

CONSULTATION:	Development of a national curriculum for Dental core training (Written consultation $-03/11/15 - 23/11/15$	
ORIGINATING SOURCE:	Health Education England	
CONTRIBUTORS:	Mr Ken Scoular MRCPS(Glasg) – Current Member of Dental Council	
SUBMITTED:	26 th November 2015	



Development of a national curriculum for Dental Core training

Written consultation 03/11/15 to 23/11/15

All stakeholders and interested parties are invited to review and provide comment on the October 2015 draft of the DCT Curriculum. Feedback can be provided via the online survey at the following link http://survey.hee.nhs.uk/index.php?r=survey/index/sid/966657/lang/en via the template attached to this briefing as appendix 1.

Any queries should be sent to DCTDP@wm.hee.nhs.uk

Background

There is at present no consistent national approach taken to the requirements of training posts beyond the Dental Foundation Training year before dental Specialty training. Given the changes in population oral health, and proposed new approaches to how services are commissioned and delivered to meet patients needs, it was considered timely to introduce a more structured approach to how Dental Core training programmes are managed.

Work to develop a UK wide dedicated curriculum and assessment framework for Dental Core Training commenced in December 2014. Karen ElleyPostgraduate Dental Dean for Health Education West Midlands and her team are leadingthe work.

The development of a DCT Curriculum so far

A DCT Curriculum development steering group was established December 2014. The group has representation from each LETB/Deanery across the UK. In addition there is representation from the Association of Dental Hospitals and the Chair of British Association of Oral and Maxillofacial Surgeons.

Date	Milestone
January 2015	 Steering group identified task and finish groups and required outcomes Job analysis of DCT role completed
March 2015	DCT Curriculum framework developed
April 2015	 DCT Curriculum framework circulated to all societies/NHS organisations
July 2015	National stakeholder engagement event held
August 2015	 Drafting of curriculum with input from subject matter experts and feedback from stakeholder feedback
November 2015	Written consultation
December 2015 To March 2016	 Consultation outcomes to be reviewed and changes required will be agreed by the DCT Curriculum development Steering Group. COPDEND to review and approve the final curriculum.
June 2016	Senior stakeholder sign off for the curriculum Senior stakeholder sign of senior senior stakeholder sign of senior stakeholder sign of senior stake

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Appendix 1

1.	Your contact details please	
	Name	Ken Scoular
	Email	ken.scoular@btinternet.com
	Telephone number	07799-760637
	LETB/Deanery/region/other	RCPSG
2.	What is your role/s in relation to Dental C	ore Training?
	Dental Core Trainee	
	Clinical supervisor for DCT	
	Associate Dean for dental core training	
	Educational Supervisor for DCT	<u> </u>
	Dental Core Trainer	
	Postgraduate Dental Dean	
	NHS trust/employer	
	Dental Society (please specify)	
	Royal College (please specify)	RCPSG
	GDC	
	BDA	
	GDP	
	Undergraduate teacher	
	SAC member	
	Foundation dentist	
	Other (please specify)	
3.	Are you replying on behalf of an organisa	tion?
	Yes x	
	No	
	If yes please state the name of the organi	sation
	Royal College of Physicians and Surgeon	s of Glasgow

4. DCT Curriculum

Is the approach adopted by the curriculum appropriate?

Yes	Х
No	

Comment

It's good to see some effort being made to ensure this stage of development has some educational value over and above learning by osmosis and from experience.

Will formalising DCT1 disadvantage those in LDFT/GPT? Or will their curriculum/assessment now include satisfactory completion of VT and DCT1 outcomes?

5. Is the curriculum structure fundamental/facilitative/focussedappropriate?

Yes	
No	X

Comment

In general there is either sloppy drafting or a lack of understanding over what is knowledge, what are skills and what constitutes attitudes or behaviours.

Although this document is the final draft, an expert on educational assessment, such as Linda Prescott—Clements should really tidy this document up.

Some outcomes are not SMART, some are processes, not outcomes. One is just a definition of the specialty - 7.2.5

Some of the outcomes are performance-based, yet there are no skills or behaviors listed in the competence descriptors e.g. 5.1.4 Others have purely knowledge-based outcomes, yet list many skills as competence descriptors. e.g. 7.2.7 and 7.2.8

A small number of the knowledge outcomes are specific to England and would be difficult for trainees in Scotland to meet.

The clinical sections have been written by a variety of authors who fall short on this to varying extents.

The Paediatric Dentistry section is fairly well crafted and would make a decent exemplar for the authors of the other sections.

- 6. Do you have any comments on;
 Section 1 The Dental Core Trainee as a developing professional
 Or any of the sub content as listed below?
 - a. Professionalism
 - b. Leadership and management
 - c. Communication
 - d. Clinical quality and clinical governance
 - e. Ethical, legal and probity
 - f. Teaching and learning

Comments on the above headings and sub content?

Order is fine

Anything missing?

Leadership and Management:- In the document there is nothing on Management.

7. Do you have any comments on; Section 2 – The dental Core trainee as a safe and effective practitioner Or any of the sub content as listed below?

Good clinical care

- Fundamental competence descriptors
- Focussed Clinical descriptors

Comments on the above headings and sub content?

Again there is some confusion between processes and outcomes, as well as behaviours and skills.

Anything missing?

An understanding of the difference between behaviours and skills

omments and anything missing? The term "Mock Assessment" needs an explanation otherwise it is fine. pon completion of their DCT training is it appropriate for DCTs
pon completion of their DCT training is it appropriate for DCTs
) To be awarded a certificate of achievement?
Yes No x
omment
Exit certificates will be so varied depending on when the trainee exits and the range of competencies they have achieved that I feel the use of "certificate" is inappropriate. Perhaps "exit report" would be better as this is only really of use in entry to another training programme.
p.12 Satisfactory completion/readiness to proceed. The term "readiness to proceed" should be used for the same reasons as "certificate" above. If the criteria for this are simply the presence of all these different WBAs in a portfolio, there is no measure of quality or progress.
Some statement of Satisfactory scores/feedback/outcomes needs to be explicit here.

These should be SMART measured and a demonstration of competence should be shown by the DCT1 before progressing.

10. What do you see as the barriers to introducing the DCT curriculum?

Comments

Barriers to introduction are the usual - Time for AES's to carry out 20 WBAs for each trainee; time for trainees to plan 20 WBAs; time for trainee and AES to carry out initial appraisal, PDP, 3/12 review, 6/12 review, final review etc.

11. Any further considerations?

p.4 mentions that half of those exiting VT/DFT will have opportunities in DCT1. The figures don't support this; more like 1/3.

Indexation needs revisited

There are numerous typos and American spellings in the document that need corrected.

Please see additional comments noted on the document.