General Dental Council

Education Quality Assurance Report
Standards for Specialty Education

Education Authority/Awarding Body	Programme
Health Education and Improvement Wales (HEIW)	Specialty Training

Outcome of Specialty Training self-assessment against the Standards for Specialty Education.	GDC actions identified for the HEIW

Full details of the process can be found in the annex

Summary

Remit and purpose:	To quality assure the specialty training and education being delivered by Health Education and Improvement Wales.
Standards for Specialty Education:	All
Date of submission:	December 2020; August 2021
GDC Staff:	Patrick Kavanagh (Policy Manager) Natalie Watson (Education Quality Assurance Officer) Amy Mullins-Downes (Quality Assurance Manager) Martin McElvanna (Education Quality Assurance Officer)
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This report sets out the GDC's analysis of the self-assessment and evidence submission by Health Education and Improvement Wales, a Special Health Authority within NHS Wales, responsible for overseeing a high standard of postgraduate specialty dental training and education across Wales. Hereafter we will refer to "HEIW" or "the Authority".

This report analyses HEIW's performance against the GDC's *Standards for Specialty Education* ("the Standards"). It should be read in the context of the GDC's policy to develop the quality assurance of specialty training in a collaborative manner.

Of the 20 Requirements under the Standards, the GDC considers that the submission from HEIW demonstrates:

	No of Requirements	**Requirements**
Met	18	P1, P2, P3, P4, P5, P7, P8, P9, P10, P11, P12, P13, P14, P15, P16, P17, P18 and P19.
Partly met	2	P6 and P20
Not met	0	

Requirements that were considered to be partly met or not met have resulted in two actions which HEIW should address by the end of Q2 of 2022 to demonstrate progress against these Requirements.

HEIW submitted two sets of documents on 18 December 2020 and 19 August 2021. Which included self-assessment mapping documents and supporting evidence in order to illustrate how they meet the Requirements. We commend the team for the helpful manner in which these documents were referenced and presented.

The GDC wishes to thank HEIW and the team for their co-operation and assistance with this submission.

Outcome of relevant Requirements:

Standard One	
P1	Met
P2	Met
P3	Met
P4	Met
P5	Met
P6	Partly Met
P7	Met
Standard Two	
P8	Met
P9	Met
P10	Met
P11	Met
Standard Three	
P12	Met
P13	Met
P14	Met
P15	Met
P16	Met
P17	Met
P18	Met
P19	Met
P20	Partly Met

STANDARD 1 – PROTECTING PATIENTS. Providers must be aware of their duty to protect the public. Providers must ensure that patient safety is paramount and care of patients is of a correct and justifiable standard. Any risk to the safety of patients and their care by specialty trainees must be minimised.

P1: For clinical procedures, the programme provider should be assured that the specialty trainee is safe to treat patients in the relevant skills at the levels required prior to treating patients. (Requirement Met).

The Authority submitted a thorough self-assessment and supporting evidence against this Requirement.

We saw evidence of the recruitment process from start to finish for Oral Medicine (OM) and Oral Surgery (OS) trainees, detailing essential criteria for admission to specialty training and examples of shortlisting exercises. We learnt about the application of local and national recruitment criteria. This included protocols and a timeline. There were pre- and post-interview checklists which ensures that the process is conducted fairly and is transparent. There were also examples of adverts and short-listing criteria. Examples from oral surgery were included.

The Authority supplied various documents illustrating a thorough induction process for Dental Public Health (DPH), Orthodontics (Orth) and OS trainees. This induction covers various topics and of particular note was the coverage of professionalism, the duty of candour and reporting incidents on the "All Wales DATIX" system. We saw an example of a 2020 meeting with one of the Local Health Boards (LHB), Swansea Bay, which illustrated how the induction process for trainees is reviewed in the interests of patient safety. Some of the documentation illustrated targets identified, for four to six weeks, after starting on the training programme which we found useful.

In the self-assessment, HEIW explains how trainees undergo various laboratory-based training to ensure they are safe to treat patients. We saw examples of phantom head and induction timetables and induction assessments for Orth, Restorative Dentistry (RD) and Special Care Dentistry (SCD) trainees. If requisite skills are missing, then further training is required in the clinical environment on phantom heads under suitable clinical supervision.

With regard to training in DPH, a non-clinical assessment of skills is undertaken before trainees begin training. This differs from other specialties as DPH is non-patient treatment facing. The Authority provided Baseline Assessment of Trainees and Baseline Assessment of Trainees to illustrate this.

We saw evidence that the Authority was monitoring the impact of the pandemic as they had had developed a 'Covid training disruptions form', which included two that were completed with specifics about the disruptions caused to the trainees.

Further evidence was presented under Requirement P1 which more accurately addresses Requirement P5 and commentary at P5 reflects this.

We consider that this Requirement is met.

P2: Programme Providers must have a policy in place to inform patients that they will be treated by specialty trainees and providers should confirm patient recognition of this policy. (Requirement Met).

HEIW submitted a thorough self-assessment on how they consider they meet this Requirement.

The Authority explained how all staff wear photographic identification with their name and grade and introduce themselves with this information and their supervisor also. In waiting room areas, posters and boards indicate that students and trainees may be present. Patient consent forms also refer to the presence of trainees.

Evidence provided included a document from one of the University Health Boards (UHB), Aneurin Bevin UHB entitled “Community Dental Department Handbook” which refers to patient leaflets. We also had sight of a variety of consent forms, information sheets and posters for patients.

We had sight of appointment letters that clearly stated that trainees/students would be in clinics and that patients could request not to be cared for by them.

With regard to consent, we saw Wales-wide patient adult and child consent forms for general anaesthesia and LHB consent forms for photography and radiography which demonstrated an effective consent process for patients. The endodontics form includes a statement explaining the experience of the trainees which was helpful to patients.

We consider that HEIW has met this Requirement.

P3: Programme providers must ensure specialty trainees provide patient-centred care in a safe learning environment. The providers must comply with relevant legislation, including equality and diversity, and requirements regarding patient care. (Requirement Met).

HEIW submitted a detailed explanation on how they consider they met this Requirement. The Authority explains how each of the LHBs have their own Health and Safety Policy in order to ensure trainees work in safe learning environment. This is supported by a Public Health Wales Health & Safety Policy which addresses responsibilities and illustrates adherence to the Health & Safety Act 1974. Reference is made to health and safety audits and internal monitoring, but no further supporting evidence of these are provided.

