a SpR post. Research may be undertaken during the flexible year (which may be taken at any time during the Specialist Training programme). Those wishing to undertake a longer period of research must notify the SAC and the Postgraduate Dental Dean in advance. Only one year will be allowed as part of specialist training irrespective of the duration of the research period for those in the SpR grade. An exception to this one year research period applies to trainees in Academic Oral Surgery who will have obtained a doctorate as an entry requirement and will therefore not be allowed any reduction on the training programme for further research. Such trainees must be subject to annual assessment. During periods of research, trainees will be permitted to retain their NTN's. Where research is undertaken outside the scope of a structured programme, trainees will be required to confirm with Postgraduate Dental Deans that their NTN's may be retained. Those undertaking prolonged or highly focused research may not complete a standard training programme and therefore may not be eligible for award of a CCST. They can, however, apply to the JCSTD for assessment for equivalence to the CCST standard and, if successful, subsequently apply to the GDC for entry to the appropriate specialist list.

21. **Honorary clinical appointments**²¹ Holders of honorary SpR appointments must participate in approved programmes. SACs will have the responsibility to judge any equivalence of training in academic clinical dentistry. NTN's will be required for such trainees.

EDUCATIONAL APPROVAL AND CONTENT OF TRAINING

22. The JCSTD attaches great importance to a proper balance of clinical experience, formal training and time for study and relaxation.
23. **Educational approval** Responsibility for educational approval of training programmes is vested in the JCSTD and its SACs through the Accord (Appendix 1). For oral and maxillofacial surgery (for which a registered dental and registered medical qualification is required) the GMC and the Specialist Training Authority (STA) provide a joint competency responsibility. SAC responsibility is exercised through visits to training units, interviews of trainees by members of the SAC and by the continual monitoring of training programmes through review and assessment both by the SAC and the local Specialty Training Committee.
24. **Alterations to training programmes** Units proposing new or altered programmes must apply to the SAC for recognition of the programme and of any changes. The SAC will consider proposals and may decide to undertake additional visits. Educational approval for programmes may be denied or removed if the SAC is not satisfied that its criteria have been met.
25. **Educational facilities** Trainees should have access to an adequate library, computers and, where relevant, skills practice facilities.
26. **Audit** Clinical audit is a vital component of training. SAC visitors will wish to review local and regional audit activities during their inspections of programmes.
27. **Study leave** SpR trainees will require protected time for study and tuition within the training location and possibly full or part-time courses elsewhere. Postgraduate Dental Deans will manage the study leave budget. SACs have, in some cases, specified those courses which are recommended for trainees to attend during Specialist Training. These are listed in the relevant SAC curricula. Similar arrangements will be expected for non-SpR trainees on SAC approved training programmes or courses.
28. **Exceptional leave** SACs have discretion to allow an interruption of normally no more than three months in a training programme. Trainees will need to make up, at a later date, for any break in their training exceeding three months, for whatever reason, including pregnancy and sickness.
29. **The Trainee** The trainee is appointed to a recognised Specialist Training scheme, and holds a NTN/VTN/FTN. The trainee will be expected to remain on the scheme for the duration of training and to participate in all mandatory training activities. All trainees with NTN/VTN/FTNs must inform the Postgraduate Dental Dean, the Specialty Training Committee and the SAC of any planned divergence from the scheme for activities such as secondment to other regions or abroad and time spent in research. This will enable the SAC to consider whether to recognise such time away from the scheme towards Specialist Training (Appendix 3).

30. **Training Programme Director** A Training Programme Director will be appointed to each training scheme that provides a programme of training in a particular specialty. Programmes are usually provided within regions but, in some instances, they may cross regional boundaries. A Training Programme Director, acceptable to the Postgraduate Dental Dean, will be appointed by the relevant SAC on the advice of the consultants who take part in the training programme, and the appropriate Regional Specialty Adviser or, in Scotland, the Chairman of the Specialist Training Committee. A Training Programme Director is required for each training programme. The Training Programme Director will hold office for 5 years and may be re-appointed. Training Programme Directors will be managerially responsible to the Postgraduate Dental Dean for the delivery of training to the standards set by the Faculties of the Royal Colleges. Training Programme Directors will be professionally responsible to the JCSTD, via the relevant SAC, for the content and quality of training (Appendix 4). Academic Oral Surgery has a system of Senior Academic Supervisors who work within the system established by the Training Programme Directors for Oral and Maxillofacial Surgery. For the specialty of Oral and Maxillofacial Surgery, Training Programme Directors will also be responsible to the JCHST and the Postgraduate Medical Deans.
31. **The Trainer** All trainees should have an identified trainer. The trainer is normally a consultant, or in due course a specialist practitioner, within the unit in which a trainee is placed. To be a trainer it will be necessary for the consultant or specialist practitioner to have completed specialist training to the standard of the CCST or its earlier equivalent (accreditation, or appointment to a substantive or honorary consultant post in the NHS by a properly constituted AC with the agreement of the Faculty Assessor, or National Panellist in Scotland) in the relevant specialty. Training recognition may be withdrawn from a unit where consultants do not meet this standard. Trainers appointed from within approved Specialist Training Practices will be subject to the same criteria (Appendix 5). Trainers will receive a formal letter of appointment from the JCSTD.
32. **Appeals against SAC decision on the recognition of Trainers** The SAC may reject a consultant or specialist practitioner as a trainer. If the consultant or specialist practitioner does not accept this decision he or she may appeal through the mechanism set out in Appendix 6.
33. **Reinstatement of a Consultant or Specialist Practitioner as a Trainer** A consultant or specialist practitioner rejected as a trainer may, after taking appropriate action, apply to have their status as a Trainer reinstated through the procedure detailed in Appendix 7.
34. **Appeals against SAC decisions on the recognition of Training Units** The SAC may decide that the training provided by a training unit, for example a hospital unit, a University department or, in due course, a specialist practice does not meet the required standard. The unit may appeal against this decision through the mechanism set out in Appendix 8.

