

SPECIALTY TRAINING CURRICULUM DENTAL PUBLIC HEALTH

February 2010

Specialist Advisory Committee for Dental Public Health
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**Curriculum Development for Specialist Training
in Dental Public Health
February 2010**

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Introduction

Dental Public Health (DPH) is concerned with the oral health of a population rather than individuals and has been defined as the science and art of preventing oral diseases, promoting oral health and improving the quality of life through the organised efforts of society.

Dental Public Health in the UK is a dental specialty overseen by the General Dental Council (GDC) and Dental Public Health Specialists must be registered on the specialist list in Dental Public Health of the GDC. The award of the Certificate of Completion of Specialist Training (CCST) will require evidence of satisfactory completion of training in all aspects of Dental Public Health which are outlined in this curriculum.

The curriculum takes as its guidance a number of documents including:

- The Postgraduate Medical Education and Training Board's (PMETB) *Standards for Curricula*
- The PMETB's Principles for an Assessment System for Postgraduate Medical Training Principles for an Assessment System for Postgraduate Medical Training
- The Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom *Public Health Training Curriculum 2007*
- *Medical leadership competency framework*, jointly developed by the Academy of Medical Royal Colleges and NHS Institute for Innovation and Improvement,
- Skills for Health *Career framework*
- Draft guidance from 'A Guide to Postgraduate Dental Specialty Training in the UK 2009' (Gold Guide).

Standard 1 - Rationale

1.1 Purpose of the curriculum

The purpose of the curriculum is to outline the scope, delivery and assessment of the training required to enable a dentist to be recognised by the GDC as a Specialist in Dental Public Health in the UK. The guidance contained herein is intended to be used:

- By Postgraduate Deaneries
 - In approving training programmes leading to the award of a CCST in Dental Public Health.
 - In the evaluation of prior training, experience and skill to inform the appropriate duration of training.
- For the information of trainees and trainers.

All examinations and assessments undertaken during training will be clearly linked to the content of the curriculum.

1.2 Curriculum Development

This curriculum has been developed to PMETB/SDEB standards by a Curriculum Development Working Party set up by the Specialist Advisory Committee in Dental Public Health, with input from the GDC and membership of the British Society for the Study of Community Dentistry UK Consultants Group. All trainers and trainees, Intercollegiate Specialty Fellowship Examination (ISFE) Board members, teachers of Dental Public Health in Dental Schools in the UK and lay representatives appointed by the Department of Health were consulted and invited to comment on the content of the curriculum.

This has also been supplemented by a workshop at a recent Training the Trainers course involving 30 specialists in Dental Public Health and a gap analysis by NHS managers and Department of Health Policy leads to identify areas in which Dental Public Health (DPH) specialists should expand their expertise as part of the Department of Health Capacity and Capability in Dental Public Health Project.

The teaching and learning methods were also chosen following engagement of key stakeholders and were chosen to be as aligned to the delivery of the role trained for by using a project based approach

The specialist training period will follow after a minimum of 2 years dental foundation training post qualification as a dentist. Currently dental trainees are expected to complete vocational training during this period. It is desirable that during the early training years the individual has experienced work in as many sectors of dental provision as possible. Initial post qualification training will provide a basis for the individual to develop into a lifelong learner who is capable of self reflection and self directed learning. It will provide the basis of further ongoing development in speciality training in the field of Dental Public Health.

During training trainees will be expected to adhere to the requirements of the GDC's "Standards for Dental Professionals".

1.3 Linkage to previous stages of education and training: criteria for selection and entry to specialist training in Dental Public Health

Appointment to specialist training programmes must be via open competition through a properly constituted Appointments Committee. The selection process should be designed to identify candidates most likely to complete the programme successfully. Although evidence may be sought or presented in relation to excellence in terms of motivation and career commitment, there is no requirement for the prior completion of any particular post.

Candidates will be eligible for consideration for entry into specialist training in Dental Public Health provided that they are on the General Dental Council Dentists Register and can demonstrate that they have the required broad based training, experience and knowledge. The specialty training period will follow a minimum of 2 years' post-qualification dental foundation training. While the Diplomas of Membership of the Joint Dental Faculties (RCS England), the Faculty of Dental Surgery (RCS Edinburgh/RCPS Glasgow) or the Faculty of Dentistry (RCS Ireland) remain useful indicators of completion of this period, it is not essential that a candidate holds one of these qualifications. It is recognised that the competencies specified in the Curriculum for UK Dental Foundation Programme Training may be demonstrated in other ways. Those seeking entry in this way will have to demonstrate evidence of equivalent training and experience against each competency area specified in the UK Dental Foundation Curriculum.

1.4 Duration of training

It is expected that a dentist who enters whole-time specialty training in Dental Public Health with no relevant prior learning, training or experience in the specialty will complete training in 4 years. One year is a period of academic study in a recognised course which may be a Masters in Public Health/Dental Public Health. Where individuals undertake a Masters in Public Health, which does not include a dental module, they will be expected to undertake, and be examined in, an appropriate dental module.

For academic training posts the period to acquire a PhD is additional to the usual DPH training period unless the subject matter for the PhD gives evidence of learning towards achievement of outcomes required.

Less than full-time training is welcomed and is the term used to describe doctors and dentists undertaking training on a flexible basis, normally between five and eight sessions per week. Dentists can apply for less than full-time training if they can provide evidence that "training on a full-time basis would not be practicable for well-founded individual reasons".

For Specialist Trainees, the regulations governing less than full-time training are outlined in section 6 of A Reference Guide for Postgraduate Dental Specialty Training in the UK (2009) (the Gold Guide).

Trainees must have their flexible training approved by the local Postgraduate Dental Dean for 'Less than full time' training before beginning their flexible training. The local Postgraduate Dental Dean may seek advice from the SAC with regard to the amended length of training.

The overall length of training prescribed for an individual trainee may be modified by the possession of relevant prior learning, training and experience. Formal approval, based on the learning outcomes detailed in this curriculum, must be obtained from the local Postgraduate Dental Dean. The SAC in Dental Public Health will advise Postgraduate Deaneries on matters pertaining to prior learning, training and experience in relation to the duration of specialty training.