We learnt that annual meetings take place between HEIW and LHBs in order to discuss any developing issues that have arisen in the learning environment. HEIW confirmed that no issues were raised related specifically in relation to dental specialty trainees. We had sight of a useful Commissioning Report with extracts of minutes relating to the five LHBs, Aneurin Bevan, Betsi Cadwaladr, Cardiff and Vale, Cwm Taf Morgannwg and Swansea Bay. This detailed issues such as the impact of the COVID-19 pandemic on dental education and training and confirmation that HEIW were taking steps to manage the risks associated with this. Workforce issues and shortages were also cited as a challenge, but detailed plans were in place to attempt to address these.

There was evidence from the Professional Support Unit (PSU) of the referrals and reasons for referrals and the outcomes. The PSU had been approached 19 times since 2015. The unit also ran workshops for the trainees and faculty staff.

There is a suite of knowledge resources for trainees, such as the NHS Library for Health, e-journals, databases, OpenAthens and Open Access Publications. There is evidence that the trainees use the NHS e-learning for health resources and they are signposted to them.

We had sight of various minutes of Annual Dental Specialist Training Committees (STC) where training in each unit is discussed including capacity to deliver the required training. Some trainees have rotated to different units to complete some aspects of their training.

Feedback from trainees plays an important role in promoting a safe learning environment. They can submit feedback forms for discussion at Annual Review of Competence Progression (ARCP) meetings and subsequent plans can be implemented by the Training Program Director, with input from HEIW if required. We had sight of some redacted trainee feedback forms.

HEIW also explained that due to the COVID-19 pandemic, a new requirement for fit testing has been implemented with respect of clinical aerosol generating procedures.

HEIW indicated that trainees are mandated to undertake Equality and Diversity (E & D) training. They are also obliged to undertake annual training which is recorded internally. HEIW had contacted the Specialist registrars to ask them about their compliance with Equality, diversity and Inclusion training. The Authority submitted records of staff completion of E & D training at 89%, with other staff undertaking this training as soon as possible. This is to be commended and was very helpful to see. We also saw three annual Electronic Staff Records as evidence of this compliance. Training on 'Putting Things Right' is also included. We had sight of induction booklets which included information on how to raise concerns and the commitment to equality and diversity. This was also specified in the training passport.

The induction materials also highlight the range of learning materials and system access, e.g., to 'ATHENS' and other online materials available to trainees. There is evidence that the trainees use the NHS e-learning for health resources and they are signposted to them. We had sight of policies such as the Statutory and Mandatory Training Policy, various induction documents and programme handbooks which confirm this. The programme handbook for 2020/21 had been recently updated to include information and details about learning which had transferred to online delivery.

A summary of mandatory training is provided and 'Treat me fairly' is included. This is valuable since it provides evidence of which staff need to complete which level of mandatory training and how often. However, we were unable to check what percentage of their staff are compliant with this training. HEIW explained that this is a matter for the employer to check as HEIW do not have any jurisdiction over these staff.

The panel received a Health and Safety audit report from 9 December 2019, achieving 62% awareness and compliance. Most requirements scored highly, but there were no due dates and actions, and some requirements were not scored and some comments fields were empty. It would have been useful to see more recent audit reports. Furthermore, we did not see evidence of an action plan and follow up from it.

We also had sight of a further audit in the form of a "risk assessment" dated 24 September 2020 which we considered to be comprehensive. These specify the additional control measures that are required. It would have been helpful to know which internal committee this report goes to for oversight.

Finally, we also reviewed the Service Level Agreement, entitled "Expectations Agreement" between HEIW and the LHBs for the period 1 April 2021 to 31 March 2022.This detailed HEIW's expectations of the LHBs and covered areas such as cultural environment, governance, staffing, processes, posts and programmes. As has been identified earlier there are meetings between HEIW and the five LHBs, considering key issues that affect dental speciality training.

We consider that this Requirement is met.

P4: When providing patient care and services, specialty trainees are to be supervised at a level necessary to ensure patient safety according to the activity and the trainee's stage of development. (Requirement Met).

We had sight of several polices under this Requirement, including the Public Health Wales Safeguarding policy and the minimum statutory and mandatory training requirements for trainees and all staff.

Safeguarding training was specified in the induction information. Timetables specify the supervisor and educational supervisor names for each trainee.

We were provided with details of post descriptions and supervisor details. HEIW also provided timetables illustrating supervision of trainees. All patient contact sessions have a named senior member of staff present at all times who is a consultant or Specialist. If this staff member is physically not available, then support is provided by telephone and trainees only undertake activities permitted under a written prescription in the patients' records.

The supervision of trainees is also detailed in the minutes of Annual Commissioning meetings with the LHB (LHB) and at Annual Specialty Training Committee meetings.

The online survey for Speciality training programmes responses clearly shows how much the supervision is valued by the trainees. They were largely satisfied with the level of training support offered. Items for improvement are identified at Specialty Training Committee (STC) meetings through the trainee representative report. Every training unit is represented at these meetings.

Evidence of the use of a journal club with monthly sessions was also mentioned in the induction material which is further evidence of supervision in a different model for the trainees.

We consider that this Requirement is met.

P5: All educational and clinical supervisors must be appropriately qualified and trained, including training in equality and diversity where relevant to the role. Clinical supervisors must have registration with a UK regulatory body. There must be a clear rationale underpinning whether individual clinical supervisors are/are not included on a specialist list. (Requirement Met).

The Authority submitted evidence under Requirement P1 of portfolios of evidence of associates trainers as well as trainee timetables with supervising trainers for various specialities. We also saw a list of all supervisors across the specialties and their qualifications and those who are on the GDC's specialist lists.

We saw induction documents under P1 relating to Aneurin Bevan, Cardiff and Vale Community Dental Service, HMP Cardiff, North Wales Community Dental Service and Prince Charles Hospital.

HEIW provided the All Wales Capability Policy and Procedure which outlines the process for identifying poor performance or incapacity and the process for dealing with this.

The appointment of supervisors and supervision of trainees was illustrated in the minutes of STC meetings. We considered that there is a clear procedure for validating professional regulation and the policy behind this.

