# The Gold guide for dental core and speciality training in the UK: a review

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### **Key points**

Provides an overview of the most recent edition of the *Dental gold guide* published in September 2021.

Gives a summary of the framework for dental core training and speciality training in the UK.

Is relevant to all those entering or undertaking dental core or speciality training, as well as those involved in providing training.

# **Abstract**

The Dental gold guide was originally developed in 2009 by the UK Committee of Postgraduate Dental Deans and Directors as a reference document for those undertaking specialist training within the UK. A similar document was later produced for dental core training in 2013, called the Silver guide. The documents act as a framework for training and outline the regulations and assessment processes. The latest edition of the Dental gold guide, published in September 2021, combines the original gold and silver guide documents, making it applicable to both speciality trainees and dental core trainees.

This review article summarises this most recent version of the guide, covering all areas of speciality and dental core training, including the responsibilities of those involved in training and recruitment and arrangements for less than full-time training, as well as a summary of the review of competency progression process. It is hoped to provide a user-friendly reference for both trainees and trainers within the UK.

### Introduction

In 2007, the first edition of *A reference guide for postgraduate foundation and speciality training in the UK*, also known as the *Gold guide*, was published.<sup>1</sup> It laid out the arrangements for postgraduate medical training in the UK and is now in its eighth edition, published in March 2020.<sup>2</sup> A separate *Dental gold guide* was subsequently developed to reflect the fundamental differences between medicine and dentistry. The first edition of the *Dental gold guide*, published in

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October 2009, laid out the arrangements for speciality training programmes in dentistry.<sup>3</sup> A similar document was later produced for dental core training (DCT) in 2013, called the Silver guide.<sup>4</sup>

The most recent edition of the Dental gold guide was published in September 2021.5 Developed by the Conference of Postgraduate Dental Deans and Directors (COPDEND), it lays out the agreements of the four UK health departments, although does not include information on pay or contractual issues. The guide is available on the COPDEND website (https://www.copdend.org).5 Unlike previous editions, the new Dental gold guide combines the previous gold and silver guides and therefore is applicable to all those involved in both UK postgraduate speciality training and DCT. At any one time, there is approximately 400 speciality trainees and 600 dental core trainees in the UK.4 DCTspecific information appears in blue text/ blue boxes in the new guide.

This paper is set out to summarise this recent 2021 version for a user-friendly

reference for trainees and trainers within the training process. While the document is applicable for all UK trainees, there are some national variations with regards to terminology and implementation. Readers of this review are encouraged to look to the full document for specific information.

# Roles and responsibilities in relation to training

Education and training in the UK is delivered by local education providers on behalf of the four UK health departments.

The General Dental Council (GDC) is responsible for quality assurance of speciality training. They have no regulatory responsibility for DCT; however, DCT programmes must ensure they are run in accordance with the GDC's Standards for the dental team and COPDEND's Curriculum for dental core training.<sup>6,7</sup>

The roles and responsibilities of those involved in training within the UK are outlined in Table 1.

Table 1 Roles and responsibilities		
Role	Responsibility	
General Dental Council	Quality assurance of dental speciality training     Does NOT quality assure dental core training or post-CCST	
Joint Committee for Postgraduate Training in Dentistry (through the Royal Colleges and SACs)	<ul> <li>Develops all speciality training curricula</li> <li>Develops assessments and examinations</li> <li>Makes recommendations to GDC on speciality training</li> </ul>	
Speciality training committees (STCs)	STC is usually speciality specific     Implement policy, standards and regulations for speciality training     Facilitate delivery of training programmes     Monitor trainee progress and review RCP outcomes     Forum for discussion on speciality training	
Postgraduate dental deans and associate postgraduate deans	Approval of dental core training programmes/posts     Quality management of core and speciality training     Appoints trainees, TPDs and STC chairs     Reviews trainees' progress     Makes recommendation to the GDC for award of CCST     Allocation and management of NTNS	
Training programme directors	<ul> <li>Appointed for maximum of six years</li> <li>Speciality specific</li> <li>Participate in local arrangements for management of training programmes</li> <li>Consider collective needs of the trainees</li> <li>Provide support to clinical and educational supervisors</li> <li>Contribute to ARCP process</li> <li>Assist PGDD with any trainees experiencing difficulties</li> </ul>	
Educational supervisors	Management of trainee's educational progress     Named trainer responsible for maximum of four trainees     Should understand educational theory techniques     Undertake appraisal/feedback and liaise with TPD     Develop trainees' learning agreement and objectives     Raise progress concerns with employer/ deanery     Liaise with TPD	
Clinical supervisors	Provide clinical supervision and support     Ensure trainee has sufficient experience for procedure undertaken     Teach, provide feedback and undertake competence assessments	
Academic supervisors	Responsible for overseeing trainee's academic work     Provide academic supervisor's report for ARCP	