Standard 2 - Content of learning

This curriculum states the intended content, experiences, processes and learning outcomes of specialty training programmes in Dental Public Health, including a description of the structure and expected methods of learning, teaching, feedback and supervision. It sets out what knowledge, skills, attitudes and behaviours the trainee will achieve. It is, however, accepted that programmes will vary in the extent to which they provide exposure to particular aspects of training.

It is expected that the trainee will, prior to entry to training and during training, demonstrate that they comply with GDC Standards for Dental Professionals. The generic learning outcomes specified as learning outcomes of this curriculum, therefore, specifically pertain to the practice of Dental Public Health. The key areas of good Dental Public Health practice which have been developed using the key areas of good public health practice identified by the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom are listed below.

Key areas of good Dental Public Health practice:

1. Oral health surveillance
2. Assessing the evidence on oral health and dental interventions, programmes and services
3. Policy and strategy development and implementation
4. Strategic leadership and collaborative working for health
5. Oral health improvement
6. Health and public protection
7. Developing and monitoring quality dental services
8. Dental Public Health intelligence
9. Academic Dental Public Health
10. Appropriate decision-making and judgement
11. Appropriate attitudes, ethical understanding and legal responsibilities
12. Role within the Health Service
13. Personal Development

The following tables detail the content of the curriculum grouped by these key areas of good Dental Public Health practice.

The Appendix to this document provides further detail regarding the means by which individual learning outcomes may be assessed – this provisional assessment strategy will be further developed over the next two years.

Each learning outcome should be prefaced by: *“On completion of training, the Specialist in Dental Public Health ...*

2.1 Specialty specific content

2.1.1 Oral Health Surveillance

KNOWLEDGEshould be able to describe:	SKILLSshould be able to:	ATTITUDES and BEHAVIOURSshould:	TEACHING AND LEARNING METHODS	ASSESSMENT
<ul style="list-style-type: none"> • the principles of oral health needs assessment • the principles of dental epidemiology • the determinants of disease • health impact assessment • health equity audits 	<ul style="list-style-type: none"> • apply knowledge of dental epidemiology in the planning, execution and interpretation of dental surveys • undertake oral health needs assessment 	<ul style="list-style-type: none"> • demonstrate an awareness of health and social inequalities • demonstrate an understanding of the value and limitations of epidemiological studies 	EC PW SEL	EA ISFE OSDHPE PDP WBA

2.1.2 Assessing the Evidence on Oral Health and Dental Interventions, Programmes and Services

KNOWLEDGEshould be able to describe:	SKILLSshould be able to:	ATTITUDES and BEHAVIOURSshould:	TEACHING AND LEARNING METHODS	ASSESSMENT
<ul style="list-style-type: none"> • the principles of evidence based practice • the principles of searching for evidence • the principles of critical appraisal 	<ul style="list-style-type: none"> • undertake critical appraisal. • retrieve, select and assimilate appropriate evidence • develop evidence based clinical guidelines • apply evidence base to practice 	<ul style="list-style-type: none"> • demonstrate an understanding of the need to use evidence in the support of health care policy decisions 	EC PW ST	EA ISFE OSDPHE WBA

Key:

Teaching and Learning methods

EC = External Course; PBL = Problem Based Learning; PW = Project Work; SEL = Self Experiential Learning; ST = Structured Training (equivalent to clinical teaching/supervision)

Assessment methods

EA = External assessment – e.g. MPH; ISFE = Intercollegiate Specialty Fellowship Examination; MSF = Multi-Source Feedback; OSDPHE = Objective Structured Dental Public Health Examination (scenarios); PDP = Personal Development Portfolio; WBA = Workplace-Based Assessment (e.g. directly observed practical skills; case discussion; project based assessment)

2.1.3 Policy & Strategy Development, & Implementation

KNOWLEDGEshould be able to describe:	SKILLSshould be able to:	ATTITUDES and BEHAVIOURSshould:	TEACHING AND LEARNING METHODS	ASSESSMENT
<ul style="list-style-type: none"> • national healthcare systems • local and national policies • health impact assessment • policy and strategy development • healthcare economics • sources of information relevant to policy and strategy development and its implementation • consultation and engagement processes • financial and planning cycles • decision making processes and associated structures 	<ul style="list-style-type: none"> • manage and implement change • identify and engage key stakeholders • involve patients & the public • lead development of a policy • implement policy • apply healthcare economics to appropriate dental issues • develop an oral health strategy • implement oral health strategy 	demonstrate the ability to recognise and engage with appropriate stakeholders	PBL PW SEL	EA ISFE PDP WBA

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2.1.4 Strategic Leadership & Collaborative Working for Health

KNOWLEDGEshould be able to describe:	SKILLSshould be able to:	ATTITUDES and BEHAVIOURSshould:	TEACHING AND LEARNING METHODS	ASSESSMENT
<ul style="list-style-type: none"> • effective and appropriate leadership styles in different settings and organisational cultures • strategic management theory • their own leadership style and personality type 	<ul style="list-style-type: none"> • demonstrate effective leadership • demonstrate collaborative working • work as an effective team member • solve problems • develop partnerships and networks • manage people appropriately • transform services by championing and orchestrating change • make decisions aligned with vision, values and evidence 	<ul style="list-style-type: none"> • demonstrate the ability to recognise when to use different leadership styles • demonstrate a non-judgemental approach • work collaboratively • demonstrate multi-sectoral working 	EC PW SEL	EA ISFE MSF OSDPHE PDP WBA

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2.1.5 Oral Health Improvement

KNOWLEDGEshould be able to describe:	SKILLSshould be able to:	ATTITUDES and BEHAVIOURSshould:	TEACHING AND LEARNING METHODS	ASSESSMENT
<ul style="list-style-type: none"> • the theory of community development and action • evidence for effective health promotion and oral health promotion • effective methods of health promotion and oral health promotion • the politics and processes associated with water fluoridation • the appropriate stakeholders relevant to a given situation 	<ul style="list-style-type: none"> • evaluate and address inequalities in health • plan, implement and evaluate evidence based preventative programmes • promote oral health within a general health promotion context • advocate for oral health improvement within improvement of systems for general health • play an active role in engaging the public /population in solving their own health problems 	<ul style="list-style-type: none"> • demonstrate an understanding of ethics of health improvement methodologies • show awareness of inequalities in health • recognise the health context of the population to meet their needs • recognise common risk factors • demonstrate appropriate approaches to engaging stakeholders • demonstrate balance between the evidence base and pragmatism 	PBL PW SEL	EA ISFE OSDPHE WBA