MANPOWER PLANNING AND CONTROL

35. The NHS Executive through the Specialist Workforce Advisory Group (SWAG) exercises manpower planning and control in England and Wales. SWAG is responsible for setting target quotas for the annual intake of Specialist Registrars by specialty; currently there is no manpower control of those in non-SpR posts. In Scotland a similar function is performed by the Scottish Executive Department of Health and in Northern Ireland by the Department of Health and Social Services. In the Republic of Ireland, manpower is controlled by the office of the Chief Dental Officer, Department of Health, Dublin 2

THE ROLE OF THE JOINT COMMITTEE SECRETARIAT

36. The primary role of the Joint Committee secretariat is to service the JCSTD and the associated SACs. A staff member is available to provide detailed information and advice on policy matters pertaining to Specialist Training, on trainees, and on the educational approval of posts. Those seeking advice should write or telephone as follows:

Joint Committee for Specialist Training in Dentistry
SAC in
Faculty of Dental Surgery
at The Royal College of Surgeons of England
35 - 43 Lincoln's Inn Fields
LONDON
WC2A 3PN

Tel: 0171-405-3474
Fax: 0171-973-2183
E-mail: ccleavin@rcseng.ac.uk

THE ACCORD
Between
THE GENERAL DENTAL COUNCIL
and
THE DENTAL FACULTIES OF
THE ROYAL SURGICAL COLLEGES
and
OTHER EDUCATIONAL BODIES

Introduction

1. The Chief Dental Officer's Report on UK Dental Specialist Training has confirmed the status of the General Dental Council as the sole competent authority for dental specialties in the United Kingdom. As the competent authority the GDC must exercise its powers under the Dentists Act 1984 for the supervision of dental postgraduate education including its powers to visit establishments where postgraduate instruction is given.
2. The Chief Dental Officer's Report also recognises, as the GDC has always done, that the Dental Faculties of the Royal Colleges, the Universities and the Specialist Societies have played a key role in the formulation of curricula and syllabi and in the monitoring of training arrangements. The Council wishes to work closely with these bodies to ensure the promotion and maintenance of high standards of postgraduate education and training in dentistry. This will include dental specialist education and training and the continuing professional development of registered dentists. This Accord, which takes account of the present and future legal duties of the GDC and the longstanding experience and expertise of the Faculties, Universities, Specialist Societies and Postgraduate Dental Deans/Directors, should help to achieve the delivery of consistently high standards of dental care.
3. This document is specifically intended to identify the respective roles and responsibilities of the parties concerned to underpin the GDC's discharge of its duties as the competent authority for the dental specialties. The Council anticipates that the Accord will be ratified by the Joint Dental Forum, once established, by the Dental Faculties, by the Universities through the Council of Deans of Dental Schools, by the Postgraduate Dental Deans/Directors through the Conference of Postgraduate Dental Deans and Directors(UK) and by the reconstituted Joint Committee for Specialist Training in Dentistry (JCSTD), in which the Faculties, the Deans of Dental Schools, the Postgraduate Dental Deans/Directors, the Specialist Societies (by virtue of their representation on the Specialist Advisory Committees (SACs)), the Health Departments and the GDC themselves participate.

Role and Responsibilities of the General Dental Council

4. As the sole competent authority for the dental specialties the Council will have overall supervisory responsibility for courses of training leading to a diploma, certificate or other evidence of formal qualifications as a practitioner of specialised dentistry. Ultimate responsibility will also rest with the GDC for decisions on the award of a Certificate of Completion of Specialist Training (CCST). The GDC therefore invites the Faculties, Universities, Specialist Societies and Postgraduate Dental Deans/Directors to continue their respective educational roles in developing and providing curricula and courses and co-ordinating training programmes so that the Council is able to:
 - (a) scrutinise, and approve as appropriate, recommendations from the Faculties, for approval of curricula and examination regulations, and other training and assessment requirements, leading to the award of qualifications in special branches of dentistry and/or to recommendations for the award of CCSTs;
 - (b) scrutinise, and approve as appropriate, recommendations from the Universities for approval of curricula and examination regulations leading to the award of degrees and diplomas in special branches of dentistry;
 - (c) scrutinise, and approve as appropriate, recommendations from the Faculties, Universities and other educational and training bodies (through the JCSTD) as to training centres for specialist dental training;
 - (d) approve any GDC regulations for the issue of CCSTs and the award of a distinctive title and entry in a related list under section 26 of the Dentists Act, 1984, and maintain all such lists;
 - (e) receive applications for and decide on the issue of CCSTs, in the light of the advice of the Specialist Training Advisory Committee of the GDC, on the basis of courses of specialist training and assessment of competence conducted in accordance with the curricula, examination regulations and other arrangements indicated in subparagraphs 4(a), 4(b) and 4(c), and receive applications for and decide on entry to the appropriate list;
 - (f) administer the transitional arrangements, which will be set out in the proposed Department of Health European Dental Specialist Qualifications Regulations;
 - (g) establish an independent appeals mechanism;
 - (h) provide a central information service for potential applicants for CCSTs in co-operation with the Faculties, Universities and other educational institutions.