Equality and Diversity training is listed as a standing agenda item at the Annual STC meeting. In addition, managers monitor the training profiles of their staff through the ESR system. Consultants' training records are reviewed at yearly appraisal meetings using the Medical Appraisal Revalidation System.

We learnt that staff ESR are accessible only to the staff employer, line manager and staff member. All Dental Specialty trainers are employed by Local Health Boards outwith of HEIW. Access to ESR records for these staff was not possible for HEIW as they are not the employer.

Human Resources check that all trainers are registered with the GDC. All trainers are on the GDC's specialist list with the exception of two Community Dental Service Senior Dental Officer trainers in SCD. However, they are considered to have significant experience in managing special needs patients and had begun their current roles before the specialty was recognised by the GDC in 2005.

We consider that this Requirement is met.

P6: Programme providers must ensure that specialty trainees and all those involved in the delivery of education and training are aware of their duty to be candid in line with the guidance issued by the professional regulator. Specialty trainees must be made aware of their obligation to raise concerns if they identify any risks to patient safety. Programme providers should publish policies so that it is clear to all parties how they can raise concerns and how these concerns will be acted upon. Programme providers must support those who do raise concerns and provide assurance that staff and specialty trainees will not be penalised for doing so. (Requirement Partly Met).

HEIW provided us with the Welsh Government Bill 2019 containing provisions for NHS stakeholders on the duty of candour. We note that this is not expected to become legislation until spring 2022.

HEIW explained how trainees are made aware of the duty of candour. They receive training through the professionalism course which also includes training on the GDC's Standards. We also saw how duty of candour was covered in induction documentation such as Betsi Cadwaladr staff handbook.

Trainees receive an All Wales 'Presentation on Duty of Candour' by the Shared Services Partnership which dates to 2018. HEIW explain that this now predates the most recent legislation in Wales. Although reference is made to General Medical Council (GMC) and Nursing and Midwifery Council guidance, it does not refer to the GDC's 'Professional duty of candour' guidance document from 2016. The Authority should review the presentation to ensure it is up to date and cover GDC guidance so that it is relevant to dental specialty trainees.

With regard to raising concerns, HEIW explained that trainees are notified that they can raise concerns with a variety of dental professionals such as Educational Supervisors, Training Programme Directors and the Associate Dean for specialty training. HEIW received confirmation from the Dental Clinical Directors / Lead Trainers in the five LHBs that they do not have any examples of any duty of candour or concerns raised by specialty trainees as none were raised. An explanation was provided for the lack of Raising concerns champions, citing the fact that it was a small organisation and that currently no concerns have been raised.

We considered that the document **'**Taking the Concern Forward' was comprehensive and illustrated how staff should raise concerns. Reference is made to the 'All Wales Procedure for NHS Staff to Raise Concerns'. The comprehensive document also outlines support for those who do raise a concern which covers all NHS staff.

We learnt that HEIW seeks assurances from the LHBs at Commissioning meetings that processes are in place for trainees to openly raise patient safety concerns, and to obtain trainee feedback regarding education and training quality issues. We had sight of the UHB Self-Reporting Template 2019-2020. HEIW confirmed that reference to "trainees" is specialty trainees and this document is applicable to both doctors and specialist dental trainees. Furthermore, speciality trainees are informed within their own units how to raise patient safety concerns as described in the Raising Concerns policy, Flowchart of Raising Concerns Process and Cardiff and Vale UHB Procedure for NHS Staff to Raise Concerns. The flow chart used in the Oral and Maxillofacial Unit at Cwm Taf Morganwg UHB cross references to the generic Procedure for NHS Staff to Raise Concerns. They are signposted to other resources and sources of support.

HEIW explained that some incidents have been raised by career grade staff and undergraduate students and are addressed through monthly clinical governance meetings. We saw minutes of some of these meetings and an excel spreadsheet which documents all incidents. These demonstrated how issued were raised and addressed. We saw a comprehensive list of incidents that were classified and the outcomes considered. Duty of candour and apologising to patients was specified in examples of several incidents. It would be useful to see how these feed into the risk group and actions recommended are taken and followed up and how the lessons learnt are disseminated to all staff. We suggest this could include a column that specifies if an apology was provided to the patient so this can be documented.

Regarding a unit covering OS, Orth and SCD, discussion of incidents takes places at monthly audit meetings under 'morbidity and mortality' and although we saw a specific proforma template for this, we didn't see any completed forms.

We concluded that this Requirement was partly met.

P7: Programme providers must have mechanisms to identify patient safety issues. Should a patient safety issue arise, action must be taken by the providers with a clear rationale for the extent of the action including, where necessary, informing the relevant regulatory body. (Requirement Met).

Regarding patient safety issues, each LHB has its own patient safety policies which are available on the intranet. Each LHB also has a primary point of contact for this information and is most commonly someone in a patient safety team.

All trainees including dental specialty trainees are notified of these at or around induction. Furthermore, there is additional information provided by the Welsh Government and Welsh Medicines Information Centre.

HEIW explained that patient safety bulletins are sent to all staff and trainees and we saw six examples of these, anonymised.

HEIW provided the DATIX reporting policy and reporting protocol to illustrate how patient safety issues, 'adverse events' and 'never events' are recorded. All staff have access to DATIX for the purposes of reporting a risk. We had sight of the 'Incident, hazard and near miss reporting procedure'.

All LHBs have DATIX/Quality and Patient Safety leads and DATIX feedback is discussed in Quality and Clinical Governance meetings which usually occur on a monthly basis.

We had sight of the Public Health Wales Risk Management Policy which focuses on general risk but does not refer specifically to patient risk but 'clinical risk'. However, there does not appear to be any definition of this. The Swansea Bay UHB Risk Management Policy does specially cover patient safety issues and a risk scoring system to determine the level of risk to patients and examples.

HEIW explained that audits have been undertaken by dental specialty trainees and presented at LHB audit meetings. We saw examples of incidents such as a sharps injury, lip trauma in general anaesthesia, with details of lessons learned and action plans to improve the standard of care to patients and reducing further risk. We received a full explanation as to why these audits took place.

HEIW explained that the five LHBs that have dental trainees has induction policies that includes patient safety and reporting. The largest number of trainees are at Cardiff and Vale UHB and they are informed of policies relating to patient safety at the annual induction day.