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2.1.6 Health & Public Protection

KNOWLEDGEshould be able to describe:	SKILLSshould be able to:	ATTITUDES and BEHAVIOURSshould:	TEACHING AND LEARNING METHODS	ASSESSMENT
<ul style="list-style-type: none"> • current regulation, guidance and best practice in managing common risks across dental services • the dental public health role in managing major incidents • dental list management regulations and procedures • appropriate partners in the management of risk 	<ul style="list-style-type: none"> • undertake risk management in the context of infection control in dentistry • provide appropriate advice relating to patient and public safety 	<ul style="list-style-type: none"> • show appropriate judgement in assessing risk • work collaboratively in a multi-agency setting 	EC SEL	EA ISFE MSF PDP

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2.1.7 Developing & Monitoring Quality Dental Services

KNOWLEDGEshould be able to describe:	SKILLSshould be able to:	ATTITUDES and BEHAVIOURSshould:	TEACHING AND LEARNING METHODS	ASSESSMENT
<ul style="list-style-type: none"> • clinical governance systems • the role of Dental Practice Advisors • the role of the agencies involved in payment and monitoring of dental services • the sources of information to support quality • audit systems and other approaches to monitoring and improving quality • procurement of dental services • service review methodology • the value and limitations of quality indicators 	<ul style="list-style-type: none"> • develop clinical governance systems • address poor clinical performance appropriately • commission and undertake audit • prepare service specification • identify and monitor dental outcomes associated with quality • give professional advice to:- <ul style="list-style-type: none"> ○ Public ○ Healthcare bodies ○ Commissioners of services ○ Local Authority • manage performance of dental contracts • secure appropriate dental services relevant to need • undertake service review and evaluation 	<ul style="list-style-type: none"> • demonstrate objectivity • demonstrate transparency in commissioning processes • show commitment to completing projects 	PW ST	EA ISFE OSDPHE PDP WBA

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2.1.8 Dental Public Health Intelligence

KNOWLEDGEshould be able to describe:	SKILLSshould be able to:	ATTITUDES and BEHAVIOURSshould:	TEACHING AND LEARNING METHODS	ASSESSMENT
<ul style="list-style-type: none"> • sources of information/data relevant to DPH • areas where there is a lack of valid and reliable data to inform the practice of DPH • limitations and use of data sources 	<ul style="list-style-type: none"> • use sources of information relevant to DPH • set and monitor performance indicators • manage information and use Information Technology • undertake statistical analysis • draw valid inferences from quantitative and qualitative analysis • interpret and share information/data appropriately 	<ul style="list-style-type: none"> • show a critical approach to data demonstrating an awareness of limitations of information • use data responsibly • convey information to different people in an appropriate way 	PW ST SEL	EA ISFE OSDPHE MSF WBA

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2.1.9 Academic Dental Public Health

KNOWLEDGEshould be able to describe:	SKILLSshould be able to:	ATTITUDES and BEHAVIOURSshould:	TEACHING AND LEARNING METHODS	ASSESSMENT
<ul style="list-style-type: none"> • adult learning theory • research methodology • research ethics 	<ul style="list-style-type: none"> • teach and examine in Dental Public Health • conduct dental public health research and develop bids for research funding • apply for ethical approval • publish research • draw conclusions and make recommendations from the research of others • evaluate health service projects 	<ul style="list-style-type: none"> • support and promote local research projects • support wider public health teaching and training • demonstrate an integrated health services and academic approach to dental public health practice 	PW ST SEL	EA MSF OSDPHE PDP WBA

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2.2 General professional content

2.2.1 Appropriate decision making and judgement

KNOWLEDGEshould be able to describe:	SKILLSshould be able to:	ATTITUDES and BEHAVIOURSshould:	TEACHING AND LEARNING METHODS	ASSESSMENT
<ul style="list-style-type: none"> • decision making theory and recognise its limitations • models of decision making 	<ul style="list-style-type: none"> • apply decision making models appropriately • conduct SWOT analysis 	<ul style="list-style-type: none"> • demonstrate: <ul style="list-style-type: none"> • application of decision making theory to practice • demonstrate public health values and an ethical approach in decision making • the ability to cope with uncertainty • show political awareness in decision making 	PW SEL ST	EA ISFE MSF OSDPHE WBA

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2.2.2 Appropriate attitudes, ethical understanding and legal responsibilities

KNOWLEDGEshould be able to describe:	SKILLSshould be able to:	ATTITUDES and BEHAVIOURSshould:	TEACHING AND LEARNING METHODS	ASSESSMENT
<ul style="list-style-type: none"> • legal responsibilities • GDC structures • indemnity organisation • Statutory Instruments (SI) • diversity • GDC regulations • fraud and probity • the role of the Care Quality Commission • health care organisations (PCT/SHA/ Health Boards) • medical ethics • organisational structure, internal power relationships and process 	<ul style="list-style-type: none"> • mediate • regulate • collaborate • give advice 	<ul style="list-style-type: none"> • have a population focus and be focused on patients and the public • use ethical principles and act ethically • demonstrate respect for colleagues • show respect for diversity • show objectivity • show integrity • show understanding • be non-judgemental 	EC ST	EA ISFE MSF WBA

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2.2.3 Role within the Health Service

KNOWLEDGEshould be able to describe:	SKILLSshould be able to:	ATTITUDES and BEHAVIOURSshould:	TEACHING AND LEARNING METHODS	ASSESSMENT
<ul style="list-style-type: none"> • healthcare and dental education systems • the areas of health services in which Dental Public Health plays and advisory and leadership role • the key relationships within the health service for Dental Public Health 	<ul style="list-style-type: none"> • act as a role model, mentor, teacher and researcher • demonstrate responsibility for the enhancement of dental service quality • act as a dental leader • be part of well developed dental networks 	<ul style="list-style-type: none"> • demonstrate Dental Public Health leadership 	EC PW	EA ISFE MSF WBA

