

National Certification of Dental Core Equivalence Training Year 2 Competencies

Guidance for Applicants

This Certificate will be accepted as proof of eligibility against the stipulated criteria of having acquired Dental Core Training Year 2 competencies on application to UK Specialty and Dental Core Training Year 3 programmes

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Introduction

A dentist who wishes to apply for Speciality Training is required to demonstrate the competencies acquired at the end of UK Dental Core training year 1 (i.e. outcome 1) at the time of interview and of UK Dental Core training year 2 at the time of post commencement. This is currently the case for the majority of dental specialties ¹.

If a dentist wishing to apply for specialty training has not undergone UK Dental Core Training year 2, but considers that they have acquired experience and/or training which should be regarded as equivalent to DCT2, they can apply for a Certificate of Equivalence to Dental Core Training Year 2 Competencies (Certificate of Equivalence). Applications for a Certificate of Equivalence must be made to the Certification of Equivalence to Dental Core Training Year 2 Panel who will consider the application and determine whether a Certificate of Equivalence should be awarded.

A dentist who is awarded a Certificate of Equivalence may then submit that Certificate in support of their application for specialty training.

This guide is relevant to those who are considering applying for Dental Specialty Training in the United Kingdom and who have not followed the standard training pathway through a recognised dental core training year two programme.

Applicants are strongly advised to familiarise themselves with the contents of this guide **before** beginning their application. You can begin the application process by following the link below:

For further information and enquiries contact – nes.dentalDCT2equivalence@nhs.scot

¹ refer to relevant Person Specifications available at:

<https://www.copdend.org/postgraduate-training/national-person-specification/>

Key Word Index

A&E	Accident & Emergency
APGDD	Associate Postgraduate Dental Dean
BDJ	British Dental Journal
CbD	Case Based Discussion
COPDEND	UK Panel of Postgraduate Dental Deans and Directors
CPD	Continuing Professional Development
DCT	Dental Core Training
DOPs	Direct Observation of Procedure Skills
DPGDD	Deputy Postgraduate Dental Dean
DST	Dental Specialty Training
FAQs	Frequently Asked Questions
GDC	General Dental Council
GDPR	General Data Protection Regulation
GMC	General Medical Council
HEE	Health Education England
MFDS	Membership of the Faculty of Dental Surgery
Mini-CEX	Mini-Clinical Evaluation Exercise
MJDF	Membership of the Joint Dental Faculties
MSF	Multisource Feedback
NHS	National Health Service
Oriel	National Recruitment online application system
PAQ	Patient Assessment Questionnaire
PDP	Personal Development Portfolio
PGDD	Postgraduate Dental Dean
QI	Quality Improvement
RCS	Royal College of Surgeons
SLE	Supervised Learning Events
TPD	Training Programme Director

Assessment of Application

The Timeline

Monday 2 August 2021 at 10.00 am - Applications open.

Monday 4 October 2021 at 4.00pm – Application window closes.

Thursday 7 October 2021 at 4.00 pm – Window to upload evidence closes.

Monday 1 November 2021 – Thursday 16 December 2021 – Applications to be considered by assessment panel.

From Monday 1 November 2021– Applicants will be advised of the panel’s decision.

20 December 2021 – Wednesday 19 January 2022 – Unsuccessful applicants can appeal the outcome.

The Assessment Panel

Equivalence applications are assessed by a Panel. The Panel will be made up of a minimum of four members. The membership of the Panel can be viewed at Appendix 1 of this document.

In the first instance each application will be reviewed by an administrator who is familiar with the process. This is to ensure that those applications which progress to the Panel are deemed to be complete. If the application is incomplete it will be returned to you and it will not be considered by the Panel. Applications deemed as incomplete following administrative review will be returned and cannot be resubmitted in the current round. Applicants should therefore read this guidance carefully in order to prepare their documentation appropriately. An [applicant checklist](#) has been included at Appendix 3 to support submission of a complete application.

The application will be assessed by the Panel solely on the information submitted by the applicant. Therefore the onus is on the applicant to show that he/she has acquired the necessary experience and/or training. The Panel will seek equivalence to each core competency (mandatory outcome) of the dental core training curriculum. These have been set out in the DCT Year 2 Competencies Equivalence Checklist (Appendix 2) to ensure you are aware of each of these competencies. The entire curriculum can be viewed at <https://www.copdend.org/wp-content/uploads/2018/09/2016-12-14-UK-DCT-Curriculum-December-2016.pdf>

The Panel make its decision based on the evidence submitted by the applicant. The applicant is not required to attend or make representation.

The Panel will use the **DCT Year 2 Competencies Equivalence checklist** for each applicant to ensure a consistent approach.

The Panel's Decision

The decision made by the Panel will be communicated to the applicant within 14 days of the Panel meeting. If the applicant has been successful the email communication will be accompanied by a "Certificate of Equivalence to Dental Core Training Year 2 Competencies". The certificate will be valid from the date of issue. This Certificate can be used for multiple recruitment applications. In the event an application has been unsuccessful an email outlining the reason for the Panel's decision will be sent to the applicant. This email will also contain information on the process for appeal. Further information about the appeals process can be found [here](#).

Format of the Evidence

Applicants are required to submit their evidence in the form of a portfolio. In order to achieve a favourable outcome it is essential that you follow the guidelines contained within this document. Please be aware that failure to comply with this guidance may result in an application being deemed as incomplete, in which case it will not be assessed. Information has been detailed below to support applicants and help ensure that their application will progress to a Panel for consideration.

Your Portfolio

This guide illustrates the kind of evidence that is expected and the order in which this should be presented in your portfolio. This document details:

- The suggested evidence you should include in your portfolio
- The order in which evidence must be presented in your portfolio
- The identification of each piece of evidence within your portfolio

IMPORTANT - PLEASE NOTE

- Applicants must have at least 36 months postgraduate clinical experience to the full scope of a dentist.
- **Making a false declaration in this application will result in a negative outcome and consideration being given to you being referred to the GDC.**
- GDPR - Please ensure there is no patient identifiable documentation included within the portfolio of evidence. This includes hospital numbers, NHS numbers and, of course, names and dates of birth (evidence should be redacted appropriately. *NB marker pens are often ineffective at masking underlying writing*).

Portfolio Guidance

The Portfolio is compiled of a number of sections. The overall order of the sections within the portfolio is laid out in the “Portfolio Order” later in this section.

Applicants should consider the following points when compiling the portfolio:

- **Portfolio size** - portfolios should be succinct and relevant to the domains being assessed. You are only required to demonstrate each subdomain/competency once.