We had sight of the Wales Health Circular dated 19 January 2021 which included details on Board Champions roles which is implemented at LHB level.

We reviewed the Raising Concerns policy which included four escalation stages and who is involved at each stage. HEIW confirm that no concerns have been raised and that the policy has thus far not needed to be invoked.

As a result, we consider that this Requirement is met.

STANDARD 2 – QUALITY EVALUATION AND REVIEW OF THE PROGRAMME. The provider must have in place effective policy and procedures for the monitoring and review of the programme leading to recommendation for issue of a certificate of completion of specialist training.

P8: Programme providers must have a quality framework in place that details how the quality of the programme/examination is managed. This will include ensuring necessary development to programmes that maps across to the GDC approved curriculum/latest learning outcomes for the relevant specialty and adapts to changing legislation and external guidance. There must be a clear statement about where responsibility lies for this quality function. (Requirement Met).

We were able to consider the Quality Management Framework provided by HEIW. This is an extensive document supported by the overview and framework descriptors. The framework describes how the HEIW uses an evidence-based approach, underpinned by training programme and local faculty control structures.

HEIW explained that they also use additional evidence in quality management, such as the National GMC Trainee and Trainer Survey, local training structures such as ACRP outcomes and direct feedback from trainees and local education providers. This document also showed the lines of responsibility of the quality process.

Additionally, there is a further policy for the Governance of the ARCP which illustrates demonstrates the committee structures.

The Authority recognises that the curricular is now ten years old and states that a new and revised curricular is expected once the GDC has approved the new curricula. However, HEIW advises that programme developments are discussed at the Annual STC meetings, where Specialist Advisory Committee (SAC) representatives provide an update in regard to curricular developments. This information can therefore be dissipated to all members accordingly.

The Quality Framework states that identification and the addressing of quality concerns is linked into the Quality and Postgraduate Education Support Unit. It would be useful to see this work and how it is directly applied to the programme, and if this has been used in terms of changing legislation and guidance.

HEIW provided a copy of their Dental ARCP Governance, dated 2015. HEIW explained that given that a new Dental Speciality Gold Guide is to be published in September 2021 and proposed changes to all the Dental Specialty curricula planned for September 2022, this would be an appropriate time to update its governance policy.

The panel had sight of sample minutes of the Postgraduate Education Support Committee (PGES) Quality Committee dated 15 February 2019 & and October 2019. This Committee included the Dental Postgraduate Dean and Business Manager. In July 2020 PGES was terminated following changes to HEIW's governance structures and its functions were replaced by HEIW's Education, Commissioning and Quality Committee reporting to the HEIW Board. The Dental Postgraduate Dean is a member of this new committee and attends meetings covering all aspects of dentistry including specialty training.

As a result, we consider that this Requirement is met.

P9: Providers must address any concerns identified through the operation of this quality framework, including internal and external reports relating to quality, as soon as possible. (Requirement Met).

HEIW submitted that internally they operate a Quality Committee which is responsible for the governance of quality management, quality improvement and postgraduate education support. The Dental Postgraduate Dean sits on this committee.

Externality is given by the recruitment of Lay Representatives and a number of them have sat on the Dental Specialty ARCP panels with positive results from the scrutiny they provide. There are two separate feedback forms, one for the Dental Specialty ARCPs SAC and another for the lay representatives supported this and we saw with feedback being appropriately detailed. However, the detail in the Lay Representatives Reports pertaining to Orthodontics and Restorative Dentistry appeared lacking in detail. It would be useful to see how the feedback from these documents is filtered down and applied.

The panel noted some action points from a meeting of the STC Chairs and TPDs dated 5 February 2020. We noted these were addressed at the meeting on 1 April 2021, having had sight of the minutes for the latter.

As a result, we consider that this Requirement is met.

P10: Quality Frameworks must be subject to rigorous internal and external quality management procedures. External assessors must be utilised and must be familiar with GDC approved curriculum/latest learning outcomes and their context. (Requirement Met).

HEIW were able to submit a number of detailed documents to demonstrate that this Requirement was met. The Quality Committee holds accountability for the governance of

quality management procedures, quality improvement and postgraduate education support. The Dental Postgraduate Dean sits on this committee.

The GDC were provided with an example of HEIW's External Feedback Form and the Lay Representatives ARCP Report to evidence that quality assurance externality is provided, and that the lay representatives sit on the Dental Specialty ARCP panel. Feedback is consistently positive.

Separately all HEIW ARCP panels have external SAC representation, on some occasions the Chairs of the SAC and they are familiar with their respective GDC specialty curricula.

Under the online Wales Deanery section on Quality and Governance, HEIW cite a Service Level Agreement between HEIW and each LEP, that LEPs deliver against, with an annual commissioning review process.

We consider that this Requirement is met.

P11: The programme provider must have systems in place to ensure the quality of placements/rotations to ensure that patient care and assessment in all locations meets these Standards. The quality management systems should include the regular collection of specialty trainee and patient feedback relating to treatment provided within placements/rotations. (Requirement Met).

HEIW reported that the quality of placements had been assessed on a yearly basis at the Dental Specialty Training Committee meeting and we saw minutes of these meetings. However, placement audits were discontinued in 2010 and HEIW explained that it does not undertake any workplace assessments.

Instead, in relation to their training posts, HEIW receives feedback from trainees on placement facilities at their workplace every six months in the form of confidential workplace assessments reports, at the time of their interim or full ARCP. If issues are reported, such as clinical facilities, supporting services or administrative support, this is addressed by the appropriate HEIW staff in the training unit. These reports are carried out and recorded on the Intercollegiate Surgical Curriculum Programme (ISCP) system. These include comments on their training progression.

HEIW evidenced good examples of patient feedback regarding the care that they received, via the Oral Surgery Satisfaction Survey and the Patient Satisfaction Audit. Feedback appeared to be well gathered across all disciplines and well recorded. It was not clear whether trainees collected personal patient feedback to support their development. If this is the case, we require examples of this.

HEIW provided useful illustrations of issues that had arisen with Orthodontic trainees regarding desk space and IT issues in one LHB and an issue with radiographic tracing software package in two sites at two different LHB boards. HEIW explained that these issues are currently being addressed with the clinical director in the relevant LHBs and the Orthodontic training programme director. The software issue has now been resolved. The panel was satisfied that there are quality management systems to raise and address any issues at placements. It is particularly pleasing to note how any issues raised are dealt with by HEIW.