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2.2.4 Personal Development

KNOWLEDGEshould be able to describe:	SKILLSshould be able to:	ATTITUDES and BEHAVIOURSshould:	TEACHING AND LEARNING METHODS	ASSESSMENT
<ul style="list-style-type: none"> • their own learning styles • multi-source feedback and appraisal processes • their personality types • how to give and receive feedback • GDC requirements 	<ul style="list-style-type: none"> • manage their own time effectively • identify own strengths and weaknesses • act on feedback • adapt to change • be an active listener • manage conflict • negotiate 	<ul style="list-style-type: none"> • be a self directed learner capable of reflective practice and be able to satisfactorily measure self performance • be self aware <ul style="list-style-type: none"> - reflective of own competence - identify own emotions and prejudices and understands how these may affect their judgment and behaviour • be self confident • demonstrate: <ul style="list-style-type: none"> • flexibility • motivation • drive and commitment • initiative • advocacy • achievement • demonstrate ability to build and maintain relationships 	EC SEL ST	EA MSF PDP WBA

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2.3 Assessment Strategy

Throughout training, an integrated system of assessments, blueprinted against and supporting this curriculum will be employed to measure the trainee's progress or level of achievement against agreed criteria. Learning towards desired outcomes will take place to ensure progression on the "knows" to "knows how" to "shows" to "shows how" continuum. Projects will be chosen at the appropriate stage of training to facilitate this. A variety of methods will be used to provide evidence of knowledge, skills, attitudes and behaviours, for example the maintenance of a personal development portfolio, workplace-based assessments and specialist examinations, the latter being administered by the Dental Faculties.

The principal form of continuous assessment of progress and competence will be workplace-based assessments throughout the entire duration of training. The scheme for workplace-based assessments will follow the scheme developed by the Faculty of Public Health. The principle of workplace-based assessment is that trainees are assessed on work that they are doing on a day-to-day basis and that the assessment is integrated into their daily work.

It is anticipated that workplace-based assessments (WBA) will include Direct Observation (DO), Case Discussion (CD) and Project Based Assessment (PBA – broadly equivalent to clinical procedure based assessment and may for example include written reports). Current best practice suggests the pattern of assessment indicated in the table below [Norcini JJ. Workplace-based assessment in clinical training. ASME, 2007] which has been adopted by the Specialty of Paediatric Dentistry and that 4-6 of these assessments are conducted by different assessors:

WBA format	Number per year
DO	6 continuing procedures (in the case of DPH this would be 6 activities within ongoing projects, e.g. chairing a meeting)
CD	6
PBA	4

Attitudes and behaviours will be assessed through the methods below and DO.

Assessing Attitudes and Behaviours

ARCP

Appraisal

Personal Development Portfolio

Multi-Source Feedback, .e.g. 360° appraisal

Summative assessment will occur annually by way of Objective Structured Dental Public Health Examination (scenarios, discussion of project work and critical appraisal assessment) which will also act as preparation for the Intercollegiate Specialty Fellowship Examination.

The SAC in Dental Public Health, in conjunction with the Dental Faculties, will be responsible for developing a detailed assessment blueprint, ensuring that there is adequate sampling across the curriculum; they will also ensure standardisation between

trainers/examiners and sites through the provision of robust ‘Training the Trainers’ and examiner training programmes.

The assessment process is **initiated by the trainee**, who should identify opportunities for assessment throughout their training. The trainee should therefore choose the assessment tool, the procedure and the assessor. Assessments should be undertaken by a range of assessors and should cover a broad range of activities and procedures appropriate to the stage of training.

Assessment methods

Abbreviation	Description
EA	External Assessment – e.g. MPH
ISFE	Intercollegiate Specialty Fellowship Examination
OSDPHE	Objective Structured Dental Public Health Examination (scenarios)
MSF	Multi-Source Feedback - this may involve formal 360 ⁰ feedbacks or feedback from trainers for an annual assessment by the Educational Supervisor or Programme Director
PDP	Personal Development Portfolio
WBA	Workplace-Based Assessment – these may take a number of forms, three examples are given below:
CD	Case Discussion
DO	Directly Observed practical skills
PBA	Project Based Assessment

An assessment framework is included as an appendix which mirrors that of the public health assessment framework structure to identify the method for each outcome. There is a need to consult widely within the speciality to get wide sign up to the assessment tool for each area and complete that framework. Further assessment tools appropriate to the dental public health outcomes identified in this curriculum are under development which can be used by trainees to ensure that they meet required standards for a piece of work and be used by trainers as an objective assessment of performance. These will be tested and finalised over the next two years.

Formative assessment and feedback takes place during the required regular service progress meetings between trainer and trainee. Regular monitoring of progress (at least once prior to each ARCP) will take place by trainers. The completion of project sheets will document learning experiences and outcomes of each project forming a portfolio of experience to support evidence of achievement of outcomes with a description of the projects and other work undertaken and a reflective summary of the component parts.

Integration of the different demands in increasingly complex situations will be assessed in the final stages of training to assure that the trainee is able to practice at Specialist level rather than simply in the delivery of more clearly defined projects.

Exit examination ISFE

Specialty Registrars (StRs) are required to be successful in the Intercollegiate Specialty Fellowship Examination (ISFE) before completion of the programme as a summative assessment. The regulations for this assessment are available from the examining body.

Examiners receive specific mandatory training prior to participating in assessment. Training Programme Directors are required to confirm that candidates have demonstrated progress in all outcomes to the level of Specialist prior to submission for the examination.

Completion of training

Postgraduate Dental Deans are responsible for monitoring the continuous assessment of current trainees through the ARCP process. Once the Postgraduate Dental Dean is satisfied that the trainee has satisfactorily completed all necessary assessments including the ISFE exit examination he/she will forward a recommendation for award of CCST to the GDC. If the GDC accepts the recommendation, it will issue the CCST and will place the applicant's name on the relevant Specialist List once the appropriate application form and payment has been collected from the applicant.