Inclusion of unnecessary or unhelpful material **may result in your portfolio being returned for review.**

- **Structure of your portfolio** – A summary information sheet should be included at the beginning of each Section. Each section relates to the DCT Year 2 Competencies Equivalence Checklist used by the Panel to assess your application. The summary information sheet will simplify the assessment process. The summary information sheet should have a title of each section and a list of evidence. The evidence should be listed in the order in which it appears within that section. Evidence should appear in each section with the most current at the top. An example summary sheet can be viewed at Appendix 4.

Portfolio Order

Please note that clarification on signatory criteria and additional guidance on the contents of portfolio sections is contained in the appendices to this document. The relevant appendix number is detailed within the table below.

SECTION	
Self-Assessment Checklist	<ul style="list-style-type: none"> • Completed DCT Year 2 Competencies Equivalence checklist
Signatory	<ul style="list-style-type: none"> • Signatories Criteria and Guidance (Appendix 5)
Clinical Log Book	<ul style="list-style-type: none"> • Completed clinical log with reflections, please only include those relevant to the competencies • Guidance and template (Appendix 6)
Continuing Professional Development log	<ul style="list-style-type: none"> • Please only include courses and reflections relevant to the competencies; and been undertaken in the last three years • Guidance and a template can be accessed through https://www.gdc-uk.org/education-cpd/cpd/enhanced-cpd-scheme-2018/enhanced-cpd-supporting-documents
Personal Development Plan	<ul style="list-style-type: none"> • Guidance and a template can be found at https://www.gdc-uk.org/education-cpd/cpd/enhanced-cpd-scheme-2018/enhanced-cpd-supporting-documents
Supervised Learning Events	<p>The following evidence could be included:</p> <ul style="list-style-type: none"> • Direct Observation of Procedures etc. (Appendix 7) • Case based Discussion (Appendix 8) • Mini-CEX (Appendix 9)

	<ul style="list-style-type: none"> • Direct Observation of Teaching (Appendix 10)
Multisource Feedback (MSF)	<ul style="list-style-type: none"> • Applicants are expected to understand the range of roles and expertise of team members in order to communicate effectively to achieve high quality service for patients. The MSF, also known as “peer assessment” or “360° assessment”, is a method of assessing professional competence within a team-working environment and providing developmental feedback to the trainee • If you have not undertaken a MSF that you consider to be suitable to submit as evidence then please refer to Appendix 11 where guidance is provided to support you
Patient Assessment Questionnaire (PAQ) or Patient safety Questionnaire (PSQ)	<ul style="list-style-type: none"> • It is important that you can demonstrate that patients are your priority and that their perception and evaluation of your care is an important development opportunity. If you have not formally undertaken a PAQ/PSQ then please refer to Appendix 12 where guidance has been provided to support you
Reflections	<ul style="list-style-type: none"> • Written reflections of clinical encounters relevant to demonstrate the core competencies • A reflective summary should include a discussion of how you apply your knowledge or have learned from your own practise. It is necessary to relate what you have learned directly to your practice. A list of requirements without any analysis of how it relates to practise is <u>not</u> sufficient • The length of the commentary will vary depending on the complexity of the topic, but about one page (single-spaced, font size 11) is normally adequate. The writer must determine whether or not additional information is required to demonstrate understanding • For useful guidance on reflective practice see https://www.copdend.org/dfthandbook/FD_Handbook/E-Portfolio/Reflection_reflection.html and https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/the-reflective-practitioner---guidance-for-doctors-and-medical-students/ten-key-points-on-being-a-reflective-practitioner
Teaching	<p>The following evidence could be included:</p> <ul style="list-style-type: none"> • Experience of teaching healthcare students/professionals • The frequency of the teaching should be clearly indicated • Formal feedback should be included where available • Training in teaching methods or additional qualifications

Presentations	The following evidence could be included: <ul style="list-style-type: none"> • Presentation clearly identified as poster or oral • Presentation clearly indicated as local/regional/national/international (Appendix 13)
Publications	The following evidence could be included: <ul style="list-style-type: none"> • Abstract or non-peer reviewed article • PubMed cited publication • Clear indication of authorship must be given (Appendix 14)
Leadership and Management	The following evidence could be included: <ul style="list-style-type: none"> • Evidence related to training in leadership and management • Evidence of local leadership or managerial role of 6 months or more duration • Evidence of regional leadership or managerial role of 6 months or more duration and able to demonstrate a positive impact
Quality Improvement (QI)	<ul style="list-style-type: none"> • In the section include a summary of the QI project; and whether you were the lead investigator or how you contributed • Indicate clearly whether the project was presented at a local, regional or national meeting (Appendix 15)
Postgraduate Qualifications	The following evidence could be included: <ul style="list-style-type: none"> • Additional degrees. Stated relevance to dentistry • MJDF / MFDS or equivalent – status indicated including evidence of the constituent parts completed e.g. MFDS Part 1/Part 2 • Other qualifications. Stated relevance to core competencies • Postgraduate Prizes / Awards. Stated relevance to core competencies
Curriculum Vitae	To include: <ul style="list-style-type: none"> • Employment history, including dates <p>The inclusion of the CV is for reference only.</p>

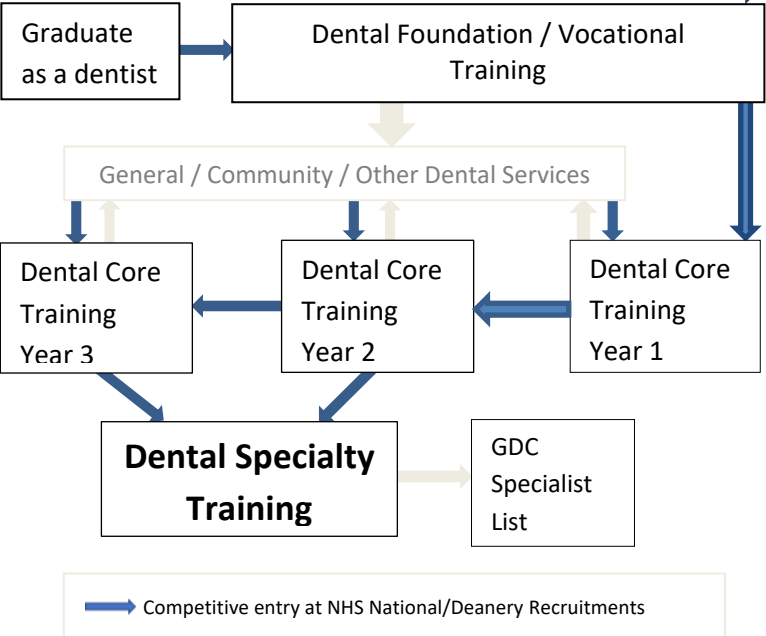
Appeals Process

In the event an applicant disagrees with the decision made by the Assessment Panel and wishes to appeal, their application will be forwarded to an appeal panel. There will be no overlap in membership between the Assessment Panel which reviewed the initial submission and the Appeal Panel who assess the appeal. No further evidence can be submitted to the Appeal Panel for consideration. The decision of the Appeal Panel is final. Any further applications are required to be submitted by the applicant in future rounds.