As a result, we consider that this Requirement is met.

STANDARD 3 – STUDENT ASSESSMENT. Assessment must be reliable and valid. The choice of assessment method must be appropriate to demonstrate achievement of the GDC learning outcomes. Assessors must be fit to perform the assessment task.

P12: To make a recommendation for the award of a Certificate of Completion of Specialist Training (CCST), programme providers must be assured that specialty trainees have demonstrated achievement across the full range of learning outcomes in the relevant specialty curriculum approved by the GDC, and that they are fit to practise at the level of a specialist in the relevant specialty. This assurance should be underpinned by a coherent approach to the principles of assessment referred to in these standards. (Requirement Met).

We saw screen shots of Personal Development Plans across a range of specialities that had been completed comprehensively. These included specific objectives.

HEIW stated that it is the SACs that provide guidance for progression through the specialty training pathway, through the use of e-portfolios such as ISCP and that trainees are able to demonstrate achievement across the full range of learning outcomes in the relevant specialty curricula.

Evidence was provided that demonstrate that the ARCP progress is recorded and that meetings to review progress are held regularly and record in the clinical logbooks. We considered that good use was made of an ARCP checklist and advice for trainees that had been developed in February 2020.

Case-based discussions showed evidence of reflection and learning.

Feedback is given and recorded in the ARCP Trainee Feedback Form.

There was a number of documents provided that supported the decision that this Requirement is met, including the SAC Documents for Training Programme Directors. HEIW was also able to provide details of the stages of a trainees' progression and their attainment across the full range of learning outcomes in the relevant speciality curriculum that, ultimately, would result in the recommendation for the award of the CCST.

As a result, we consider that this Requirement is met.

P13: Programme providers must demonstrate that assessments are fit for purpose and deliver results which are valid and reliable. Assessment conclusions should include more than one sample of performance. (Providers must demonstrate a rationale for any divergence from this principle.) Non-summative assessments must utilise feedback collected from a variety of sources, which may include other members of the dental team, peers, patients and/or customers. (Requirement Met).

HEIW stated that all aspects of progression in training follow curricula and SAC guidelines and is comprehensively reviewed at the ARCP and Interim ARCP meetings.

We were provided with trainees' e-portfolios which showed a range of assessments and learning experiences in special care dentistry, orthodontics and oral medicine. We had sight of daily logbooks that are well completed along with case summaries.

We saw several comprehensive examples of ISCP Assessments, including Academic Progress Reports, case-based discussions, Clinical Evaluation Exercises and Direct Observation of Clinical Skills. The ISCP showed a number of encouraging components including how the ISCP is completed by both the trainer and the trainee, feedback is specific, and clearly relevant to the assessment taking place. Details such as setting, case complexity and the focus of the clinical encounter result in the assessments being clearly understandable and supports to chart the progression of the trainee clearly. Work based assessment reports demonstrated diversity and breadth of assessments.

It is noted particularly one example of a Clinical Evaluation Exercise on consent in Paediatric Dentistry and that was covered well and demonstrated the trainers understanding of consent and the importance of how this is applied.

Additionally, the Online Survey of StRs in Wales at the completion of training for 2018-2020 demonstrates that the trainees are having a very positive experience.

HEIW collate multisource feedback, annually for each trainee, and this is inclusive of feedback from the wider dental team as well as self-assessment. We noted that this didn't appear to include feedback from patients.

The SAC external feedback form states that the portfolios are well populated. There is a comment that the ST1-3 trainees need to complete their research tab. It would have been useful to see what process is in place to ensure trainees are aware of this.

We consider that this Requirement is met.

P14: Assessment must involve a range of methods appropriate to the learning outcomes and these should be in line with current and best practice and be routinely developed, refined, monitored and quality managed. (Requirement Met)

The range of the assessments undertaken demonstrate that more than one sample of performance is used. HEIW provided that they use a range of methodologies that are undertaken across the full range of the curricula.

Trainee progression is recorded in the Learning Agreement of the ISCP and this allows the trainees development and progression to be tracked and reviewed, alongside the Personal Development Plan.

The Assessment of Audits, Clinical Based Discussions and the Clinical Evaluation exercises demonstrate that reflection and observation forms part of the assessment process and is monitored regularly. The Global Learning Agreement sets out what the trainee can expect in terms of objective setting, interim and final review with clear rationale given. As stated in Requirement 13, aspects of progression in training follow curricula and SAC guidelines and is comprehensively reviewed at the ARCP and Interim ARCP meetings.

We saw evidence of a wide range of trainee involvement in project work and public health.

Regarding audits undertaken by trainees, we saw one in particular relating to the quality of consultant supervision of orthodontic trainees.

We noted feedback from one of the trainees regarding a lack of research time demonstrated that changes were subsequently made and were now working well.

We consider that this Requirement is met.

P15: The programme provider must have in place management systems to plan, monitor and record the assessment of specialty trainees throughout the programme against each of the learning outcomes. (Requirement Met).

HEIW submitted that each Speciality has specific learning objectives that are defined and recorded within the ISCP Global Objectives and Learning Agreements and provided good evidence of this happening. We saw evidence of regular discussions with the trainee by the Educational Supervisor take place and these are recorded, along with the student progression data.

There is a clear structure in place for review and monitoring of trainee assessment throughout the programme and this is informed by recording systems that are used. Learning outcomes are discussed and recorded with the trainee and objectives of up to a year are set. The Educational Supervisor then reviews these with the Training Programme Director and a SAC representative, prior to any ARCP meeting. The progression of the trainees is considered in their ARCP meetings and these are personalised. We noted that lay representatives commented that these are conducted fairly.

We consider that this Requirement is met.

P16: Specialty trainees must have exposure to an appropriate breadth of patients/procedures and should undertake each activity relating to patient care on sufficient occasions to enable them to develop the skills and the level of competence to achieve the relevant GDC-approved learning outcomes. (Requirement Met).

HEIW explained that each SAC provides recommendations on the number and types of cases that should be treated during the training period. The respective Training Programme Directors monitor these targets and trainees' performance and breadth of experience is reviewed at the ARCP meetings.