Standard 3 - Models of learning in Dental Public Health

The majority of the curriculum will be delivered through work-based experiential learning though Dental Public Health trainees will undertake their learning in several ways:

- Learning at formal, timetabled and protected events including a Masters in Public Health/Dental Public Health degree course or similar if not already achieved
- Learning in the workplace.
- Learning with peers.

The following learning and teaching methods may be used to identify how individual objectives will be achieved. This is not intended to be proscriptive or exhaustive. It is expected that all areas may be supplemented with self-directed and independent study and that trainees will participate in a range of local, regional and national courses as well as attendance at relevant conferences.

Teaching and Learning methods

Abbreviation	Description
EC	External Course – Such as Masters degree programme, local, regional or national formal courses. Learning at formal, timetabled and protected events including a Masters in Public Health/Dental Public Health degree course or similar if not already achieved.
PBL	Problem-Based Learning – This is experimental learning from carrying out supervised projects.
PW	Project Work - Formal, self directed, or at workplace with peers.
SEL	Supervised Experiential Learning. The most important learning experience will be the day-to-day work of dental public health staff, providing continuous work-place experiential learning.
ST	Structured Training which is equivalent to clinical teaching/supervision

As a major part of the training will take place in the workplace there is a need to have flexibility in the curriculum to enable learning opportunities to be taken when available. This is a strength in terms of non-routine problem solving and professional and educational

development. Some projects may be of a general public health nature, but the majority will need to be dental public health projects. The level of supervision will vary depending on the progress through training and the individual trainee level of competence in an area. There will need to be flexibility in both location and order of training.

All trainees should be given the opportunity to undertake appropriate project work in relation to research, audit and management activities. Whether a trainee is principally being trained within the NHS or on an academic training pathway, they will each be expected to have a training programme with significant elements of both academic and NHS-related training opportunities to ensure all Specialty Registrars have an understanding of research and evaluation and are able to deliver Dental Public Health in a non academic NHS environment on completion of training.

Programmes should encourage the trainee to develop into a life-long learner who is capable of self-reflection, self-directed learning and further career development. In order to achieve learning for knowledge, competence, performance and independent action, and confer employability, trainers will, subject to satisfactory assessment, allow trainees to become less dependent upon direct supervision as they progress through training.

Standard 4 - Learning experiences

In recent years there has been increased diversification between healthcare systems in England, Scotland, Ireland and Wales affecting dental services. Though StRs will usually be trained within a single healthcare system the skills developed will be transferable to all systems and the opportunity to develop experience within a different system is encouraged.

The curriculum will be delivered through learning experiences in a variety of geographic locations and within various healthcare organisations. These currently include Primary Care Trusts, Health Boards, Strategic Health Authorities, Local Authorities, Public Health Observatories and Government Offices and University Departments of Dental Public Health/Public Health. Training locations will evolve as health and social care structures change. Some general public health projects will be completed as part of training, but the majority of projects will be specific dental projects. For academic posts a minimum of 40% of the time will be based within an NHS organisation.

Learning from peers will occur at Dental Public Health and Public Health meetings locally, regionally and nationally. Opportunities such as journal clubs and specialty audit provide specific learning experiences and should be part of every training programme.

The training environment should recognise that trainees have different learning styles. Appropriate reference material (including text books, journals, computer packages) should be provided. Attendance at relevant local, national and international meetings and courses should be encouraged and funded appropriately. Where it becomes clear that parts of the curriculum cannot be delivered within a training centre, secondments to other training centres should be encouraged.

Additionally, towards the end of training once the majority of learning outcomes are achieved the StR may choose to undertake special interest placements. Previous placements have included:

- DoH attachment
- Ministry of Defence for the Defence Dental Agency SpR
- BDA attachment
- Communicable disease attachment with HPA and Primary Care Organisation on-call for those who wish to pursue a career in general public health and will need to develop knowledge, skills and experience in this area.
- Projects overseas when these meet current Faculty guidelines

Standard 5 - Supervision of training and feedback

5.1 Supervision of training

Programmes must allow the trainee access to more than one Specialist in Dental Public Health with a significant training input. Close supervision of the training programme is essential and each Deanery has a Training Programme Director (TPD) in Dental Public Health who co-ordinates training together with all designated trainers. The Deanery should ensure that each trainee has a designated lead trainer (educational supervisor) who will co-ordinate the training throughout the training period and be responsible for monitoring the trainee's progress and ensure that any difficulties are identified and resolved as rapidly as possible. The lead trainer should work frequently with the trainee and be closely involved in training. At each training site the Specialty Registrar will have a designated trainer approved as part of the approval of the training programme by the Deanery following advice from the SAC. The degree of supervision will be appropriate to the stage of training. Supervision will aim to protect patient safety and organisational reputation. Each StR will have access to appropriate support from a member of academic staff from a local academic Dental Public Health/ Public Health unit including the period after completion of a masters programme. Each training programme has been approved by the Workforce Deanery following advice from the SAC in DPH for new programmes. The detailed training programme description is available from the TPD in the relevant Deanery.

It is recommended that formal meetings between lead trainer and trainee should be arranged at regular intervals throughout the year by mutual consent and to an agreed agenda. A record, which is confidential between the lead trainer and trainee, should be kept. These meetings review the trainee's progress towards agreed learning objectives based on the lead trainer's observation of the trainee's performance, feedback from other trainers, the results of formal assessment and review of the trainee's personal development portfolio. When meeting with the trainee, the lead trainer will discuss matters of clinical governance, risk management and the report of any critical incidents involving the trainee. Towards the end of each year, a structured assessment of the trainee's progress should take place in order to inform the ARCP process. It is suggested that this may take the form of an Objective Structured Dental Public Health Examination similar in form to the ISFE examination in that it may have elements of scenario-based assessment, critical appraisal and assessment of current projects. This will allow trainers to more objectively assess progress annually and give trainees experience in being assessed in this way prior to ISFE.

In order to ensure commonality of standards in relation to self-financing and other non-NHS funded specialty training programmes aimed at the award of a CCST, the Postgraduate Deaneries should support the educational providers (with whom the trainees are

contracted) in respect of appointments, programme provision, quality management and assessment.