Appeal Panel membership can be viewed at Appendix 1.

The timeline for adjudication of appeals will be completed at least one week before National Recruitment closes for applications. This will facilitate applicants who are successful on appeal to continue into National Recruitment of Specialty Training.

Frequently Asked Questions

Question	Response
<p>How do I know if I do not need to follow the equivalence process?</p>	<p>You do <u>not</u> need to demonstrate <i>by equivalence</i> that you have acquired DCT2 competencies if you have already completed a DCT2 programme or are currently on a DCT2 programme.</p> <p>NB. However, in either case,</p> <ul style="list-style-type: none"> You <i>must</i> have been appointed to a DCT2 post through a UK NHS National Recruitment or Deanery-approved process. <p>And to be eligible to commence any dental speciality training programme, you <i>must</i> have received an Outcome 1 at your DCT2 Final Review of Competence Progression (FRCP).</p>
<p>What is the “standard” route to entry into UK dental speciality training?</p>	<p>Whilst there is no prescribed route, most applicants follow this:</p>  <pre> graph TD A[Graduate as a dentist] --> B[Dental Foundation / Vocational Training] B --> C[General / Community / Other Dental Services] B --> D[Dental Core Training Year 1] C <--> D D --> E[Dental Core Training Year 2] E --> F[Dental Core Training Year 3] F --> G[Dental Specialty Training] G --> H[GDC Specialist List] </pre> <p>Legend: → Competitive entry at NHS National/Deanery Recruitments</p>

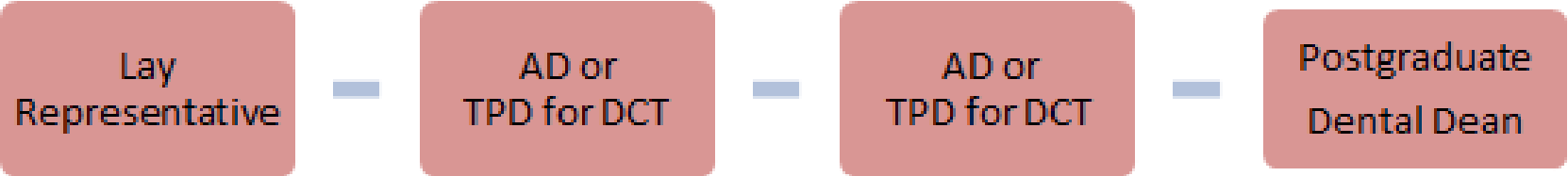
<p>Is there a set quantity of each SLE / WBA do I need to submit to evidence? How many competencies can I evidence with one SLE / WBA</p>	<p>No specified number, applicants should be satisfied that they have provided sufficient evidence for the panel to assess.</p>
<p>Which NHS commissioned dental Specialty training programmes require satisfactory completion of DCT year 2 or equivalent?</p>	<p>As of 1st January 2021, this is a requirement of the following dental Specialty Training programmes: Endodontics, oral surgery, orthodontics, paediatric dentistry, periodontics, prosthodontics, restorative dentistry, special care dentistry. <i>This requirement is subject to change. Please refer to the latest relevant Person Specification, which can be found at:</i> https://www.copdend.org/postgraduate-training/national-person-specification</p>
<p>I intend to apply for DCT3 but have not completed DCT2 although I am currently in DCT2 training. Do I use this process to demonstrate that I have the equivalent DCT 2 competencies?</p>	<p>No. This process is only intended to support those applying for Dental Specialty training who are not in a recognised DCT2 training programme. It is not designed to be used by those currently within a recognised Dental Core Training Post.</p>
<p>Is there a deadline for submissions?</p>	<p>Applications will be accepted during a specific time frame once in each calendar year. The dates of application can be viewed through the following link xxxxxxxxxxxx</p>
<p>Who do I contact if I have a query?</p>	<p>nes.dentaldct2equivalence@nhs.scot</p>
<p>If I have done a DCT1 job but not DCT2 do I need to apply for equivalence?</p>	<p>Equivalence is for DCT2 so if you have not completed DCT2 training you will need to apply for equivalence. If you are currently undertaking DCT 2 then provided this is satisfactorily completed there is no requirement to complete this process for equivalence to apply for Specialty training.</p>
<p>I have completed DCT1 am I still eligible to apply for equivalence?</p>	<p>Whilst certification of DCT1 is not a requirement, for those who have achieved this, it will be accepted as contributing evidence.</p>
<p>How long does equivalence last for?</p>	<p>Once you acquire a Certificate of Equivalence to Dental Core Training Year 2 Competencies this continues to be valid on a permanent basis.</p>

My certificates are not in English. Do I need to have them translated?	A certified, authenticated translation should be provided for any documentation which is not written in English.
How do I source appropriate contributors for my Multi-Source Feedback (MSF)?	The contributors will be team members that you work alongside. They should ideally be people that have experience of working with you. They can have a variety of roles whether reception based, DCPs, dental colleagues, managers or educational mentors. It may be necessary and appropriate that some of these contributors will come from outside your immediate working environment, especially if the workplace has a smaller immediate team.
Is this Certification of Equivalence Specialty specific	No.
How should I collect the data for the MSF?	A MSF form should be handed out to all contributors. Suggested forms can be found in the applicants guide. For the exercise to be successful the contributors must be able to complete their form anonymously. They then hand it back to someone who can collate the results, including written feedback, into a summary form for you to review. Once you have reviewed the feedback then you should provide written reflection demonstrating insight and what you have learned from completing the exercise. If development needs are identified you should take steps to remediate or correct any identified gaps. Once this has been achieved where possible you should complete a second cycle of the MSF to demonstrate improvement.
How should I complete the Patient Satisfaction Questionnaire (PSQ)?	The PSQ is to be handed out to patients that you have treated to gain feedback on the care you have provided. The questionnaires should be handed out by a third party (someone other than yourself) such as your receptionist to remove bias. The forms are either handed back to the person who has distributed them or they can be returned by post. The data should then be brought together by a third party into a summary document for you to review and reflect on. If any development needs are identified these should be followed up before completing a second cycle to demonstrate positive change.
What happens to my application for DCT2 equivalence?	It will be checked first to make sure it is complete. If it is incomplete, you will be contacted by email stating your application was incomplete and has subsequently has been rejected . Once your application has been accepted as complete then the completed application will be passed to a Panel of subject-matter experts. A lay person (non-dentist) will