Role and Responsibilities of the Dental Faculties, the Universities, the Postgraduate Deans/Directors and the Joint Committee for Specialist Training in Dentistry

5. Subject to the provisions of paragraph 4 of this Accord the Dental Faculties of the UK Royal Surgical Colleges through their involvement in the JCSTD would exercise a practical role in relation to postgraduate education and training. This role would include:
 - (a) development of curricula and examination regulations for the award of additional diplomas in special branches of dentistry;
 - (b) provision, in liaison with relevant bodies, and assessment of training;
 - (c) recommending to the GDC the approval of training institutions and training posts, in accordance with guidance from the competent authority;
 - (d) making recommendations to the GDC for determination of entry qualifications, length and quality of training and conditions for flexible (part-time) training;
 - (e) assessment of competence of trainees on completion of training and making recommendations to the GDC for award by the GDC of the CCST to individuals and/or entry to the appropriate list;

All these activities would be carried out by the JCSTD and the Faculties under the authority of the parent College Councils and their Charters. The input of the Royal College of Radiologists and the Royal College of Pathologists with regard to the Additional Dental Specialties is recognised.

6. The Specialist Societies will continue to contribute to development and assessment of education and training programmes through the Societies' representation on the SACs and curricular advice provided by the Societies to awarding bodies.
7. Subject to the provisions of paragraph 4 of this Accord and in liaison with the other parties to the Accord the Universities which are dental authorities would
 - (a) develop curricula and examination regulations for the award of postgraduate degrees and diplomas in special branches of dentistry and make recommendations, through the JCSTD, to the GDC on curricula and on the award of CCSTs;
 - (b) provide facilities for education and training leading to the award of the relevant degrees and diplomas and for other training programmes as appropriate.
8. Subject to the provisions of paragraph 4 of this Accord and in liaison with the other parties to the Accord the Postgraduate Dental Deans/Directors will, acting on behalf of the Universities and the National Health Service, organise and manage postgraduate training programmes in the dental specialities.

Joint Committee for Specialist Training in Dentistry

9. The General Dental Council is represented on the JCSTD. This Committee thus includes representatives of all the bodies covered by this Accord. It will have a valuable co-ordinating role in the practical implementation of the Accord which brings together the GDC, the Dental Faculties, the Specialist Societies, through their representation on the SACs, the Universities, the Postgraduate Dental Deans/Directors and the associated educational institutions and bodies.

APPENDIX 2

CONSTITUTION AND TERMS OF REFERENCE

2.1 The Joint Committee for Specialist Training in Dentistry

The constitution of the JCSTD is as follows:

- Chairman (independent). Elected by the JCSTD for a three-year term.
- 2 representatives from each of the Faculties of Dental Surgery of the Royal Colleges of Surgeons

Chairman of each of the SAC's and similar committees:-

- Oral and Maxillofacial Surgery
- Academic Advisory Committee on Oral and Maxillofacial Surgery (non-voting)
- Orthodontics
- Paediatric Dentistry
- Restorative Dentistry
- Dental Public Health
- Joint Advisory Committee for the Additional Dental Specialties

- 2 representatives of the Council of Deans of Dental Schools

- 2 representatives of the Postgraduate Dental Deans

- 1 representative for Central Committee for University Dental Teachers and Research Workers

- 1 trainee representative

- 1 representative from the Defence Dental Services

- 1 from Overseas Doctors' Training/National Advice Centre

- 1 from the Faculty of General Dental Practitioners (UK)

- 1 representative from the Irish Committee for Higher Training in Dentistry

- 1 representative of specialist practitioners

- 1 representative from the GDC's Education Committee

- 1 Observer from the Irish Dental Council
- 1 Observer from each of the 5 Departments of Health (England, Wales, Scotland, Northern Ireland and the Republic of Ireland)

The terms of reference of the JCSTD are:

1. To keep under general review the working of the scheme of specialist training programmes in the dental specialties.
2. To discuss matters of policy relating to the scheme.
3. To recommend to the GDC that candidates be awarded the Certificate of Completion of Specialist Training and be included in the appropriate Specialist List or.
4. To recommend to the GDC that candidates be included in the Specialist List, through the process of mediated entry.
5. To advise, from time to time, on the incorporation of additional specialties into the scheme.
6. To hear appeals against decisions of the SACs, and to adjudicate on matters in which they require guidance.
7. To keep appropriate bodies informed of the progress of the scheme.