# Entry to the specialist list

To be eligible for entry to one of the GDC's 13 specialist lists, dentists who complete UK speciality training must:

- · Be on the dentist GDC register
- Have successfully completed an approved programme with a national training number (NTN)
- Have successfully completed the agreed membership qualification by one of the Royal College of Surgeons, for example, a Membership in Orthodontics, Membership in Paediatric Dentistry, or Master of Research.

# Commencement of dental core and speciality training: recruitment

Entry to dental core and speciality training must be through open competition. Stakeholders involved in recruitment are:

- Postgraduate dental dean (PGDD)
- Employer higher education academy
- Relevant specialist advisory committee for speciality posts
- Host university for academic posts.

In England, all speciality and dental core trainees should be recruited through national recruitment which is overseen by national recruitment working groups. In Scotland, Wales and Northern Ireland, a local recruitment process is also permitted for speciality training posts. In this case, the interview panel should contain as a minimum:

- · PGDD/nominated deputy
- Lay representative
- · Royal College of Surgeons adviser
- University representative
- Training programme director
- NHS/Trust/health board representative
- HR support.

If there are DCT vacancies following national recruitment a local recruitment process can occur. However, in England, these posts will not be recognised by Health Education England as training posts. The interview panel is determined by the PGDD.

For academic dental and speciality training posts, recruitment usually involves national benchmarking through the national recruitment process and a separate local selection process, for example, an academic clinical fellow.

A person specification should be available and outline the skills and aptitudes required and criteria that will be used to select candidates. A job description should be provided by the employing organisation. It must include a timetable, as well as details of additional costs borne by the trainee, such as university and examination fees.

The recruitment selection process aims to identify and rank those most likely to complete training successfully. When multiple posts are available, candidates are asked to preference the posts they wish to be considered for. Posts can be accepted with an option to upgrade to a higher preference post, should it become available. Offers for placement onto a training programme is not an offer of employment which must be made by an employing organisation.

# **National training numbers**

Following appointment, all dental speciality trainees must complete a registration for postgraduate training form (Form R) which will initiate issuing of a national training number (NTN). These are allocated by the PGDD and are only issued if the trainee has competed through national recruitment. They are speciality- and location-specific, which are unique to the trainee for the duration of their speciality training.

The purpose of the NTN is to:

- Enable educational planning and management. It allows PGDDs to keep track of trainees' progress and location
- Provide workforce information.

NTNs are made up of four elements, describing: the identifying deanery; speciality; GDC number; and whether a trainee is in speciality training, post-certificate of completion of specialist training (post-CSST), or an academic post. There are currently no NTNs for DCT posts.

### Box 1 Function and purpose of the RCP process

- Reviewing and recording evidence of trainees' progression and performance
- Must include a report from the trainee's educational supervisor(s), reviewing assessments and achievements
- To formally consider any time taken out of training and possible extensions to training
- Assess suitability of the trainee to progress to the next stage of training and enables the PGDD to recommend award of CCST from the GDC

An example of an NTN would be NWE/062/000/C, with the structure:

- NWE = location
- 062 = speciality code (here, orthodontics)
- 000 = individual ID
- C/P/A = one letter only specialty training registrars/post-CSST/academic.
- A trainee's NTN number will be withdrawn when a trainee:
- Has successfully completed their training programme
- Is deemed by the PGDD as not being suitable to continue speciality training
- Has not met the conditions of taking up a speciality/post-CCST training post
- Does not hold GDC registration or has had their name erased/suspended from the GDC register or has been placed under restrictions
- Is dismissed by an employer
- Resigns from a training programme.