	attend the Panel meeting to ensure the process is conducted fairly and in accordance with the guidelines outlined for the assessment of equivalence to DCT2.
What happens after the assessment of my application for DCT2 equivalence?	If your application is successful you will be issued a Certificate of Equivalence to Dental Core Training Year 2 Competencies. If you subsequently apply for dental Specialty training, this Certificate will, when required, provide the proof of equivalence to DCT2.
What happens if my application for DCT2 equivalence is rejected?	If your application is rejected at administration review you will be informed by email. You will not be able to resubmit your application within this application window. An appeal cannot be made based on the outcome at administrative review.
What happens if my application for DCT2 equivalence is unsuccessful?	If your application is deemed unsuccessful by the Assessment Panel, you will be informed and given the reasons for the decision. You may reapply and submit additional evidence or address the Panels queries in the next application window. Furthermore you will be provided with information regarding the Appeals Process. You are not required to attend or make representation at an Appeal Panel and the decision of the Appeal Panel is final.
If my application is unsuccessful, can I reapply at a later date?	Yes. Re-applications are permitted. Before you reapply, you are strongly advised to address the deficiencies detailed in the outcome letter as supplied by the panel. This is why it is strongly advised that you apply for certification as soon as you consider you intend to apply for Specialty training and meet the criteria for equivalence. The certificate does not lapse and can then be used for future applications.

Appendix 1

Panel for Assessment Membership



Panel for Assessment of Appeals Membership



Please note that members of the Appeal Panel will not have been involved in the initial Assessment Panel

Appendix 2

DCT Year 2 Competencies Applicants Checklist

This form is to be completed by the applicant as a checklist validating evidence of DCT Equivalence against the applicant's portfolio. In recognition of the value of a patient-centred approach, the competencies for Dental Core Training are organised into four interlinked domains: professional behaviour and trust; communications, team-working and leadership; clinical safety and quality; and good clinical. Major competencies are defined within each domain and each major competency contains several specific supporting statements. These supporting statements describe the skills and attributes expected of a competent Dental Core Trainee and you are expected to provide evidence to demonstrate each of these. You are only required to evidence each competency once and each piece of evidence may demonstrate multiple competencies.

Applicant Name		Application Number	
Domain 1:			
Professional behaviour and trust			Suggested forms of evidence
1.1 Acts professionally	1.1a	Act with professionalism in the workplace and in interactions with patients (and where necessary carers and relatives) and colleagues	<ul style="list-style-type: none"> • Reference • MSF • PAQ • CPD log • SLE
	1.1b	Demonstrate punctuality and organisational skills	
	1.1c	Participate actively in all aspects of training	
	1.1d	Work in partnership with others in an open and transparent manner, treats people as individuals and respects their perspective/views on their own treatment	
	1.1e	Deal with underperformance by colleagues	
	1.1f	Take personal responsibility for and is able to justify decisions and actions	
	1.1g	Deal increasingly with queries from patients and relatives	
1.2 Delivers patient-centred care and maintains trust	1.2a	Prioritise the needs of patients above personal convenience without compromising personal safety or safety of others	<ul style="list-style-type: none"> • MSF • Reference • PAQs • SLEs • PDP • CPD • Reflections
	1.2b	Ensure continuity of patient care is established and that it is communicated clearly to patients and relevant colleagues	
	1.2c	Ensure that patients are an integral part of the decision making of their care	
	1.2d	Recognise where patient's capacity is impaired and takes appropriate action in less straightforward circumstances	
	1.2e	Demonstrate increasing ability and effectiveness in communicating more complicated information in increasingly challenging circumstances	
1.3 Behaves in accordance with	1.3a	Engage with learning opportunities with colleagues and peers/students	<ul style="list-style-type: none"> • CPD log

ethical and legal requirements	1.3b	Participate in the assessment of healthcare professionals and provides constructive feedback		<ul style="list-style-type: none"> • Evidence of teaching and assessment • Reflections SLEs • Evidence of presentations • Evidence of research • Significant Event Analysis • Reference
	1.3c	Reflect on feedback from learners and supervisors to improve own teaching and training skills		
	1.3d	Deliver presentations at Regional/National/International meetings		
	1.3e	Make contributions to peer reviewed publications or research projects		
1.4 Engages in career planning	1.4a	Maintain personal development e-portfolio by recording learning needs and personal reflection including career development and planning		<ul style="list-style-type: none"> • PDP • CPD log • Reference
	1.4b	Comply with GDC requirements for Continuing Professional Development (CPD)		
	1.4c	Recognise personal learning needs, address these proactively and set SMART goals		
Domain 2: Communication, team-working and leadership				Suggested forms of evidence
2.1 Communicates clearly in a variety of settings	2.1a	Communicate in an appropriate and effective manner and develops these skills (verbal, non-verbal, written and electronic methods)		<ul style="list-style-type: none"> • Reference • Log book with reflections • SLEs including CbD • Evidence Multiple Disciplinary Team work in clinical log book • MFDS/MJDF • Patient Assessment Questionnaire • Multisource feedback
	2.1b	Demonstrate empathy and understanding when communicating with others and dealing with straightforward queries from patients, their carers and relatives		
	2.1c	Demonstrate understanding of barriers to communication		
	2.1d	Discuss with patients in an empathic manner, how their expectations may or may not, be met		
	2.1e	Use a systematic approach to evaluate a patient's wishes		
	2.1f	Deal independently with queries from patients and relatives and other staff		
	2.1g	Work with patients and colleagues to develop sustainable individual care plans to manage patients' maxillofacial, oral and dental treatment needs		
2.2 Works effectively as a team member	2.2a	Display an understanding of personal role within their team including supporting the team leader and listening to the views of other healthcare professionals		<ul style="list-style-type: none"> • Multisource feedback • Reference • Leadership Role (e.g. QI project)
	2.2b	Liaise with other dental care professionals		
	2.2c	Organise and allocate or receive work within their clinical team to optimise effectiveness		
2.3 Demonstrates leadership skills	2.3a	Act as a role model and where appropriate a leader for students and other junior dentists, and assists and educates colleagues including DCPs		<ul style="list-style-type: none"> • Leadership Role (e.g. QI project) • Reference • Evidence of working in a multi-disciplinary
	2.3b	Demonstrate a leadership role within the team in certain clinical situations, e.g. when supporting dental students on clinics		