2.2 Specialist Advisory Committees

The SACs are comprised of a core group, consisting of:

- 4 Faculty representatives (one from each Faculty)
- 1 Postgraduate Dental Dean
- 4 members from professional associations
- 1 trainee representative

The core group is common to all SACs and each individual SAC has additional membership to suit its particular circumstances. All existing Specialty Associations are represented on the SACs and it is fully intended that emergent specialties will be represented on SACs as they became established and are identifiable through Specialty Associations. A member of each SAC is nominated also to represent the Council of Deans of Dental Schools (CDDS), if there is not a separate CDDS representative.

The Chairman of the SAC is elected by members of the SAC from amongst the membership of the Committee.

The individual SACs currently have the following members:

Oral and Maxillofacial Surgery

- 4 members - one from each of the four Royal Colleges
- 1 member - Conference of Postgraduate Dental Deans
- 6 members - British Association of Oral and Maxillofacial Surgeons
- 2 members - Academic Advisory Committee in Oral and Maxillofacial Surgery (one also represents the CDDS)
- 2 members - Surgical Dentistry
- 1 member - European representative
- 1 member - Defence Dental Services
- 2 members - representing the training grades group

Academic Advisory Committee in Oral and Maxillofacial Surgery (a sub-committee of the SAC in Oral and Maxillofacial Surgery)

- 8 members - Association of British Academic Oral and Maxillofacial Surgeons
- 1 member - Vice-Chairman, SAC in Oral and Maxillofacial Surgery
- 1 member - representing the training grades group

Paediatric Dentistry

- 4 members - one from each of the four Royal Colleges
- 1 member - Conference of Postgraduate Dental Deans
- 3 members - British Society for Paediatric Dentistry
- 1 member - Consultants in Paediatric Dentistry Group
- 1 member - Teachers' Study Group in Paediatric Dentistry
- 1 member - the Training Grades Group in Paediatric Dentistry

Orthodontics

- 4 members - one from each of the four Royal Colleges
- 1 member - Conference of Postgraduate Dental Deans
- 3 members - the Consultant Orthodontists Group of the British Orthodontic Society
- 2 members - The University Teachers Group of the British Orthodontic Society (one member of which also represents the CDDS)
- 1 member - The Training Grades Group of the British Orthodontic Society
- 3 members - The Specialist Practitioners Group and the Community Orthodontists Group of the British Orthodontic Society (to cover those working in the General Dental Services, private practice and the Community Dental Service) At least one member from the Specialist Practitioners Group and one from the Community Orthodontists Group.

Dental Public Health

- 1 member - from each of the four Royal Colleges
- 1 member - the Conference of Postgraduate Dental Deans
- 5 members - representing the British Association for the Study of Community Dentistry
- 1 member - representing trainees in Dental Public Health
- 1 member - representing the Faculty of Public Health Medicine

Restorative Dentistry

1 member	-	from each of the four Royal Colleges	
1 member	-	Council of Deans of Dental Schools	
1 member	-	Conference of Postgraduate Dental Deans	2 members
-	-	the British Society for the Study of Prosthetic Dentistry (BSSPD)	
2 members	-	the British Society for Restorative Dentistry (BSRD)	
2 members	-	the British Endodontic Society (BES), one of whom should represent specialist practitioners in Endodontics	
1 member	-	nominated jointly by the BSSPD and BSRD to represent specialist practitioners in Fixed and Removable Prosthodontics	
3 members	-	the British Society of Periodontology (BSP), one of whom should represent specialist practitioners in Periodontology	
2 members	-	the Association of Consultants and Specialists in Restorative Dentistry (ACSRD)	
1 member	-	Specialist Registrars in Restorative Dentistry	

Joint Advisory Committee in the Additional Dental Specialties

1 member	-	from each of the four Royal Colleges	
1 member	-	Conference of Postgraduate Dental Deans	
1 member	-	Training Grades Group	
1 member	-	Royal College of Pathologists	
1 member	-	Royal College of Radiologists	
1 member	-	CDDS	
1 member	-	The British Society for Oral Medicine	
1 member	-	The British Society of Dental and Maxillofacial Radiology	
1 member	-	The British Society for Dental Research, Oral Microbiology & Immunology Group, the Royal College of Pathologists, SAC for Medical Microbiology	
1 member	-	The British Society for Oral Pathology	

JACADS, amongst other activities, serves as an SAC for Oral Medicine. The training programmes for the other specialities of Oral Pathology, Oral Microbiology and Oral and Maxillofacial Radiology are to be arranged and administered in association with the appropriate Royal College.

General rules for SACs:

- Members serve for a maximum of five years, except that those appointed as Chairman may serve for three years from the date of their appointment as Chairman even if this takes them beyond the five-year limit. Trainee representatives serve for two years.
- In order to cope with increased workloads SACs may invite recently demitted members to assist with visits of inspection for no more than two years after they have demitted office. In the case of Chairmen this period is reduced to one year, although in the interests of continuity they are permitted to act as full members of the SAC.
- Members should not normally continue to serve on the SAC for more than one year after retirement from their NHS appointments.
- Any proposals to alter the constitution of individual SACs should be submitted to the JCSTD for consideration.