Trainees should receive confirmation of withdrawal of their NTN in writing from the PGDD, as well as the reasons for its withdrawal.

# Breaks in training/out of programme

Speciality trainees can request time out of training, which may have an impact on their completion date (CCST date). Reasons for this can include maternity/paternity/adoption leave, sick leave, or as an out of programme (OOP) career break (OOPC), clinical experience (OOPE), research (OOPR) or training (OOPT).

In a 12-month period, absence for ten working days or more will trigger a review of their completion date. Permission for time out of training must be agreed by the PGDD. Trainees will retain their NTN for the agreed time and must continue to submit an annual report from the named supervisor to the review of competency progression (RCP) panel.

If a trainee is unable to continue with training for a continuous period of two years,

the PGDD will determine if the NTN should be withdrawn. Academic trainees are permitted up to four years out of programme for research.

# Less than full-time training

All appointed trainees are eligible to apply for less than full-time (LTFT) training but it is not guaranteed and is dependent on service needs/ training capacity. Trainees are usually required to undertake no less than 50% of full-time training but is at the discretion of the PGDD. A well-founded individual reason for applying for LTFT training is generally required.

LTFT training is divided into two categories in the dental guide as outlined in Table 2. Trainees in LTFT training are not prevented from undertaking additional work, so long as it does not impact negatively on their training.

In some medical specialties, a third category for LTFT training has been introduced, which allows trainees to request a period of LTFT training for personal reasons and allows greater flexibility. This has not been utilised in the current edition of the *Dental gold guide* but is worth noting.

# Review of competency progression process

The RCP is used to allow dental core or speciality trainees to progress through training. This is a formal process, in which evidence of training progression is reviewed by the RCP panel. The purpose of the process is to ensure that the requisite competencies are being gained at the appropriate rate and

via appropriate experience. It is applicable to dental core trainees and dental speciality trainees with a NTN, including post-CCST trainees. DCTs should have an RCP in the first six months and at the end of their training year. Speciality trainees should have an annual review of competency progression (ARCP).

The function of the RCP process is outlined in Box 1.

The RCP panel comprises of:

- PGDD or associate dental dean also acts as chair for the panel
- Training programme directors
- External member from the relevant speciality advisory committee
- Lay representative who will review the process and conduct of the panel
- Academic member (for academic trainees)
- For dental core trainees, an associate postgraduate dean from another deanery should be in attendance.

In order to prepare for the RCP, trainees should document their evidence of progression by maintaining and updating a logbook. UK speciality trainees regularly use the online Intercollegiate Surgical Curriculum Programme (ISCP) as a digital logbook.<sup>8</sup> It is worth noting that logbooks are not always compulsory for DCTs and may be deanery/region-specific.

Dental core trainees do not use ISCP and instead use Dental ePortfolio to record their progression (https://dentaleportfolio. hee.nhs.uk). There is no cost to using this system as opposed to ISCP, which does have an annual fee that is usually financed by the speciality trainee.

Types of evidence include:

- Work based assessments:
  - o Case-based discussions
  - o Clinical evaluation exercises
  - Direct observation of clinical skills
- · Assessment of clinical audit
- Assessment of teaching
- Review of presentations completed
- Review of publications completed
- Review of research project (if applicable).

Table 2 Reasons for LTFT training		
Category 1	Category 2	
Disability	Unique personal/professional development opportunity, for example, athlete	
III health	Religious commitment	
Caring for children	Non-medical development, for example, management/law courses	
Caring for ill/disabled partner, relative or other dependent	Other well-founded reason	

Trainees should have regular meetings with their educational supervisors (ESs) throughout each year to ensure appropriate progress is being made and their e-portfolio is up to date. The portfolio should also include a CV and a personal development plan.

Finally, the ES will submit a report of progress based on the e-portfolio and clinical reports, which will form the basis of the panel review.

Currently, in most regions, trainees do not routinely need to attend the RCP process in person, unless there are progress concerns. The panel will review the portfolio evidence, together with the ES report, and will issue an outcome as an overall result. The outcomes are listed in Table 3.