	2.3c	Make decisions when dealing with complex situations		team input or shared care • Evidence of this e.g. leading a journal club, departmental meeting/staff meeting/ leading huddles or medical emergency scenarios etc.
	2.3d	Delegate where appropriate and follow this through		
	2.3e	Demonstrate extended leadership role within the team by making decisions and dealing with complex situations		
Domain 3: Clinical safety and quality				Suggested forms of evidence
3.1 Recognises and works within limits of professional competence	3.1a	Demonstrate resilience and perseverance when faced with challenges		• Reflection • Reference • MSF
	3.1b	Delegate tasks appropriately and ensure they are completed		
	3.1c	Know when to seek help and when to refer		
	3.1d	Deal with challenges and seeks advice when necessary		
	3.1e	Show an understanding on how to deal with challenges and seek assistance in a timely manner		
	3.1f	Delegate tasks and ensure that they are completed on time and to the required standard		
	3.1g	Organise handover and task allocation, anticipating problems for the next clinical team		
3.2 Makes patient safety a priority in clinical practice	3.2a	Deliver high quality care in accordance with local/national guidelines		• Evidence of practising evidence based dentistry (e.g. membership of societies) • Reflections • CbD • CPD log • Reference
	3.2b	Recognise situations which might lead to complaint or dissatisfaction		
	3.2c	Apologise for errors and takes steps to prevent/minimise impact		
	3.2d	Recognise that fatigue and health problems in healthcare workers (including self) can compromise patient care		
3.3 Contributes to quality improvement	3.3a	Undertake clinical audit, significant event analysis and/or peer review		• QI Project
	3.3b	Manage, analyse and present at least one quality improvement project and use the results to improve patient care		
Domain 4: Good Clinical Care				Suggested forms of evidence
4.1 Obtains history and performs clinical examination	4.1a	Obtain accurate patient history using all relevant sources of information including carers/family		• Clinical log book • SLE
	4.1b	Utilise existing patient records and other sources of evidence/information		
	4.1c	Perform clinical examination of orofacial region including cranial nerves		
4.2 Requests relevant	4.2a	Explain to patients the risks, possible outcomes and implications of investigation results and gains informed consent		• Log book • SLE

investigations/ special tests and acts on them	4.2b	Understand diagnostic limitations of and contraindications to common investigations		• Reflection
	4.2c	Request and interpret necessary investigations to confirm diagnosis		
4.3 Formulates differential diagnosis and treatment/ management plan	4.3a	Determine and document differential diagnosis and establishes a problem list		• Log book • SLE • Reflection
	4.3b	Prioritise actions on the basis of the differential diagnosis and clinical risks		
	4.3c	Communicate treatment/management plan as appropriate		
4.4 Prescribes safely	4.4a	Prescribe medicines correctly and accurately		• Reference • QI project
	4.4b	Prescribe safely for different patient groups		
4.5 Performs clinical procedures safely	4.5a	Explain the procedure to patients, including possible complications, and gains valid informed consent		• SLE • CPD log
	4.5b	Prescribe and/or administer appropriate analgesia where relevant		
	4.5c	Recognise, record and undertake emergency management of common dental conditions		

Appendix 3

Checklist for Applicants

Prior to submission of your application of National Certification of Equivalence to Dental Core Training Year 2 Competencies please ensure you have fulfilled all the requirements.

For your application to be eligible, you must ensure that you provide everything required by the checklist. It is your responsibility to ensure that the document is completed correctly and that all information is provided. Failure to do so could result in your application being rejected.

Portfolio of Evidence	Confirmed
Included in the Portfolio is a Summary Information sheet for each section detailing the assessment domains. All assessment domains are set out in the DCT Year 2 Competencies Equivalence checklist .	

Applicant Sections	Confirmed/Completed?
The following evidence has been completed and included (where appropriate) in my Portfolio	
Clinical Log Book	
Continuing Professional Development log	
Personal Development Plan	
Supervised Learning Events	
Multisource Feedback (MSF)	
Patient Assessment Questionnaire (PAQ) or Patient safety Questionnaire (PSQ)	
Reflections	
Teaching	
Presentations	
Publications	
Leadership and Management	
Quality Improvement (QI)	
Postgraduate Qualifications	
Curriculum Vitae	
I have signed the declaration section of my application form	
Signatory Sections	Confirmed/Completed?
My signatory has selected either 'Personally Witnessed', 'Evidence Received' or 'Unable to Confirm' for each individual competence listed on my application	

Additional Documentation	Confirmed/Completed?
I have provided proof of my signatory's current GDC/GMC registration or if my signatory is registered overseas, evidence of my signatory's current (GDC /GMC equivalent) dental /medical regulatory body registration, including an official English translation if this is not in English.	

Appendix 4

Section Summary Example

Title	Relevant competency
DOP – Paediatric emergency appointment	1.2c, 1.4c, 2.1a, 4.1a, 4.2c, 4.3a, 4.3b, 4.3c
DOP- Extraction of 16 in adult patient under inhalation sedation	2.1d, 4.5a, 4.5b, 4.5d
CbD –Provision of dental treatment for a patient who has dementia	1.2d, 2.1c
Mini-CEX – Challenging patient complex restorative case initial consultation	1.2e, 2.1g, 2.1c, 2.1e, 2.1f
Developing the clinical teacher- Presentation at staff meeting	1.3c, 2.3a

Section: Supervised Learning Events

Appendix 5

Signatory Criteria and Guidance

A signatory is an integral part of the 'National Certification of Equivalence to Dental Core Training Year 2 Competencies'. It is necessary for applicants to obtain and provide signatories to support their application and to fulfil the criteria outlined in the portfolio of evidence. It is the responsibility of the applicant to obtain and submit suitable signatories. The information below provides some further information to help you decide who would be an appropriate person to provide confirmation of attaining competency (signatory).

Signatory Criteria

1. A minimum of two signatories must be provided with your application.
 - Applicants can provide multiple signatories, beyond the minimum number required, to ensure they fulfil the requirements of the portfolio of evidence.
2. The signatories must be registered as a dentist.
 - A UK signatory must be registered with the GMC/GDC.
 - An overseas signatory must be appropriately registered with an alternative recognised regulatory body.
 - Evidence of registration must be provided (e.g. GMC/GDC number) along with the full name and signature.
3. The signatory must have been working with the applicant for a minimum of three months (whole time equivalent).
4. A clear description of the working relationship with the applicant must be provided and should include but is not limited to:
 - Confirmation that the signatory is in a senior position to the applicant
 - Details of the signatories job roles
 - Detail of level of supervision
 - Detail of the clinical competencies the signatory is supporting and details of how this has been satisfied
5. Where possible all competencies in the template should be witnessed by a signatory. However, where this has not been possible additional evidence in the portfolio may be considered if deemed appropriate by the signatory.

