**Specialty Advisory Committee for the Additional Dental Specialties (SACADS) - Guide to Review of Competency Progression (RCP) Panels for Oral Medicine Specialty Training**

In response to the COVID pandemic, the Specialty Advisory Committees for the dental specialties were advised to produce review of competency progression (RCP) assessment guidance documents; these guidance documents are to sit outside of the existing specialty training curricula and provide more detailed, specialty specific material to guide trainees, trainers and RCP panels. The SACADS have produced this guidance document that is to be made available to all oral medicine specialty trainees and RCP panel members ahead of any RCP panel. The SACADS will endeavour to update this document on a regular basis and circulate it to the respective national RCP panel organising teams.

Full guidance on the RCP process is contained within the ‘Dental Gold Guide’ - [Dental Gold Guide 2021 - COPDEND](https://www.copdend.org/downloads-list/dental-gold-guide-2021-edition-copy/). It is recommended that all trainees, trainers and RCP panel members are familiar with the content of the Gold Guide.

RCP panels are normally convened on an annual basis – annual RCP (ARCP), but RCP panels are also convened during the intervening period for all trainees:

* Who received a non-standard outcome at their last RCP
* Who are ‘new start’ (ST1) trainees (should receive on RCP after around 6 months of starting training)

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**Appendix A**

SACADS – Oral Medicine National RCP Minimum Data Set

The following minimum data set has been agreed by the SACADS oral medicine sub-committee. The sub-committee agree that the following are the recommended minimum requirements for making an outcome decision during the RCP process. The sub-committee would like to highlight that the RCP panel in conjunction with the designated Postgraduate Dental Dean will have complete autonomy in the granting of outcomes to trainees, and the recommendations contained in this document are only to be treated as guidance.

**Minimum data set for oral medicine RCP panel:**

1. Up-to-date learning agreement
2. Up-to-date personal development plan (PDP)
3. Up-to-date curriculum vitae
4. Up-to-date copy of trainee rota(s) – this should be uploaded to the ‘rota’ section of the portfolio; it is important that trainees make it clear on their rota which sessions are designated for direct clinical care (clinics / clinical administration) and which are non-clinical sessions (education, governance activity, research etc.).
5. Clinical logbook summary – this should use the approved SAC template (see embed file) and must not contain patient identifiable data



1. Workplace Based Assessments (WBAs) – the minimum requirement over a 12 months’ review period is 12 WBAs (whole time equivalent). Trainees who are less than full time can have a pro rata reduction in the minimum number of WBAs.
2. Evidence of clinical governance activity e.g. quality improvement project / clinical audit / clinical governance activity
3. Evidence of management & leadership development and activity (trainees who are using the revised 2024 oral medicine curriculum should complete and attached the ‘generic curriculum passport’ – see embed file)



1. Evidence of teaching development and activity
2. Evidence of trainee reflective practice – this can include portfolio journal entries and trainee reflections in WBAs
3. Up-to-date log of continuing professional development (CPD) activity
4. Completion of initial, interim and final supervisor meetings with the assigned educational supervisor (ES), combined with the associated clinical supervisor (CS) reports. Should the ES be unable to provide a report, then as a minimum there should be a statement from an experienced educator (e.g. TPD), providing an assessment of the overall progression compared to curriculum requirements. Reports should give a holistic assessment, including the team’s view of the trainee progression, including the generic competencies.
5. Completion of multi-source feedback (MSF) and patient feedback - at least 2 within a 5-year training period
6. Academic supervisor (AS) report for academic clinical fellows (ACF) / Academic Clinical Lecturers (ACL) or other academic specialty training posts (this may take the form of either an ES report or CS report depending on the role of the AS). Should the AS be unable to provide a report, then as a minimum there should be a statement from an experienced educator (e.g. TPD), providing an assessment of the overall progression compared to curriculum requirements.
7. All trainees should complete the ‘Form R’
8. All trainees should complete the ‘self-declaration form’

**Appendix B**

SACADS – Oral Medicine RCP Decision Aid

The embedded file contains an RCP decision aid template based on the minimum data set as described in appendix A. In order to facilitate the RCP process, it is recommended that this decision aid is circulated to the RCP panel ahead of the panel meeting, combined with granting the panel access to the trainees’ ISCP portfolios. Moreover, the SAC recommends that panel members conduct an independent assessment of the trainees’ portfolios ahead of the panel meeting.



**Appendix C**

**Supervision Level Rating Scale**

This rating scale can be applied in order to make a global judgement of curriculum outcomes in the oral medicine specialty training RCP. Modified from the draft Oral & Maxillofacial Surgery specialty curriculum 2020.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Stage of Training** | **Minimum Requirement for Progression Towards Next Stage / Completion of Training**  **(Rating Scale)** | **Anchor statements** | **Trainer input at each supervision level** | | | |
| Does the trainee perform part or all of the clinic? | Is guidance required? | Is it necessary for a trainer to directly observe the trainee on the clinic? | Is the trainee performing at a level beyond that expected of a day one specialist? **b** |
| **Undergraduate** | **Supervision Level 1** | Able to observe only - no execution | no | n/a | n/a | n/a |
| **DCT 1-2** | **Supervision Level 2** | The trainee is comfortable with and is assessed by the trainer to be able and trusted to act with direct supervision - the supervisor needs to be physically present throughout the activity to provide direct supervision. | yes | all aspects | throughout | n/a |
| **ST1 – ST2** | **Supervision Level 3** | The trainee is comfortable with and is assessed by the trainer to be able and trusted to act with direct supervision - the supervisor needs to guide all aspects of the activity. This guidance may partly be given from another setting in exceptional circumstances (e.g remote supervision) but under normal circumstances the supervisor will need to be physically present. | yes | all aspects | will be necessary for part | n/a |
| **ST3 – ST4** | **Supervision Level 4** | The trainee is comfortable with and is assessed by the trainer to be able and trusted to act with indirect supervision - the supervisor does not need to guide all aspects of the activity. For those aspects that do need guidance, this may be given from another setting (e.g remote supervision). The supervisor is usually required to be physically present on site. | yes | some aspects | may be necessary for part | n/a |
| **ST5** | **Supervision Level 5** | The trainee is comfortable with and is assessed by the trainer to be able and trusted to act at the level of a day one specialist. | yes | None **a** | None **a** | n/a |
| **N/A** | **Supervision Level 6** | The trainee is able and trusted to act at a level beyond that expected of a day one specialist. | yes | None**a,b** | None **a,b** | yes |

1. This equates to the level of practice expected of a day one specialist in the NHS. It is recognised that advice from senior colleagues is an important part of specialist practice. Achievement of Supervision Level 5 indicates that a trainee is able to work at this level, with advice from their trainer at this level being equivalent to a consultant receiving advice from senior colleagues within a multidisciplinary team. It is recognised that within the context of a training system that trainees are always under the educational and clinical governance structures of the National Health Service.
2. Achievement of this level across the entirety of a training program would be rare, although free text could describe aspects of an activity where this level has been reached.