5.2 Feedback on learning

Specialty Registrars will have a learning needs assessment undertaken by their trainers at the beginning of the programme, to identify areas of previous experience and training. There will be a learning contract agreed for each training location and period, which will identify areas for learning and projects to be undertaken towards specified outcomes. Specialty Registrars will have 6 monthly appraisals which will include self perception of progress as well as that of the trainers. There is standard Dental Public Health paperwork for use in appraisal. There will be agreed actions on the basis of each appraisal. Every 6 months the trainer and trainee will agree a performance profile. Attitudinal learning outcomes will be measured by Direct Observation as part of workplace based assessment of behaviour demonstrated relevant to that attitude. Behaviour is more readily measured in an objective manner than the underlying attitude. Assessment of competence will be triangulated by multiple assessment methods through multiple assessors. A common method of multisource feedback in the speciality will be introduced as soon as possible. Some training programmes are currently developing this methodology. Assessment methods will also include project evaluation forms, direct observation, log book records and reflective summaries. These systems will provide a regular review of progress towards desired outcomes and give a record of progress over time. Appraisal and assessment will in turn advise the Training Programme Director to make a recommendation to the Deanery ARCP process. This will in turn lead to confirmation of satisfactory progress or the need for increased supervision or increase in proposed length of training.

Satisfactory progress in the ARCP process and success in an exit assessment by examination is required before award of Certificate of Completion of Specialist Training.

5.3 Record of Training

The Specialty Registrar will need to keep a record of training through the training period in a log book to inform the ARCP process and will need to keep copies of all ARCP paperwork. This will help trainers on movement between training locations to be informed on an individual's current progress towards outcome development. A rolling review of projects facilitating movement towards the desired outcomes will give a readily accessible summary. The log will include project summaries, outcomes and reflection by trainee and trainer on each major project. A record of all appraisals will be kept alongside the log book. The Specialty Registrar (StR) will need to adapt the project portfolio, presenting only 4 projects in this way, towards the end of training into the format required for the Intercollegiate Specialist Examination (ISFE). However, during training all possibly relevant documents will be included to facilitate the ARCP process and moves between trainers and to inform the ARCP process. Keeping the log book and portfolio of projects completed and up to date is a trainee responsibility.

Standard 6 - Managing Curriculum implementation

The curriculum outlines the minimum training requirements for delivery in a regional training programme. It guides trainers in the teaching methods required to deliver the curriculum

and guides trainees in the learning and assessment methods required for satisfactory completion of training.

It is the responsibility of the Programme Director and deanery, with the assistance of the Specialty Training Committee (STC), to ensure that the programme delivers the depth and breadth of training outlined in the curriculum. The Programme Director must ensure that each post or attachment within the programme is approved by the relevant deanery and SAC.

It is the responsibility of the Specialist Dental Education Board (SDEB) of the GDC to quality assure training programmes and the responsibility of the Deaneries, with advice from the SAC, to ensure training programmes across the UK are able to deliver a balanced programme of training.

It is the responsibility of the educational supervisor of a particular post or attachment within a programme to ensure that the training delivered in their post meets the requirements of the relevant section(s) of the curriculum. They must undertake regular appraisal with their trainee to ensure structured and goal-oriented delivery of training.

Trainees must register with the SAC on appointment to a Dental Public Health training programme. They must familiarise themselves with the curriculum and with the minimum training requirements to satisfactorily complete each stage of training and the award of CCST. They must also be familiar with the requirements of the ISFE examinations and must make appropriate use of their logbook and portfolio.

After formal adoption of the new curriculum all existing trainees will have the choice of either completing their training within the old curriculum framework or transfer to the new curriculum. All new trainees will follow the new curriculum.

Assessment throughout training will be undertaken as detailed in the assessment blueprint. The Postgraduate Dean/Director will be responsible for monitoring the continuous assessment of trainees through the ARCP process.

Standard 7 - Curriculum review and updating

In order to ensure continued fitness for purpose, this curriculum should be viewed as a living document. The curriculum will be subject to continued review at time intervals of about 2 years to ensure training fits the required role for Specialists in Dental Public Health. In monitoring the curriculum, the SAC will use information gathered from a variety of sources including Deaneries (through their Specialty Training Committees), Training Programme Directors and trainers, the National Health Service, trainees and appropriate lay representation. The SAC will communicate any curriculum changes to existing trainees via the network of Training Programme Directors, the Consultants in Dental Public Health Group and the Trainees Group in Dental Public Health. The assessment framework will be further developed over the next 2 years.

Standard 8 - Equality and Diversity

The SAC is committed to the principle of diversity and equality in employment, membership, academic activities, examinations and training. As part of this commitment we are concerned to inspire and support all those who work with us directly and indirectly.

Integral to our approach is the emphasis we place on our belief that everyone should be treated in a fair, open and honest manner. Our approach is a comprehensive one and reflects all areas of diversity, recognising the value of each individual. We aim to ensure that no one is treated less favourably than another on the grounds of ethnic origin, nationality, age, disability, gender, sexual orientation, race or religion. Our intention is to reflect not only the letter but also the spirit of equality legislation.

Our policy will take account of current equality legislation and good practice. Key legislation includes:

- The Race Relations Act 1976 and the Race Relations Amendment Act (RRAA) 2000
- The Disability Discrimination Act 1995 and subsequent amendments
- The Sex Discrimination Act 1975 and 1986 and the 1983 and 1986 Regulations
- The Equal Pay Act 1970 and the Equal Pay (Amendment) Regulations 1983 and 1986
- The Human Rights Act 1998
- The Employment and Equality (Sexual Orientation) Regulations 2003
- The Employment and Equality (Religion or Belief) Regulations 2003
- Gender Recognition Act 2004
- The Employment Equality (Age) Regulations 2006.

The SAC collects information about the gender and ethnicity of trainees as part of trainees' registration with the Deanery. This information is recorded nationally by the SAC and statistics are published on an annual basis. These data are collated along with the outcome of annual ARCP reviews for all trainees and the National Trainees survey to ensure that the principles of Equality and Diversity for all are being met.