Although not contained within the *Gold guide*, additional outcomes (outcome 10) were introduced in 2020 in recognition that a trainee's progress and outcome of the RCP may have been impacted by COVID-19.

Outcome 10.1 recognises that the trainee has been making progress in their training but there has been delay in the acquisition of competencies/capabilities due to COVID-19. This outcome can be provided at any stage of training as long as the trainee is not considered at a critical point in their training.

Outcome 10.2 can be awarded when a trainee is at the end of their training but, where due to COVID-19, a critical progression point criterion has not been achieved and therefore additional training time is required.

# Appealing the RCP outcome

Following issuing of an RCP outcome, trainees have the right to request a review or appeal the outcome. Requests for reviews or appeals must be made in writing within ten working days of being notified of the panel's decision. Outcomes 3, 4, 7.3 and 7.4 can appeal an outcome.

### **Examinations**

As part of speciality training, the GDC approves a relevant examination to be completed and successfully passed at the end of training. A speciality trainee is only eligible to sit the speciality exams if they meet the following criteria:

• Have been signed up for the examination by the postgraduate dental dean

- Have completed the prescribed minimum period of training
- Must have an NTN and be on a recognised training programme.

# **End of training**

At the beginning of training, the speciality trainee will be given an anticipated CCST date, which indicates the length of training. The date will only be altered if:

- There is a break in training of over two weeks
- ARCP outcome 3 is awarded.

There are three possible ARCP outcomes at the end of training:

- 4W (NTN withdrawn)
- 4VR (voluntary withdrawal)
- 6 (successful completion of training).

# Period of grace

Every speciality trainee can request a period of grace. This period can be up to six months.

The aim of the period of grace is to allow trainees who have completed their training

time to look for suitable employment and is not a period of training. The trainee must apply for their grace period in writing to the PGDD, six months before the start of the grace period.

During a grace period:

- The postgraduate dental dean can move the trainee to an empty post or provider where service delivery is needed
- If the trainee wishes to leave their post before the end of the agreed period of grace, they are required to give their employer the period of notice as specified by their contract of employment
- Under exceptional circumstances, the postgraduate dental dean may agree to another period of grace for a further six months.

### Conclusions

This article has summarised the 2021 edition of the *Dental gold guide* which now applies to both dental core trainees and speciality trainees. All trainees and trainers in the UK should be familiar with this guidance and its recent changes.

Table 3 RCP outcomes			
No.	Outco	Outcome	
Outcome 1	Satisfactory progress – achieving competencies at the expected rate		
Outcome 2	Requires development of specific competencies, but no extension of training required. For DCT this outcome is only applicable at a six-month interim RCP		
Outcome 3	Inadequate progress of specific competencies and does require extension to training. For dental core training, extensions are at the discretion of the PGDD		
Outcome 4	W	Inadequate and sustained lack of progress – trainee is released from the training programme	
	VR	Trainee voluntarily resigns from training programme	
Outcome 5	Incomplete evidence presented – progress is unclear as the portfolio has incomplete information		
Outcome 6	Recommendation for completion of training – all required competencies gained		
Outcome 7	For trainees in post-CCST training posts		
	7.1	Satisfactory progress/completion of post	
	7.2	Requires development of specific competencies but no extension of training required	
	7.3	Inadequate progress of specific competencies for this period – trainee will need to repeat this period of training	
	7.4	Released or resigned from training programme	
	7.5	Incomplete evidence presented – progress is unclear as the portfolio has incomplete information	
Outcome 8	Out of programme time. This could be awarded if a trainee is taking a break from training for OOPE, OOPR, OOPC, or OOPT		
No outcome issued	This is recorded when a trainee is out of training for statutory leave (eg maternity/paternity/adoption or sick leave)		

# **EDUCATION**

### Author contributions

Emer Byrne, Naomi Prado and Sarah Glossop were responsible for the manuscript writing, editing and revisions. David Waring was responsible for editing of the manuscript.

#### Ethics declaration

 ${\it The authors declare no conflicts of interest.}$ 

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