6. You should not use a signatory with whom you have a close personal relationship (such as a family member).

7. The template below should be provided to your signatory to be completed by them.

Signatory Declaration				
Section 1:		Personally witnessed	Evidence received*	Unable to confirm
Professional behaviour and trust [*please note: if you are relying on evidence received rather than personally witnessing demonstration of these capabilities, please also complete the evidence log.]				
Act with professionalism in the workplace and in interactions with patients (and where necessary carers and relatives) and colleagues				
Demonstrate punctuality and organisational skills				
Participate actively in all aspects of training				
Work in partnership with others in an open and transparent manner, treats people as individuals and respects their perspective/views on their own treatment				
Recognise and appreciate the importance of addressing underperformance in colleagues				
Take personal responsibility for and is able to justify decisions and actions				
Deal increasingly with queries from patients and relatives				
Prioritise the needs of patients above personal convenience without compromising personal safety or safety of others				
Demonstrate increasing ability and effectiveness in communicating more complicated information in increasingly challenging circumstances				
Engage with learning opportunities with colleagues and peers/students				
Verifying signature confirming details above:				
Applicants name:		Date of completion:		
Section 2: Communication, team-working and leadership		Personally witnessed	Evidence received*	Unable to confirm
Deal independently with queries from patients and relatives and other staff				
Work with patients and colleagues to develop sustainable individual care plans to manage patients' maxillofacial, oral and dental treatment needs				
Display an understanding of personal role within their team including supporting the team leader and listening to the views of other healthcare professionals				
Liaise with other dental care professionals				

Organise and allocate or receive work within their clinical team to optimise effectiveness			
Act as a role model and where appropriate a leader for students and other junior dentists, and assists and educates colleagues including DCPs			
Communicate in an appropriate and effective manner and develops these skills (verbal, non-verbal, written and electronic methods)			
Demonstrate empathy and understanding when communicating with others and dealing with straightforward queries from patients, their carers and relatives.			
Section 3: Clinical safety and quality	Personally witnessed	Evidence received*	Unable to confirm
Demonstrate resilience and perseverance when faced with challenges			
Delegate tasks appropriately and ensure they are completed			
Know when to seek help and when to refer			
Deal with challenges and seeks advice when necessary			
Show an understanding on how to deal with challenges and seek assistance in a timely manner			
Delegate tasks and ensure that they are completed on time and to the required standard			
Organise handover and task allocation, anticipating problems for the next clinical team			
Verifying signature confirming details above:			
Applicants name:		Date of completion:	
Section 4: Good Clinical Care	Personally witnessed	Evidence received*	Unable to confirm
Prescribe medicines correctly and accurately			
Prescribe safely for different patient groups			

Declaration by person signing this statement: REMINDER: We would wish to remind signatories of their professional responsibilities. Patient Safety must remain your primary concern and all information provided should be honest and reflective	
Your name:	
Professional status :	
Current post:	
Address for correspondence:	

Email address:			
Your UK GDC/GMC Number:			
<p>If you are not registered with the UK GDC/GMC, please give: Name of your registering body: Your Registration Number: Please provide the applicant with photocopy evidence of your current registration with that body to this statement. An abbreviated CV should also accompany the reference. A certified translation should be included if this is not in English. Historic registration with the GDC/GMC will not be accepted. <i>Failure to provide this will result in the applicant, being rejected.</i></p>			
For all signatories:			
A) <input type="checkbox"/> I confirm that I am aware of the standards expected of dentists completing the DCT Year 2 curriculum			
B) <input type="checkbox"/> I confirm that the dentist named above has worked for me prior to their application submission and continuously for a minimum of three months whole time equivalent within the 3 years prior to application submission.			
C) <input type="checkbox"/> I can confirm that I have observed the dentist named above demonstrate all of the listed capabilities and competences OR where I have not personally observed them , I have received alternative evidence that I know to be reliable from a colleague working satisfactorily at a level of a senior trainee or above. I have listed those providing evidence on the next page.			
D) <input type="checkbox"/> I confirm that I am not related to, or in a relationship with the applicant			
NB: <i>This form is invalid unless boxes A, B C and D above are ticked.</i>			
Verifying dentists signature confirming details above:			
Applicants name:		Date of completion:	
Please provide contact details			

Evidence Log

List of people whose evidence I have used in signing this

certificate: Where I have not personally observed them, I have received alternative evidence that I know to be reliable from a Senior Dental (or where appropriate Medical) colleague, as detailed below. Please ensure that you enter the section/s of the certificate where each individual has observed outcomes

*Please note: this section is only required to be completed if the column 'evidence received' has been used for a capability within the signatory declaration.

Section or capabilities witnessed:

Their name:	
Professional status :	
Work Address:	
Email address:	
Dates they supervised the applicant	From: To:

Section or capabilities witnessed:

Their name:	
Professional status :	
Work Address:	
Email address:	
Dates they supervised the applicant	From: To:

Section or capabilities witnessed:

Their name:	
Professional status :	
Work Address:	
Email address:	
Dates they supervised the applicant	From: To:

Verifying signature confirming the above:		
--	--	--

Applicants name:		Date of completion:	
-------------------------	--	----------------------------	--

Appendix 7

Direct Observation of Procedural Skills **Guidance for Applicants**

Direct Observation of Procedural Skills (DOPS) is one of a number of assessment tools used in the clinical setting to assess a clinical skill in the workplace. The assessment involves an assessor observing you performing a practical procedure within the workplace i.e. real patient, real time and real place. The DCT Equivalence Checklist should help to indicate which clinical procedures would be appropriate DOPs. Each DOPs should represent a different clinical problem covered by the curriculum and have come from a range of clinical settings.

The assessor should observe you carrying out the clinical procedure; followed by face-to-face feedback discussion; and completion of the DOPs form.

Direct Observation of Procedural Skill (DOPs) Form

Date:

Title of Direct Observation of
Procedural Skills:

Here you can record a brief,
anonymous history to allow the
SLE to be contextualised

Setting:

- A&E
- Clinic
- Ward
- Theatre
- Home Visit
- Other

Procedure:

Focus of encounter:

- Demonstrates understanding of indications / anatomy / technique
- Obtains informed consent
- Preparation pre-procedure
- Appropriate analgesia
- Safe sedation
- Technical ability
- Clinical safety
- Post procedure management
- Communication skills
- Consideration of patient/professionalism
- Other

To be completed by Assessor

Feedback based on the behaviours observed:

Agreed action:

To be completed in by Assessee

Reflection:

--

Assessor's Name: _____

Assessor's e-mail: _____

- Assessor's Position:
- Speciality Dentist/Doctor
 - Consultant
 - PDS/CDS Dentist
 - Speciality Registrar
 - Other

Appendix 8

Case Based Discussion **Guidance for Applicants**

Case-Based Discussion (CbD) is another tool used in the clinical setting to assess and feedback on a clinical encounter. A CbD is designed to assess clinical judgement, decision making and the application of medical knowledge. CbDs are used throughout dental core training and should encourage a reflective approach to learning.