The Terms of Reference for each SAC are as follows:

1. To draw up and maintain after inspection, a list of educationally approved posts where programmes of training can be carried out.
2. To keep a register of trainees, in collaboration with Postgraduate Dental Deans, and to recommend to the JCSTD, for those who have satisfactorily completed their programmes, that they be awarded either a Certificate of Completion of Specialist Training or a Certificate of Accreditation as appropriate (see paragraph 15). To advise the JCSTD on equivalence of qualifications and training of those outwith the formal training programme. In the case of candidates who have been assessed as having completed a programme of training of equivalent standard to that required of specialist trainees in dentistry, to recommend to the GDC that they be included in the appropriate specialist list.
3. To arrange regular inspections (normally every five years or more frequently where necessary) of programmes and hospital posts where training is carried out.
4. In concert with Postgraduate Dental Deans and Specialty Training Committees to monitor trainees' progress through the training programme, to maintain details of their experience and to assist with the annual assessment process.
5. To submit to the JCSTD any proposals for modification of programmes or any question requiring adjudication (e.g. in the case of individual trainees whose reports are unsatisfactory or whose training is not wholly in accordance with an approved programme, or whose eligibility for entry to or continuation in a training programme is in doubt).

2.3 Appointment Committees

The normal constitution of an AC for a Specialist Registrar is as follows:

In England and Wales:

- a lay chairman appointed by the appointing authority, and ideally a second lay member,
- a representative of the appropriate Faculty, preferably from outside the geographical area of the training scheme,
- the relevant Postgraduate Dental Dean or a nominated deputy,
- representatives of the consultant staff in the training location(s) involved in the (rotational) training programme. The composition will depend on local circumstances but will be a minimum of two and normally a maximum of four consultants,
- a nominee from the appropriate university in the region,
- the Training Programme Director or Chairman of the Deanery Specialty Training Committee,
- a representative of senior management in an employing trust in the training rotation.

In Scotland:

The Committee will comprise at least five members from:

- a chairman selected from a panel drawn up by the Postgraduate Dental Dean in consultation with the trusts in his region,
- a member from the appropriate section of the National Panel of Specialists,
- a member of the regional Postgraduate Medical Education Committee (usually the Postgraduate Dental Dean or deputy),
- a senior medical representative of the services principally involved in the training programme for the post in question (e.g. clinical director or consultant); and
- a consultant appointed by the relevant university.

In England, Wales and Scotland similarly constituted committees are expected for appointment to University posts and for applicants to approved University courses who will be non-SpR trainees but have an NTN.

2.4 Annual Assessment Committee

The Annual Assessment Committee should comprise a minimum of four members from:

- The Training Programme Director,
- a representative of the appropriate Faculty, preferably from outside the geographical area of the training scheme,
- a representative of the consultant trainers,
- the Chairman of the Specialist Training Committee,
- the Regional Specialty Adviser,
- the Postgraduate Dental Dean or his representative.

THE DUTIES OF THE TRAINEE

1. To notify the SAC through the Training Programme Director and the Postgraduate Dental Dean within three months of appointment.
2. To participate fully in the weekly programme of training.
3. To seek regular formal meetings with trainers.
4. To keep an up-to-date logbook in the format currently specified by the relevant SAC. The trainee will ensure that it is validated by the appropriate trainer and kept up-to-date.
5. To report whether or not the experience in the current post fulfils the stated requirements of the period of training being undertaken. Where a deficiency is noted, suitable remedial action must be agreed with the Trainer and Training Programme Director within three months.
6. To report to the Training Programme Director or, failing this, to the SAC, any problems that cannot be resolved at local level.
7. To complete a training agreement with the Postgraduate Dental Dean and to participate in the annual assessment process.
8. To complete the training post assessment form to be submitted to the Training Programme Director or, if the trainee wishes, directly to the SAC.

**THE DUTIES OF THE
TRAINING PROGRAMME DIRECTOR**

1. To advise trainees on all aspects of specialist training.
2. To ensure that trainees notify the SAC of their entry into specialist training within three months of appointment.
3. To assist the trainer to arrange a balanced programme and implement the curriculum and to be responsible for the planned progressive programme of education and training.
4. To be responsible for organising the training sequence to meet the needs of the trainee.
5. To ensure that each post, or course, delivers the education and training expected for that period. The SAC may withdraw a placement that is considered unsuitable to the needs of the trainee, on the advice of the Training Programme Director in conjunction with the Specialist Training Committee.
6. To arrange the cycle of academic lectures which should be published in advance, and to keep a register of attendance at the core educational meetings of the training programme.
7. To liaise with the Postgraduate Dental Dean and the appropriate Specialist Training Committee.
8. To monitor logbook entries by regular inspection.
9. To ensure that trainees are prepared for admission to the Intercollegiate Specialty Fellowship Examination or the Specialist Membership Examination at the appropriate time.
10. To arrange with the Postgraduate Dental Dean for the annual assessment and appraisal of trainees, including visiting trainees, by the Deanery Specialist Training Committee or SAC, following which they will prepare a confidential assessment form that must be discussed with, seen and signed by the trainee. The original copy will be sent to the SAC offices, with copies retained by the Training Programme Director and Postgraduate Dental Dean only.
11. Concurrently with the completion of the trainee assessment forms to arrange for completion of the training post assessment form by each trainee. These forms are not to be seen by the individuals' trainers. The JCSTD office will retain original copies and the Postgraduate Dental Dean and Training Programme Director only may hold copies.