HEIW provided a comprehensive redacted logbook from a paediatric dentistry trainee which illustrates the range of patients, sedation and general anaesthetic treatments, diagnoses and treatments. We also saw a case summary for an Orthodontics trainee. These illustrate how trainees maintain their logbook with their clinical experience.

The logbook forms the basis for any gaps in clinical training to be identified by Educational Supervisors and consequently action plans put in place to address any shortfalls range, number and mix of cases.

A record of the overall procedures undertaken by each trainee throughout the current period and the overall training period is also identified on the summary pages of ISCP. There is also a dashboard in the ISCPs and there is a summary record that shows when the trainee meetings occur for objective setting, final meetings and the Appointed Educational Supervisor (AES) report. Clear outcomes are also identified.

We also saw evidence summaries generated on the ISCP ePortfolios. Again, these illustrate various procedures undertaken by trainees and details of learning agreements.

We had sight of various redacted screen shots of the ARCP outcomes for all HEIW specialty trainees who were either currently in training and who had received at least one ARCP or had completed training in the previous 12 months. These illustrated ARCP record periods, recommendations and trainee sign off comments.

Finally, we saw records of Direct Observation of Procedural Skills (DOPs) which again illustrated a good breadth of experience across the cohort.

The panel learnt of the procedure in place at HEIW should a trainee fall below the required standards. If a trainee fell below the required standard, remediation would be put in place with a recommendation from the ARCP panel, followed by a meeting including one of the ARCP panel members, the trainee and their Education Supervisor.

If a trainee had an area of deficiency that could be addressed before the next ARCP, they would be given recommendations to be discussed with their Educational Supervisor and an action plan put in place.

HEIW explained that only two trainees failed to achieve a recommendation for an award of a CCST in the last five years. We saw evidence on how such trainees were managed and informed of their right to appeal the outcome. This is discussed further at Requirement 20.

We consider that this Requirement is met.

P17: The programme provider should support specialty trainees to improve their performance by providing regular feedback and by encouraging trainees to reflect on their clinical and professional practice. (Requirement Met).

HEIW explain in their self-assessment that trainees meet regularly with their Education Supervisors to discuss their training and progression and support required.

Work based assessments (WBA) were presented in the form of case based discussions, clinical evaluation exercises and assessments of audit. These illustrate the trainee's feedback on the specific WBA following feedback from the assessor.

We saw a good range of Education Supervisor Action Plans, supported with personal development plans across the specialties. These include records of objectives being set, reviews of the action plans ahead of interim ARCP meetings and a final review of the action plans ahead of the final ACP meeting.

Trainees receive feedback from a variety of sources, including workplace-based assessments, multi-source feedback and patient satisfaction surveys. We saw a range of evidence of feedback from trainers to their trainees in various forms such as multi-source feedback forms and procedure-based assessments.

We saw evidence of redacted Paediatrics and Orthodontic case-based discussions and direct observation of procedural skills. Also provided were clinical evaluation exercises (and consent) for Orth, Paeds and SCD trainees. These all demonstrate supervisor feedback, trainee development needs and trainees' reflection.

We had sight of learning agreements for DPH, OM and Paediatrics trainees which also illustrate clinical supervisor feedback.

Academic progress reports for Orthodontics, DPH and OM trainees were also provided.

For DPH trainees, we saw Global Objectives with detailed feedback and objectives set for the trainee. These are also recorded via paper e-portfolio separately from the ISCP.

For OS, Orthodontics and Paediatrics trainees, we were provided with multi-source feedback forms which contained detailed feedback on trainees and supervisors' comments on this.

Other feedback evidence included Observation of Teaching forms, Procedure Based assessments and a selection of other evidence concerning OS and Paediatrics trainees, also recorded on ISCP.

We considered that the personal development plans were well written and specific. Case-based discussions showed evidence of reflection and learning.

HEIW also described seminars that are arranged for all specialties for trainees. These are aimed at assisting the development of their clinical, theoretical and professional knowledge and practice. Reflection plays a vital role in this process. This was illustrated by the Education Programme for Resto trainees which details the consultant led assessment exercises and case-based presentations with the aim of facilitating discussions on their knowledge base and providing trainees with feedback for further learning.

At the end of their training period, trainees are encouraged to complete an anonymous questionnaire regarding their training. These are reviewed and discussed at respective STC meetings should any suggested amendments to the programme be highlighted. The online survey for Speciality training programmes responses clearly showed how much the programme is valued by the trainees and there are many positive comments.

We consider that this Requirement is met.

P18: Examiners/assessors must have appropriate skills, experience and training to undertake the task of assessment, including appropriate registration with a regulatory body. (Requirement Met).

HEIW describe in their self-assessment that all specialty trainee assessors are consultants and specialist or community dental service senior dental officers. They have appropriate GDC registration and this is checked annually.

They have all undertaken 'Train the Trainer' courses. Many of them are specialty examiners in summative assessments for the Royal College of Surgeons of Edinburgh (RCSEd) and some for the Royal College of Physicians and Surgeons of Glasgow (RCPSGlas).

HEIW provided a summary document of all trainers and their job titles, qualifications, GDC Specialist List entries and Examinership Membership credentials.

We also saw the NHS Wales ESR eLearning user toolkit which lists a schedule of mandatory and statutory training for all staff and minimum frequency of this training.

HEIW explained that they host an annual study day for both training Programme Directors and Education Supervisors. This is to provide an update on aspects and delivery of the assessment processes. We saw the agenda for 2017, 2018 and 2019. Ahead of these study days, trainers are invited to identify areas that they consider they require development and training to fulfil their roles. Where possible these requests are accommodated either within that year's study day or failing that, included in the next training day.

We consider that this Requirement is met.

P19: Programme provider must document external examiners/assessors reports on the extent to which examination and/or assessment processes are rigorous, set at the correct standard, ensure equity of treatment for specialty trainees and have been fairly conducted. (Requirement Met).

In their self-assessment, HEIW explained that it receives the outcome of summative assessments/examinations undertaken by the specialty trainees. The outcome of these assessments is sent to the trainee and they input the information onto ISCP. The external bodies have their own governance processes independent from that of HEIW.

We learnt that in respect of the ARCP, there is extensive input from both an external SAC external assessor and a lay representative. We saw a variety of examples of completed feedback reports from both. HEIW explained that these have tended to be positive for all dental specialties and that to date no issues have been raised regarding the ARCP process by the SAC member requiring HEIW's attention.