CbD uses the records and investigations of a case, for which you will have been directly responsible, as the basis for dialogue between you and the assessor. All aspects of diagnosis, assessment and management of a case, including ethical and professional aspects such as the quality of the record keeping and presentation can be explored. A CbD is not an assessment solely of factual knowledge or purely presenting a clinical case. The discussion should explore the knowledge, judgement and clinical reasoning behind the case.

The DCT Equivalence Checklist should help to indicate which cases would be appropriate CbDs. Each CbD should represent a different clinical problem covered by the curriculum and have come from a range of clinical settings. The assessor should discuss the case in depth with you talking through the clinical situation, the findings and the decisions or courses of action that you would recommend. Most discussions should take no longer than 15-20 minutes and should be concluded with a 5-10 minute debriefing, feedback and completion of the CbD form.

Dental Core Training Case Based Discussion (CbD) Form

Date:

Title of CbD

Here you can record a brief, anonymous history to allow the SLE to be contextualised

Setting:

- A&E
- Clinic
- Ward
- Theatre
- Home Visit
- Other

Clinical Problem Category:

- New patient
- Follow up
- Adult
- Child
- Special Care
- Pain/Emergency
- Other

Focus of encounter:

- Medical record keeping
- Clinical assessment
- Investigations and referrals
- Treatment
- Follow up and future planning
- Professionalism
- Other

To be completed by Assessor

Feedback based on the behaviours observed:

Agreed action:

To be completed by applicant

Reflection:

Assessor's Name: _____

Assessor's e-mail: _____

- Assessor's Position:
- Speciality Dentist/Doctor
 - Consultant
 - PDS/CDS Dentist
 - Speciality Registrar

Other

Appendix 9

Mini-Clinical Evaluation Exercise **Guidance for Applicants**

The Mini-Clinical Evaluation Exercise (Mini-CEX) is a tool used for the assessment and feedback of a clinical consultation. It can be used in a variety of settings including consultation clinics, outpatients and interviews with patients and/or relatives i.e. patient present, real time, real place. Again, use the checklist to assess which aspects of your clinical practice would be appropriate for a Mini-CEX. The assessor should observe the whole encounter, followed by a feedback discussion and completion of the Mini-CEX form.

Dental Core Training Mini-Clinical Evaluation Exercise Details form

Date:

Title of Mini Clinical Evaluation Exercise

Here you can record a brief, anonymous history to allow the SLE to be contextualised

Setting:

- A&E
- Clinic
- Ward
- Theatre
- Home Visit
- Other

Clinical Problem Category:

- New patient
- Follow up
- Adult
- Child
- Special Care
- Pain/Emergency
- Other

Focus of encounter:

- History
- Diagnosis
- Examination
- Management/treatment plan
- Communication
- Consent
- Discharge

Other

To be completed by Assessor

Feedback based on the behaviours observed:

Agreed action:

To be completed by Applicant

Reflection:

Assessor's Name:

Assessor's e-mail:

Assessor's Position:

- Speciality Dentist/Doctor
- Consultant
- PDS/CDS Dentist
- Speciality Registrar

Other

Appendix 10

Direct Evaluation of Clinical Teaching Guidance for Applicants

The Direct Evaluation of Clinical Teaching (DECT) assessment can be used when being observed in a teaching role. This could be used in a variety of settings ranging from small group teaching, giving a tutorial, giving a presentation, lecture or journal club. The assessor would observe the whole encounter followed by a feedback discussion and completing the DECT form.

Guidance for Assessors

Generally, the assessor should be of a senior position to you and ideally the required SLEs are completed by a range of assessors.

It is essential that if your assessor/evaluator has had no previous experience of assessment and feedback they also read this documentation and be aware of the principles of the purpose of feedback. The following videos give an overview of this and may be useful for them to watch prior:

The power of feedback: <https://www.youtube.com/watch?v=S770g-LULFY>

Types and purposes of feedback: <https://www.youtube.com/watch?v=CXGt53AGGng>

Feedback should take about 5-10 minutes. It should be conducted in a suitable, quiet environment immediately after the assessment and should be constructive. The assessor should summarise the feedback given together with agreed actions. **Again**, it must be emphasised that the most important purpose of the assessment exercise is to provide formative feedback (i.e. information that forms and develops the applicant's practice), offering a significant impact on learning.

Completing the required form: The assessor should summarise the feedback given together with agreed actions. It is essential the applicant reflect on your feedback and take a proactive approach to improving their practice.

Developing the Clinical Teacher Form

Trainee Name	
Trainee Registration Number:	

Post:

Date:

Title of Developing the Clinical Teacher:

Here you can record a brief, anonymous history to allow the SLE to be contextualised

Setting:

- Clinic
- Ward
- Journal Club
- Lecture
- Tutorial
- Other

Audience:

- Undergraduate Students
- Multidisciplinary Team
- Other

Focus of encounter:

- Preparation & setting (creating an appropriate environment for teaching, utilisation of resources)
- Teaching (clarity, logical sequence)
- Subject knowledge
- Ability to answer questions

- Interaction with group (gained their attention, facilitated group participation)
- Other

To be completed by Assessor

Feedback based on the behaviours observed:

Agreed action:

To be completed in by Trainee

Reflection:

Assessor's Name: _____

Assessor's e-mail: _____

Assessor's Position: Speciality Dentist/Doctor
 Consultant
 PDS/CDS Dentist

- Speciality Registrar
- Other

Appendix 11

Multisource Feedback Guidance for Applicants

Introduction

Applicants are expected to understand the range of roles and expertise of team members in order to communicate effectively to achieve high quality service for patients. A Multisource Feedback (MSF), also known as peer assessment or 360° assessment, is a method of assessing professional competence within a team-working environment and providing developmental feedback to the clinician.

The MSF comprises a self-assessment and the assessments of an applicant's performance from a range of co-workers. Most MSFs would expect a minimum of 10 raters and a self-rating. Raters are chosen by the applicant and should include a range of colleagues covering different members of the team and varied working environments (e.g., ward, theatre, outpatients, clinics and administration) but not patients.

A good MSF would include a senior colleague, a junior colleague and a colleague of a similar level of experience, dental care professionals that you work with (e.g., dental nurse, therapist, ward or theatre nurses) and members of administrative and management teams (e.g., receptionist, secretaries, operation managers). Not all raters will be able to complete the whole assessment, but should complete all questions that relate to interactions they have had with you.