12. To keep the SAC informed of and seek approval for any changes in the training programme.
13. To advise the Postgraduate Dental Dean upon:
 - the facilities needed for training,
 - the minimum learning requirements necessary to complete training.
14. To arrange visits of inspection by the SAC, in conjunction with the Postgraduate Dental Dean and to follow up the recommendations made by the SAC after the visit.
15. To be responsible for counselling a trainee as necessary.
16. To sit on Appointment Committees for Specialist Registrars as an alternate to the Chairman of the Deanery Specialty Training Committee.

THE DUTIES OF THE TRAINER

1. Within the requirements of the JCSTD and the SAC to:-
 - a. arrange and implement regular clinical teaching and training. There should be a balance between training, education and service activities during most working weeks,
 - b. identify and remedy defects in the knowledge and performance of the trainee,
 - c. supervise personally operative teaching and training rotations in a progressive and planned way,
 - d. ensure that the trainee's programme allows time for reading, personal study and clinical research,
 - e. safeguard the trainee's attendance at core curriculum teaching meetings,
 - f. guide and support a trainee's application for appropriate study leave with expenses,
 - g. guide and stimulate the trainee to carry out clinical research and basic research where appropriate,
 - h. ensure that the trainee has access to 'new' patients and to provide adequate opportunities to follow up patients, and particularly those whom he/she has treated,
2. To make a continuing appraisal of the trainee throughout the appointment to Specialist Training.
3. In consultation with the trainee, to complete the annual assessment forms at the appropriate time.
4. To review and support the trainee with regard to accommodation and domestic arrangements at the beginning of his/her training.
5. To keep up to date in the specialty through continuing professional education.

The training commitment of the trainer:

6. In each training post there must be a balance between service commitment and training.
7. The trainer should set aside time during each week for training.

8. The volume and content of training lists and clinic sessions must reflect the additional time required for training.
9. The minimum commitment of the trainer will be, on average:
 - a. two supervised treatment sessions a week, during which the trainer and the trainee are normally expected to be in easy contact. The degree of supervision will take into account the level of experience and competence of the trainee,
 - b. two clinics per week, during which the trainer is present to discuss 'new' and 'old' cases,
 - c. where a trainee has more than one trainer, the total training time could be shared,
10. Individual trainers are committed to regular contributions to the formal training Unit and Programme.

APPENDIX 6

APPEALS MECHANISM RELATING TO DECISIONS MADE ON THE RECOGNITION OF AN INDIVIDUAL AS A TRAINER

1. An individual consultant may raise an appeal relating to a decision, or decisions, made on their recognition as a trainer.
2. This procedure covers all consultants who train specialist trainees.
3. It is usual during the visit for SAC representatives to meet individual consultants to discuss their preliminary findings, which will be incorporated into their proposed report. If an individual consultant is unhappy about any aspect of the proposed report which will impact on their recognition as a trainer, he or she may initially seek a solution with the SAC visitors.
4. The report, which is prepared for consideration by the SAC, will normally be considered at the next scheduled meeting of that committee.
5. The SAC will consider the visit report and an oral report from the visitors. The individual consultant may state in writing particulars of any grounds for disputing the recommendation of the visiting panel. *It is only after due consideration by the SAC of the recommendations of the visiting panel and any written representations from the individual consultant concerned, that a decision will be made and notified to the individual consultant concerned.*
6. The appeal must be submitted in writing to the Chairman of the JCSTD within two weeks of the SAC's decision being notified to the individual consultant.
7. The Chairman of the JCSTD may, at his or her discretion, seek a solution agreeable to the SAC and the appellant, failing which he will submit the matter to the "Appeals Panel" (referred to as the panel).
8. The panel shall be constituted as follows:-
9. (i) The Chairman of the JCSTD (who will act as Chairman of the panel);
10. (ii) Two senior members of the relevant specialty, currently in NHS practice, or recently retired, who are not current members of the SAC, and who have no direct personal links with the appellant. The JCSTD secretariat will seek the two members, one nominated by the President of the appropriate Specialist Association and one by the President of the appropriate College.
11. The panel will meet as soon as possible.
12. The JCSTD Secretariat will give the appellant not less than four weeks' advance notice in writing of the time and date of the panel meeting.

13. At the panel the appellant may appear in person and may be accompanied or represented by a representative. The SAC may be represented by the SAC Chairman and one of the visitors responsible for producing the report on the appellant. Both parties shall be entitled to call a reasonable number of witnesses and to produce documents relating to the appeal. The JCSTD Secretariat should be notified of the names of any witnesses at least three working days in advance of the meeting. Similarly, any lengthy or complex documents which either party intends to rely upon, should be made available to the JCSTD Secretariat at least three working days in advance of the panel meeting.
14. The appellant or his or her representative shall present their case to the panel in the presence of the Chairman of the SAC.
15. The SAC Chairman may ask questions of the appellant on the evidence supplied.
16. The panel may ask questions of the appellant and any witnesses. Any witnesses will withdraw when they have finished giving evidence.
17. The SAC shall present the SAC's case and the appellant or his or her representative may ask any questions. The panel members may then ask questions.
18. The appellant or his or her representative and the SAC shall have the opportunity to sum up their cases if they so wish.
19. The appellant and his or her representative and the SAC members shall then withdraw from the hearing.
20. The panel will deliberate in private and may recall either party to clarify points of uncertainty on evidence already given. If recall is necessary both parties are to return although only one may be concerned with the point giving rise to doubt.
21. The panel will then convey its decision to both parties as soon as possible in writing.
22. The decision of the panel shall be final.