We had access to trainee ARCP outcome forms on ISCP also which illustrate the assessment process and outcomes.

HEIW submitted information on the Master in Public Health (Document Exam 02-08) and Master of Science in Dentistry in Orthodontics (Document P01 ORT 05) postgraduate qualifications. Both of these are essential curricula requirements for trainees to be recommended for CCST in the respective specialties.

HEIW are not responsible for the calibration or standardisation of ARCPs as this is done by the relevant dental SAC. Prior to each ARCP, HEIW submits a request to RCSEng for an external SAC member for the respective specialty.

We consider that sufficient evidence was presented to demonstrate this Requirement is met.

P20: Assessment must be fair and undertaken against clear criteria. The standard expected of specialty trainees in each area to be assessed must be clear and trainees and staff involved in assessment must be aware of this standard. A recognised standard setting process must be employed for assessments. Exceptions from this principle must be clearly justified. (Requirement Partly Met).

The panel understood that the majority of the summative assessments for Specialty Trainees are undertaken on a multi-Royal College basis and are not solely undertaken at RCSEng. Tri-collegiate (Edinburgh, England and Glasgow) Memberships examinations in Oral Surgery, Paediatric Dentistry and Special Care Dentistry are run by RCSEd and the Inter-collegiate Specialty Fellowship Examinations (ISFE – RCS Edinburgh, England, Glasgow & Ireland) for Dental Public Health, Oral Medicine and Restorative Dentistry are run by RCPSGlas.

The mono-specialties (Endodontics, Periodontics & Prosthodontics) and Orthodontics Membership examinations are run on a bi-collegiate (RCSEng and RCPSG) or single college (RCSEd) basis, with more candidates sitting the single college exam.

HEIW explained that they do not quality assure the various RCS summative examinations. As a result, the responsibility for ensuring assessments are fair and undertaken against clear criteria falls to various Royal Colleges.

However, all the trainers play an essential part in preparing the trainees for these examinations and are clear on the standard expected of them before assessment.

The Dental Postgraduate Section of HEIW provides quarterly reports on quality measures for the HEIW board which are published in the Annual Report.

HEIW explained that managing bias forms part of mandatory training under Equality, Diversity and Inclusion training and recorded on staff records.

The lay representatives on ARCP panels are content with the processes undertaken and there are no adverse comments in their reports. In fact, the comments are supportive, noting that the impact of the pandemic on experience for the trainees has been taken into account in an appropriate manner. They also note that the approach used in the ARCP panels is consistent.

Regarding standard setting, HEIW informed us that that all consultant and specialist trainers attend Training the Trainers' course and is recorded on staff records. However, we did not have any further details as to what types of exercises or activities are carried out in order to do this. The Dental quality report has been submitted, which is complimentary and summarises the actions the team has taken to maintain quality. This report highlights the 'Developing Dental Educators' course. It would have been useful to see more evidence of this course.

There is extensive evidence of lay representative involvement in the programme and an obvious commitment to them being present to provide objectivity to the whole process. The lay handbook is useful and states the aims and process.

HEIW submitted evidence which explains how standard setting and calibration is achieved through several methods:

- 'Training the Trainers' course that all consultant and specialist trainers attend and is recorded on staff ESRs
- skills, experience and training to undertake assessment as demonstrated by trainers' qualifications and experience of examining
- guidance from relevant SACs on the areas of the curriculum that should be examined through workplace based assessments.

HEIW clearly explained the process for managing failing trainees who would be awarded an appropriate ARCP grade. If an area of deficiency is identified that can be addressed ahead of the next ARCP, recommendations would be entered onto their ISCP portfolio for discussion with their Educational Supervisor and an action plan to be agreed.

HEIW also clearly explained the appeals process and the circumstances in which this can be invoked by a trainee and the formal process.

We consider this Requirement to be partly met.

Summary of Actions for HEIW

Req. number	Actions by: End of Q2 of 2022	Observations & response from HEIW
P6	1) HEIW should review the 'Presentation on Duty of Candour' presentation to ensure it is up to date and refers to GDC guidance 'Professional duty of candour' document from 2016 and is relevant to dental specialty trainees.	This is a generic presentation by NHS Wales Shared Services Partnership relevant to all areas of health professionals in Wales. As outlined in HEIW's submission this presentation is due to be updated to comply with the Welsh Government Bill 2019 of a 'Candour Procedure'. HEIW Dental Postgraduate Deanery will input to the updated presentation ensuring reference is made to the GDC guidance and separately circulate the GDC document 'Being open and honest with patients when something goes wrong' [The professional duty of candour] – 01 July 2016 to all dental trainees.
P20	2) HEIW should provide evidence of standard setting and calibration exercises taking place.	Standard setting and calibration exercises will be discussed further at each Standing Training Committee meetings and appropriate training implemented that can be evidenced. Such training would be recorded via the MARS (Medical Appraisal Revalidation System – for staff employed in the Hospital Dental Service) or DAS (Dental Appraisal System for staff in Community Dental Service) process rather than ESR as such training is not statutory or mandatory.

Observations from the Authority on content of report

General comments on content of report

1. HEIW welcomes the opportunity this self-assessment has presented for HEIW to benchmark itself against the GDC Standards in Dental Speciality training. The comprehensive report has confirmed many areas of good practice and identified areas for further work by HEIW. HEIW will seek to improve in these areas.

2. The process was time consuming and resource intensive. More clarity regarding the information required at the outset that would demonstrate the evidence required to meet the standards would have been helpful. Whilst there were meetings between HEIW and the GDC, one before and one during the process, to clarify requirements some confusion still existed. Much of the additional evidence that was requested in June 2021 could have been provided initially if the regulator had more fully explained their requirements.

3. HEIW feel at times that a full understanding of certain aspects of postgraduate training was not appreciated. Particularly the use of the Dental Gold Guide; the use of ISCP and its constraints; and aspects of the ARCP process. HEIW believe it would have been beneficial for the GDC Educational Associates to have spent time discussing this with senior members of HEIW involved in the Specialty process, and perhaps observation of a ARCP with appropriate GDPR considerations. This would also have allowed additional dialogue in providing the evidence that the GDC were seeking.