Standard 9 - Quality management and assurance

9.1 Arrangements for quality management and quality assurance

These arrangements will be as agreed in the most recent version of the Memorandum of Understanding between GDC, Educational providers and Workforce Deaneries. The quality management systems will include trainee feedback.

9.2 Quality of trainers

The quality and ability of the trainers is an important element in successful training. Trainers must possess appropriate experience, commitment, knowledge and skill as demonstrated, where appropriate, by accredited teacher status, ideally including membership of a Higher Education Academy.

All trainers and supervisors must undertake Continuing Professional Development and Audit and be part of a managed teaching network. It is expected that trainers will be in possession of a teaching certificate or equivalent, and engage in a teaching and learning programme depending on local arrangements.

Appendix 1 – Dental Public Health Curriculum Assessment Methods

1 Oral Health Surveillance

Key: ISFE = Intercollegiate Specialty Fellowship Examination WBA = Workplace-Based Assessment (specific examples include: DO = Direct Observation; CD = Case Discussion; PBA = Project Based Assessment) 'Other' includes: EA = External assessment – e.g. MPH; MSF = Multi-Source Feedback; OSDPHE = Objective Structured Dental Public Health Examination (scenarios); PDP = Personal Development Portfolio	Assessment method		
	ISFE	WBA	Other
On completion of training, a Specialist in Dental Public Health should be able to describe:			
the principles of oral health needs assessment	X	X	EA
the principles of dental epidemiology	X	X	EA
the determinants of disease	X	X	EA
health impact assessment	X	X	EA
health equity audits	X	X	
On completion of training a Specialist in Dental Public Health should be able to:			
apply knowledge of dental epidemiology in the planning, execution and interpretation of dental surveys	X	X	PDP
undertake oral health needs assessment	X	X	OSDPHE
On completion of training a Specialist in Dental Public Health should:			
demonstrate an awareness of health and social inequalities	X	DO	
demonstrate an understanding of the value and limitations of epidemiological studies	X	CD	EA

2 Assessing the Evidence on Oral Health and Dental Interventions, Programmes and Services

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	ISFE	WBA	Other
On completion of training, a Specialist in Dental Public Health should be able to describe:			
the principles of evidence based practice	X	X	EA
the principles of searching evidence	X	X	EA
the principles of critical appraisal	X	X	EA
On completion of training a Specialist in Dental Public Health should be able to:			
undertake critical appraisal	X	X	OSDPHE
retrieve, select and assimilate appropriate evidence		DO	
develop evidence based clinical guidelines		PBA	
apply evidence base to practice	X	X	
On completion of training a Specialist in Dental Public Health should:			
demonstrate an understanding of the need to use evidence in the support of health care policy decisions	X	X	OSDPHE

3 Policy & Strategy Development & Implementation

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	ISFE	WBA	Other
On completion of training, a Specialist in Dental Public Health should be able to describe:			
national healthcare systems	X		EA
local and national policies	X	X	
health impact assessment	X		EA
policy and strategy development	X	X	
healthcare economics	X		EA
sources of information relevant to policy and strategy development and its implementation	X	X	PDP
consultation and engagement processes	X	CD	
financial and planning cycles	X	X	
decision making processes and associated structures	X	X	
On completion of training a Specialist in Dental Public Health should be able to:			
manage and implement change		X	
engage key stakeholders		DO	
involve patients & the public		DO	

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	ISFE	WBA	Other
lead development of a policy and implement policy		X	
apply healthcare economics to appropriate dental issues	X	X	
develop an oral health strategy		X	PDP
implement an oral health strategy	X	X	
On completion of training a Specialist in Dental Public Health should:			
○ demonstrate the ability to recognise and engage with appropriate stakeholders	X	X	OSDPHE

4 Strategic Leadership & Collaborative Working for Health

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	ISFE	WBA	Other
On completion of training, a Specialist in Dental Public Health should be able to describe:			
effective and appropriate leadership styles in different settings and organisational cultures	X	X	EA
strategic management theory	X		EA
their own leadership style and personality type		X	PDP
On completion of training a Specialist in Dental Public Health should be able to:			
demonstrate effective leadership		DO	MSF
demonstrate collaborative working		DO	MSF
work as an effective team member		DO	MSF
solve problems	X	DO	OSDPHE
develop partnerships and networks		X	MSF
manage people appropriately		DO	
transform services by championing and orchestrating change	X	X	PDP
make decisions aligned with vision, values and evidence	X	X	OSDPHE

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	ISFE	WBA	Other
On completion of training a Specialist in Dental Public Health should:			
demonstrate the ability to recognise when to use different leadership styles		X	
demonstrate a non judgemental approach	X	X	MSF
work collaboratively		X	MSF
demonstrate multi-sectoral working	X	X	

5 Oral Health Improvement

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	ISFE	WBA	Other
On completion of training, a Specialist in Dental Public Health should be able to describe:			
the theory of community development and action	X		EA
evidence for effective health promotion and oral health promotion	X	X	EA
effective methods of health promotion and oral health promotion	X	X	EA
the politics and processes associated with water fluoridation	X	X	EA
appropriate stakeholders relevant to a given situation	X	X	
On completion of training a Specialist in Dental Public Health should be able to:			
evaluate and address inequalities in health	X	X	
plan, implement and evaluate evidence based preventative programmes	X	X	OSDPHE
promote oral health within a general health promotion context		X	
advocate for oral health improvement within improvement of systems for general health		X	
play an active role in engaging the public/population to solve their own health problems		X	

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	ISFE	WBA	Other
On completion of training a Specialist in Dental Public Health should:			
demonstrate an understanding of ethics of health improvement methodologies	X	X	OSDPHE
show awareness of inequalities in health	X	X	
recognise the health context of the population to meet their needs	X	X	
recognise common risk factors	X	X	
demonstrate appropriate approaches to engaging stakeholders	X	PBA	
demonstrate balance between the evidence base and pragmatism	X	X	