If the SAC Chairman has been one of the visitors then the SAC Vice-Chairman or a senior nominee from the SAC will take the place of the SAC Chairman in all instances.

APPENDIX 7

REINSTATEMENT OF A CONSULTANT OR SPECIALIST PRACTITIONER AS A TRAINER

1. This procedure covers all individuals whose status as a specialist trainer has been withdrawn.
2. If an individual wishes to apply to have his or her training status reinstated they must do so in writing to the Chairman of the SAC, providing sufficient evidence that the reasons for the original removal of training status have been rectified. Examples of evidence that may be provided are: -
 - i) Proof of attendance at clinics and other clinical activities.
 - ii) Proof of supervision of specialist trainees' work in collaboration with a recognised trainer.
 - iii) Confidential reports from specialist trainees, the Training Programme Director, the Regional Training Committee and other colleagues.
 - iv) Attendance at a Training the Trainers course. It should be a requirement that an individual attends such a course before re-instatement is considered.
3. All evidence is to be considered by the full SAC.
4. The SAC will make a decision on the evidence provided and may seek additional evidence such as:-
 - i) interviews with specialist trainees
 - ii) training post assessment forms
 - iii) CPE status up to date
5. The SAC will have the following options:-
 - i) immediate reinstatement of the trainer
 - ii) reinstatement of trainer for a trial period, requesting reports from trainees/Training Programme Director after a suitable period.
 - iii) trainer is not reinstated
6. The appellant may appeal against the decision of the SAC using the appeals mechanism described in Appendix 6.

The Postgraduate Dean must be informed at each stage of the process.

**APPEALS MECHANISM RELATING TO
DECISIONS MADE ON THE RECOGNITION
OF A UNIT FOR TRAINING PURPOSES**

1. A training unit or programme (from now on referred as the unit) may raise an appeal relating to a decision, or decisions, made by a SAC on its recognition as a unit in which specialist training may take place.
2. This procedure covers all units that train specialist trainees.
3. It is usual during the visit for SAC representatives to meet consultants and other representatives of the unit and the organisation in which the unit is based to disclose and discuss their preliminary findings, which will be incorporated into their proposed report. If trainers are unhappy about any aspect of the proposed report, which will impact on recognition of the unit they may initially seek a solution with the SAC visitors. If no acceptable solution can be reached, the unit will be informed by the SAC visitors that the SAC will consider their report at the next scheduled SAC meeting, and that the unit may make written representations to the SAC concerning the report, a copy of which will be sent to the unit at least four weeks before the SAC meeting.
4. The report, (and any proposed solution - see para 3 above), which is prepared for consideration by the SAC will normally be considered at the next scheduled meeting of that committee.
5. The SAC will consider the visit report and an oral report from the visitors. The trainers from the unit may state in writing particulars of any grounds for disputing the recommendation of the visiting panel. It is only after due consideration by the SAC of the recommendations of the visiting panel and any written representations from the unit's individual consultants concerned, that a written decision will be made and notified to the unit concerned.
6. The appeal will be considered on the basis that it is by all trainers from the unit, or by the head of the unit acting on behalf of all the individual trainers working in the unit.
7. If the decision of the SAC is not acceptable to the unit concerned it may wish to appeal formally against that decision of the SAC, on the basis outlined in (6) above. It is at this point that the unit will be notified of the formal appeals procedure that follows.
8. The appeal must be submitted in writing to the Chairman of the JCSTD within four weeks of receipt by the unit of the SAC's decision.
9. The Chairman of the JCSTD may, at his discretion, seek a solution agreeable to the SAC and the appellant unit, failing which he will submit the matter to the "Appeals Panel" (referred to as the panel).

10. The panel shall be constituted as follows:-
 - i) The Chairman of the JCSTD (who will act as Chairman of the panel);
 - ii) Two senior members of the relevant specialty, currently in NHS practice, or recently retired, who are not current members of the SAC, and who have no direct personal links with the appellant unit.

The JCSTD secretariat will seek the two members, one nominated by the President of the appropriate Specialist Association and one by the President of the appropriate College.