Annex 1: Education Quality assurance process and purpose of activity

1. As part of its duty to protect patients and promote high standards within the professions it regulates, the General Dental Council's (GDC) Strategic Review of Education (2008) recommended that the Council should actively quality assure all training and awards which lead to entry to all GDC registers and listings (Dentist, Dental Care Professionals (DCP) and Specialist).

2. The aim of this quality assurance activity is to ensure that dentist registrants, at the point of inclusion upon one of the GDC's specialist lists, have demonstrated, on completion of their training, that they have met the outcomes required for specialist listing on the dentists register with the GDC. This will underpin and add value to the GDC's responsibility in issuing a Certificate of Completion of Specialist Training (CCST) as part of the listing process.

3. Consideration and development of our quality assurance processes therefore apply to training programmes in all 13 current specialties. Whilst our statutory responsibilities (see section 17 below) focus on orthodontics and oral surgery we do not currently possess an evidence base, drawing upon public protection arguments to differentiate between the specialties in quality assurance activity.

Specialty training

4. The primary route by which specialists join the Specialist lists, and the route upon which the GDC focusses its quality assurance activity, is successful completion of a national training programme in the individual UK specialties, where training is based upon a GDC-approved curriculum[1], overseen by the regional postgraduate deaneries/LETBs, and where the trainee also passes the relevant RCSEng examination.

5. Following these successes, the trainee is recommended for entry to the GDC Specialist Lists by award of a Certificate of Completion of Specialist Training (CCST). The postgraduate deanery/LETB recommend the award and the GDC awards the CCST.

6. Training in the dental specialties under the route described above is, typically, a three-year full-time hospital-based programme. This can involve trainees receiving training in a variety of hospital settings and other clinical environments. This form of delivery, together with the provision of exit examinations by a further Authority has required changes to the GDC's model of pre-registration QA inspection which is typically based on a single training centre under the auspices of a university or other educational body.

The GDC's powers

7. The GDC's powers in relation to specialist education and training differ from its powers for pre-registration training:

8. The Dentist Act 1984 (the Act) restricts our ability to require training Authority to provide information to those with Dental Authority (DA) Status. Of postgraduate Authorities, the RCSEng possess dental authority status as do universities undertaking postgraduate or specialist dental training. We can request information from other postgraduate training Authorities such as postgraduate deaneries/LETBs who do not hold such status in connection with section 1(2)(a) of the Act.

9. We have powers under Section 9 of the Act to appoint visitors to inspect programmes and examinations of both undergraduate and postgraduate/specialist programmes. However, the concept of "sufficiency" applies only to DAs and there is no formal mechanism to approve or withdraw approval from postgraduate/specialist training Authorities who do not possess such status.
10. The Specialist List Regulations provide us with powers to determine who is eligible to join the lists.
11. The GDC is, in relation to specialist dental qualifications in orthodontics and oral surgery, the competent authority in the United Kingdom for the purposes of the Recognition Directive and the Dental Training Directive. The Council has a statutory duty to supervise training in these two specialties.
12. We have taken legal advice and have established that our statutory duty to supervise training in orthodontics and oral surgery can support quality assurance activity across the 13 specialties.

Annex 2: The EQA Process

13. The quality assurance activity focuses on three Standards for programme Authorities, with a total of 20 underlying requirements. These are contained in the document *Standards for Specialty Education* (current iteration published 2019 and available here).

General Principles

14. Our historic consultation and stakeholder engagement on the Standards signalled the GDC's expectations in relation to specialty education. Publishing the first iteration of Standards for Specialty Education in 2015 was seen to send a clear message to the sector about the quality the GDC expects in order to protect patients and the public.

15. In addition to publishing the GDC standards, we recognised that the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) already publishes a quality management tool in the form of *The Gold Guide.* We also recognised that specialty trainees are in the main already GDC registrants; and that we needed to be sensitive to the fact that specialty training (where it takes place in Local Health Boards or NHS Trusts and roles) operates in an already highly regulated environment.

16. We have been mindful that that our regulatory approach, both in its piloting and in its current operational introduction, must not introduce disproportionate or unnecessary burdens on Authorities.

17. The second iteration of Standards for Dental Education, referenced above, maintains this proportionate approach whilst also containing two major developments:

    a. Separating the Standards so there are discrete requirements for programme and examination Authorities.

    b. Introducing an overarching requirement to provide evidence (of the Authority's choosing) to support their self-assessment.

Collection of evidence

18. Therefore, the process remains based upon moderated self-assessment and includes:

    a. a data set that profiles specialty trainees and scrutinises key data including information about the trainees' progression rate through programmes and exit examinations.

b. a self-assessment questionnaire giving Authority the opportunity to indicate their performance in the context of the Standards and requirements.

c. the requirement to provide illustrative and supporting evidence to support the contents of the completed self-assessment questionnaire.

19. The following descriptors are employed as a means of reference for establishing a programme Authority's compliance with the individual requirements.

A Requirement is **Met** if:

There is sufficient appropriate evidence derived from the pilot process. This evidence provides the GDC with broad confidence that the programme Authority demonstrates compliance with the requirement. The Authority's narrative and documentary evidence are robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential."

A Requirement is **Partly Met** if:

Evidence derived from the pilot process is either incomplete or lacks detail and, as such, fails to convince the GDC that the programme Authority fully demonstrates compliance with the requirement. There may be contradictory information in the evidence provided.

There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in follow-up processes.

A Requirement is **Not Met** if:

The Authority cannot provide evidence to demonstrate compliance with a requirement or the narrative and evidence provided are not convincing.

The evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to concern and will require an action plan from the programme Authority.

Other

Use of this descriptor is exceptional and will usually be applied if the Authority's narrative and evidence would be considered **Partly Met** but it appears to the GDC that evidence and/or indications across the breadth of the submission mean that during the observations period of the EQA process this requirement can be **Met**.

20. The significance of not demonstrating compliance with a requirement will depend upon the compliance of the programme Authority across the range of requirements and any possible implications for public protection.

21. Outcomes from the pilot specialty EQA exercise typically fell into two categories of follow-up action:

a. Where requirements were not fully met, the need for follow-up action (either submission of further evidence or clarification of self-assessment) that could normally be addressed by annual monitoring/updates.

b. Joint action between the Authority and the GDC to capture good practice (where requirements were met) to further inform the evidence prompts within

the Standards and so to provide additional guidance for future specialty EQA activity.