

RCPSG Dental Faculty comments on the draft Generic Template for Dental Specialty Training Curriculum v1.3 November 2016

Thank you for asking for comments on the above document. Some of the comments are generic to all training. However, a number relate to the need for the Generic Professional Content to be interpretable for those dental specialities which do not have direct patient contact eg dental public health. Whilst it is possible to translate some of the examples with ease, some are irrelevant for the speciality without the addition of some relevant narrative.

Trainees and trainers want to have reference to clear, unambiguous guidance. If the translation becomes too subjective, there is the risk of different interpretations and expectations by both parties which will not lend itself to consistent training. In general, the document was fit for purpose in 2016, but as time has moved on, additional detail and greater narrative information is required to underpin specialty training in Dentistry. The GMC General Surgery is significantly more extensive than the GDC Specialty Curricula Generic Framework and it would be good if the revision could include a similar level of detail.

Section 3 Managing Curriculum Implementation

4th paragraph

'Trainees must register and enrol with the SAC on appointment to a specialty training programme.'

This is counter to the Dental Gold Guide June 2018 which requires a trainee to register with their PGDD using Form R – which allows the PGDD to inform the relevant SAC. This would therefore need to be resolved.

Section 4 Curriculum Review and Updating

4th paragraph

'the SAC will also be able to use information gathered from specialty leads and the NHS.'

The inclusion of the NHS is presumably to indicate that we would look to this service to input its views regarding the skills etc. required of specialists over time. This would seem reasonable. In the case of dental public health, contribution from local government would also be relevant.

Section 5 Evidence, Learning and Teaching

Where areas for development have been identified during routine feedback from trainers, appraisals, MSF etc. the trainee should identify opportunities to demonstrate that these have been addressed. It is important to indicate that it may also be appropriate for trainers to identify opportunities and assessors to avoid the risk of trainees avoiding assessments in challenging areas of practice or particular assessors. This alteration may reduce the risk of accusations of harassment which may arise if a trainee is resistant to appropriate direction in this area by a trainer.

'Types of evidence may include'

Dental public health practitioners would not normally seek direct patient feedback but would seek feedback from stakeholders and partners. Could this be included?

Section 6: Generic Professional Content

Domain 1: Professional knowledge and management

A number of specialties are required to communicate well with other health and social care providers as well as those in stakeholder organisations. It would also be helpful to modify some of the terminology to make it more relevant to specialties without patient contact and patient related work eg *'ensuring continuity and coordination of patient care and/or management of any ongoing work through the appropriate transfer of information demonstrating safe and effective handover, both verbally and in writing.'*

A suggested additional point:

Recognise the need to ensure that publicly funded health services are equitable in their provision across all population groups and act to reduce health inequalities.

1st Bullet point

Modify to *'understanding the structure and organisation of the wider health and social care systems.....'*

This is relevant to all specialties.

Domain 2: Leadership and team working

This outcome references '*management*' however the examples do not reference this at all. All specialists should be leaders at some level. Not all specialists will be managers of people. If '*management*' should be included in this section then at least one example would be useful given all the mention of leadership.

The statement "*understanding the role of clinical networks and the importance across the leadership across the health care system*" does not make sense - perhaps change to "*understanding the role of clinical networks and the importance of leadership across the health care system*"?

Domain 3: Patient safety, quality improvement and governance

The words '*and including equality and diversity*' at this end of this Outcome seems somewhat of an afterthought and doesn't really add anything to the sentence which is otherwise clear. E&D is already referenced at 1.4.

'demonstrating familiarity with relevant NHS Improvement patient safety directives....'

NHS Improvement is now called 'NHS England and NHS Improvement' – unless the writer meant it to be a lower case 'i' in which case this will work for all countries. The use of NHS E&I is England centric.

This would therefore read better as follows: '*demonstrating familiarity with relevant NHS patient safety directives, understanding the importance of sharing and implementing good practice.*'

3.2 *Recognise the impact of human factors on the individual, teams and organisations and systems.*

This is a wholly relevant outcome for all specialties.

3.3

Suggested additional point:

'Work with others to effectively measure and evaluate the impact of quality improvement interventions and their impacts on the wider systems.'

3.4

Should the Outcome read '*vulnerable adults*' rather than '*vulnerable patients*'?

Domain 4: Education, training, research and scholarship

The title of this section does not adequately reflect the content. Perhaps this could be modified so that the outcomes reflect the domain heading? At the same time, it would be worth modifying this to '*personal education, training & scholarship, and research*'. The personal education outcomes should also be developed to encompass the need for the individual to take ownership of their individual specialty training programme in conjunction with their Educational Supervisor and Training Programme Director, developing a strategy for keeping up to date with specialty-specific knowledge and encourage the personal journey of discovery for their career ahead. It would be apposite if this section could also help the specialty trainee engender a desire to maintain links with other areas of dentistry and healthcare in relation to health coaching and general wellbeing.

Research is a significant area of concern for some specialties. The majority view is that '*experience of*' would be preferential to '*an understanding of*' during specialty training and with a number of dental specialty trainees now undertaking higher degrees during training. The skills that are developed when undertaking research are both synergistic and invaluable. The GMC General Surgery curriculum includes various references throughout to research and it would be logical to include a similar level of detail in the GDC framework document.

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