11. The panel will meet as soon as possible.
12. The JCSTD Secretariat will give the appellant unit not less than four weeks advance notice in writing of the time and date of the panel meeting.
13. At the panel representatives of the appellant unit may appear in person and may be accompanied or represented by a representative. The SAC may be represented by the SAC Chairman and one of the visitors responsible for producing the report on the appellant unit. Both parties shall be entitled to call a reasonable number of witnesses and to produce documents relating to the appeal. The JCSTD Secretariat should be notified of the names of any witnesses and/or of the name(s) of those representing the unit at least ten working days in advance of the meeting. Similarly, any lengthy or complex documents which either party intends to rely upon, should be made available to the JCSTD Secretariat at least ten working days in advance of the panel meeting.
14. The appellant unit representative(s) shall present their case to the panel in the presence of the Chairman of the SAC.
15. The SAC Chairman may ask questions of the appellant unit representatives on the evidence supplied.
16. The panel may ask questions of the appellant unit representatives and any witnesses.
17. The SAC shall present the SAC's case and the appellant unit representatives(s) may ask any questions of the SAC Chairman. The panel members may then ask questions.
18. Any witnesses (of either the SAC or the unit) will withdraw when they have finished giving evidence.
19. The appellant unit representative(s) and the SAC shall have the opportunity to sum up their cases if they so wish.
20. The appellant unit representative(s) and the SAC members shall then withdraw from the hearing.

21. The panel will then convey its decision to both parties as soon as possible in writing.

22. The decision of the panel shall be final.

If the SAC Chairman has been one of the visitors then the SAC Vice-Chairman or a senior nominee from the SAC will take the place of the SAC Chairman in all instances.

**SUGGESTED PERSON SPECIFICATION FOR
A TRAINEE IN THE DENTAL SPECIALTIES**

REQUIREMENT	ESSENTIAL	DESIRABLE
1. Qualifications & Academic Achievements	<ul style="list-style-type: none"> • Qualified dental practitioner. * • Registered with GDC. • MFDS 	<ul style="list-style-type: none"> • Distinctions, prizes, awards, scholarships, other degrees, higher degrees. • Presentations. • Publications.
2. Training	<ul style="list-style-type: none"> • Completed two years of general professional training in approved posts 	<ul style="list-style-type: none"> • Computer Skills. • Evidence of participation and understanding of the principles of audit.
3. Personal Attributes	<ul style="list-style-type: none"> • Caring attitude. • Trustworthy. • Reliable. 	<ul style="list-style-type: none"> • Ability to work in a team.
4. Personal Skills and attitude	<ul style="list-style-type: none"> • Organisational ability. • Potential to cope with stressful situations and undertake responsibility. • Understand and communicate intelligibly with patients. • Behave in a manner, which establishes professional relationships with patients. 	<ul style="list-style-type: none"> • Initiative. • A critical enquiring approach to the acquisition of knowledge.
5. Practical Requirements	<ul style="list-style-type: none"> • Be physically and mentally fit and capable of conducting clinical procedures which may be demanding and require close attention. • Manual dexterity as confirmed by referees. 	<ul style="list-style-type: none"> • Outside interests.

Note: It is appreciated that requirements 3 to 5 all require a degree of subjective assessment. It is these requirements which will need to be assessed by consultant supervisors or colleagues and detailed in the written references in support of the applicant. It is advised that applicants discuss these details of the Person Specification with the referees from whom they seek support.

* Qualified medical practitioner and qualified dental practitioner registered with GMC and GDC for oral and Maxillofacial Surgery. An essential entry requirement for Academic Oral Surgery is the attainment of a doctorate (or equivalent).

THE REGIONAL SPECIALTY TRAINING COMMITTEE (STC)

Specialty Training Committee

There will be a Specialty Training Committee (STC) in each of the specialty areas, in each Deanery. These are set up by the Postgraduate Dental Dean and will normally be chaired by the Faculty Regional Adviser in England and Wales (or a nominee from the Dental Faculty of the Royal College of Surgeons of Edinburgh or of the Royal College of Physicians and Surgeons of Glasgow), although local variations are permissible.

Footnotes:

- 1 "Hospital Doctors: Training for the Future". Published in April 1993 by the Department of Health.
- 2 "UK Specialist Dental Training" A Report from the Chief Dental Officer. Published in May 1995 by the NHSE.
- 3 Published under HSC 1998/052, 6 April 1998 (NHSE)
- 4 Dental Supplement (Appendix 3) to a "Guide to Specialist Registrar Training". Published February 1998.
- 5 EEA = European Economic Area which is comprised of the following countries: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, The Netherlands, Norway, Portugal, Spain , Sweden and the UK.
- 6 A suggested 'Person specification' for a Specialist Registrar is at Appendix 9.
- 7 "A Guide to Specialist Registrar Training". Section 2, Para 9
- 8 " Guide to Specialist Registrar Training". Appendix 3, Para 4
- 9 "A Guide to Specialist Registrar Training". Section 7.
- 10 The term "Postgraduate Dental Dean" encompasses Directors of Postgraduate Dental Education
- 11 "A Guide to Specialist Registrar Training". Section 17.
- 12 "A Guide to Specialist Registrar Training". Section 7.
- 13 "A Guide to Specialist Registrar Training". Section 11.
- 14 "A Guide to Specialist Registrar Training". Section 13.
- 15 "A Guide to Specialist Registrar Training". Section 4.
- 16 "A Guide to Specialist Registrar Training". Section 12.
- 17 "A Guide to Specialist Registrar Training". Section 9.
- 18 "A Guide to Specialist Registrar Training". Section 5.
- 19 "A Guide to Specialist Registrar Training". Section 6.
- 20 "A Guide to Specialist Registrar Training". Section 10.
- 21 "A Guide to Specialist Registrar Training". Section 2, Part 2.