When completing an MSF the rater can receive the assessment form either electronically or on paper. The completed form must be returned to a third party for collation so that it remains anonymous. This third person could be an administrator or a senior colleague. It is **essential** to have someone to discuss your collated feedback with you for learning and development.

Included in this guidance is an example of an MSF that can be used by applicants, but there are many others that are available and acceptable as evidence.

Multi-Source Feedback Form (Clinician Self-Assessment)

How do you rate yourself in:	Outstanding	Satisfactory	Development Required	Not applicable
Clinical Care				
1. History taking and examination skills				
2. Relevant knowledge and diagnostic skills				
3. Ability to formulate appropriate treatment plans and communicate clearly				
4. Clinical skills (operative)				
5. Record Keeping (timely, accurate, legible)				
Comments				
Maintaining good dental practice				
6. Ability to manage time and work under pressure				
7. Awareness of own limitations (willing to ask for help)				
8. Initiative and leadership skills				
9. Focus on patient safety (clinical governance)				
Comments				

Teaching and Learning				
10. Willingness to ask for feedback and learn from it				
11. Teaching (enthusiasm and effectiveness)				
Comments				
Relationship with patients and Colleagues				
12. Communication with patients and their relatives (conducting yourself in a professional way, being ethical and honest and treating patient with respect)				
13. Communication with colleagues (conducting yourself in a professional way, being ethical and honest and treating colleagues with respect)				
14. Active involvement with your team				
15. Accessibility and Reliability (available when on duty, responding quickly to emails/memos/requests)				
Comments				

Summary				
Overall, how do you rate yourself compared to other dentists at the same level with whom you have worked?				
Please give examples relating to areas in which you feel your performance is outstanding				
Please give specific examples relating to an area in which you feel your performance requires development.				

Appendix 12

Patient Assessment Questionnaires (PAQ) Guidance for Applicants

At least 20 PAQs are required to provide reliable feedback. We recommend that you ask a receptionist or equivalent to distribute and collect the PAQs to your patients. They should be distributed to a minimum of 20 consecutive patients. Once collated it is important you reflect on the responses in the questionnaires and learn from the feedback.

A sample PAQ form has been provided in this guidance for applicants.

Patient Assessment Questionnaire

Name of Dentist: _____

Thank you for taking the time to complete this confidential and completely anonymous questionnaire. It will give the dentist named above valuable information about how you feel so that he/she can improve the way they deliver your care.

Please use the 9 point scale (1 being very poor and 9 being excellent) to indicate how you feel the dentist has performed for each statement during your appointment today. If *you* have time, please add comments in the space provided at the foot of the form. Please indicate how well the dentist:

	Development Required			Satisfactory			Outstanding		
	1	2	3	4	5	6	7	8	9
Greeted you and made you feel welcome									
Helped you feel at ease									
Listened to you and to your questions									
Showed you respect and courtesy									
Explained treatment choices clearly and thoroughly to you in terms you understood									
Gave you time to think and ask questions									
Answered any questions you had									

Please also indicate

How confident you felt with the dentist

To what degree the appointment felt/did not feel rushed:

Would you recommend this dentist to a friend or member of your family?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Did you feel discriminated against in any way?

Please add comments below:

Appendix 13

Presentations

- International Level Presentations - For a presentation to qualify as 'international' it needs to have been at a recognised international meeting that rotates to different countries, e.g., Sweden, Australia etc.
- National Level Presentations - Presentations delivered on a national level refer to when an applicant has delivered a presentation in the country where their undergraduate education took place, or at their time of residence, e.g., if an applicant delivered a presentation in Sweden whilst undertaking their undergraduate education in Sweden, this cannot be classified as 'International' just because it is outside of the UK: it would be national. This is the case unless it was a recognised international meeting as defined above.
- The important consideration is the status of the conference/meeting, NOT where it took place. E.g Irish Orthodontics conference in Ireland would not be considered an international meeting, however, the international Orthodontic congress held in London would be classed as an international meeting.
- Regional - refers to presentations confined to, for example, the county, HEE local office/Deanery, health authority, or a recognised cluster of hospitals, extending beyond a city.
- Local - refers to presentations delivered as part of an institutional process, e.g., at a local trust/ hospital where you have been working, or at an educational institution setting.

Further details of specific courses are included in the applicant guidance for this section but it is not an exhaustive list.

Appendix 14

Publications

- In press - this means that your piece has been fully accepted for publication; no further alterations are required; and it is just waiting to be published. The PubMed ID or hyperlink must be included in the relevant field.
- PubMed - virtually all published articles relevant to medicine and dentistry will have a unique PubMed ID number (PMID) assigned to it. If a published article does not have a PMID, it is unlikely to be relevant here. The PubMed ID or hyperlink must be included in the relevant field.
- Peer-reviewed - this means that your piece has been sent to one or more independent reviewers prior to acceptance for publication. The PubMed ID or hyperlink must be included in the relevant field.
- Submitted article - this cannot gain any marks through this section because it is not known if it will be published.
- First author - this means first on the list of authors. The PubMed ID or hyperlink must be included in the relevant field.
- Joint first author - this is a specific definition and will be specified in the publication. The PubMed ID or hyperlink must be included in the relevant field.
- Co-author - this means that you are on the list of authors but are not first or joint-first author. The PubMed ID or hyperlink must be included in the relevant field.

Appendix 15

Quality Improvement

Quality improvement is a core component of many undergraduate and postgraduate curriculums. Numerous healthcare organisations, professional regulators, and policy makers recognise the benefits of training clinicians in quality improvement. It therefore can be implemented in a variety of job roles and settings.

Engaging in quality improvement enables clinicians to acquire, assimilate, and apply important professional capabilities such as managing complexity and training. It is a chance to improve care and develop professional skills such as management and leadership skills.

Definition of Quality Improvement

Healthcare organisations use a range of improvement methods that involve planning, doing, studying, and acting.

Quality Examples

Clinical Audit, Service Evaluations, Leadership projects, Patient Initiatives.

Requirements

Applicants are expected to understand the range of styles of quality improvement methods. Acceptable quality improvement projects are those whereby there has been evidence of planning, doing, analysing and acting with regards to improving the quality of care for patients.

In addition to the above applicants will also need to submit:

- Evidence of approval from a senior colleague or the relevant department in an organisation where the applicant has worked e.g. Approval from an NHS clinical governance department and project registration
- A summary of the project must also be provided including the following details:
 - Project title
 - Evidence of role in the project
 - Evidence of planning
 - Evidence of doing
 - Evidence of analysing
 - Evidence of acting