6 Health & Public Protection

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	ISFE	WBA	Other
On completion of training, a Specialist in Dental Public Health should be able to describe:			
current regulation, guidance and best practice in managing common risks across dental services	X	X	
the dental public health role in managing major incidents	X	X	
dental list management regulations and procedures	X	X	
appropriate partners in the management of risk	X	X	
On completion of training a Specialist in Dental Public Health should be able to:			
undertake risk management in the context of infection control in dentistry	X	X	
provide appropriate advice relating to patient and public safety	X	X	
On completion of training a Specialist in Dental Public Health should:			
show appropriate judgement in assessing risk	X	X	PDP
work collaboratively in a multi-agency setting		X	MSF

7 Developing & Monitoring Quality Dental Services

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	ISFE	WBA	Other
On completion of training, a Specialist in Dental Public Health should be able to describe:			
clinical governance systems	X		EA
the role of Dental Practice Advisors	X	X	
role of the agencies involved in payment and monitoring of dental services	X	X	
the sources of information to support quality	X	X	
audit systems and other approaches to monitoring and improving quality	X	X	
procurement of dental services	X	X	
service review methodology	X	X	
the value and limitations of quality indicators	X	X	
On completion of training a Specialist in Dental Public Health should be able to:			
develop clinical governance systems		X	PDP
address poor clinical performance appropriately	X	X	
commission and undertake audit		X	
prepare service specification		X	

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	ISFE	WBA	Other
identify and monitor dental outcomes associated with quality	X	X	
give professional advice relating to quality issues to:- - Public. - Healthcare Bodies. - Commissioners of Services - Local Authority	X	X	
manage performance of dental contracts		X	
secure appropriate services relevant to need		X	OSDPHE
undertake service review and evaluation		X	
On completion of training a Specialist in Dental Public Health should:			
demonstrate objectivity	X	X	MSF
demonstrate transparency in commissioning processes		X	
show commitment to completing projects		X	

8 Dental Public Health Intelligence

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	ISFE	WBA	Other
On completion of training, a Specialist in Dental Public Health should be able to describe:			
sources of information/data relevant to DPH	X	X	
areas where there is a lack of valid and reliable data to inform the practice of DPH	X	X	
limitations and use of data sources	X	X	
On completion of training a Specialist in Dental Public Health should be able to:			
use sources of information relevant to DPH	X	X	
set and monitor performance indicators		X	
manage information and use Information Technology		X	OSDPHE
undertake statistical analysis		X	
draw valid inferences from quantitative and qualitative analysis	X	X	OSDPHE
interpret and share information/data appropriately	X	X	OSDPHE

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	ISFE	WBA	Other
On completion of training a Specialist in Dental Public Health should:			
show a critical approach to data, demonstrating an awareness of limitations of information	X	X	OSDPHE
use data responsibly		X	
convey information to different people in an appropriate way	X	X	MSF

9 Academic Dental Public Health

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	ISFE	WBA	Other
On completion of training, a Specialist in Dental Public Health should be able to describe:			
adult learning theory	X		EA
research methodology	X	X	EA
research ethics	X	X	EA
On completion of training a Specialist in Dental Public Health should be able to:			
teach and examine in Dental Public Health		X	MSF
conduct dental public health research and develop bids for research funding		X	
apply for ethical approval		X	
publish research		X	
draw conclusions and make recommendations from the research of others	X	X	OSDPHE
evaluate health service projects	X	X	

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	ISFE	WBA	Other
On completion of training a Specialist in Dental Public Health should:			
support and promote local research projects		X	PDP
support wider public health teaching and training		X	PDP
demonstrate an integrated health services and academic approach to dental public health practice	X	X	PDP

10 Appropriate decision making and judgement

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	ISFE	WBA	Other
On completion of training, a Specialist in Dental Public Health should be able to describe:			
decision making theory and recognise its limitations	X	X	EA
models of decision making	X		EA
On completion of training a Specialist in Dental Public Health should be able to:			
apply decision making models appropriately	X	X	
conduct SWOT analysis	X	X	OSDPHE
On completion of training a Specialist in Dental Public Health should:			
demonstrate application of decision making theory to practice	X	X	
demonstrate public health values and an ethical approach in decision making	X	X	MSF
demonstrate the ability to cope with uncertainty	X	X	
show political awareness in decision making	X	X	MSF

11 Appropriate attitudes, ethical understanding and legal responsibilities

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	ISFE	WBA	Other
On completion of training, a Specialist in Dental Public Health should be able to describe:			
legal responsibilities	X	X	EA
GDC structures	X	X	EA
indemnity organisations	X		EA
Statutory Instruments (SI)	X	X	EA
diversity	X	X	EA
GDC regulations	X	X	EA
fraud and probity	X	X	EA
the role of the Care Quality Commission	X	X	
health care organisations (PCT/ SHA/ Health Boards)	X	X	
medical ethics	X	X	EA
organisational structure, internal power relationships and process	X	X	

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	ISFE	WBA	Other
On completion of training a Specialist in Dental Public Health should be able to:			
mediate		DO	
regulate		X	
collaborate		X	MSF
give advice		X	
On completion of training a Specialist in Dental Public Health should:			
have a population focus and be focused on patients and the public	X	X	
use ethical principles and act ethically	X	X	MSF
demonstrate respect for colleagues		X	MSF
show respect for diversity	X	X	MSF
show objectivity	X	X	
show integrity		X	MSF
show understanding	X	X	MSF
be non-judgemental	X	X	MSF

12 Role within the Health Service

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	ISFE	WBA	Other
On completion of training, a Specialist in Dental Public Health should be able to describe:			
healthcare and dental education systems	X	X	
the areas of health services in which Dental Public Health plays an advisory and leadership role	X	X	
the key relationships within the health service for Dental Public Health	X	X	
On completion of training a Specialist in Dental Public Health should be able to:			
act as a role model, mentor, teacher and researcher		X	MSF
demonstrate responsibility for the enhancement of dental service quality		X	
act as a dental leader	X	X	MSF
be part of well developed dental networks		X	
On completion of training a Specialist in Dental Public Health should:			
demonstrate Dental Public Health leadership	X	X	MSF

13 Personal Development

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	ISFE	WBA	Other
On completion of training, a Specialist in Dental Public Health should be able to describe:			
their own learning styles	X		EA
multi-source feedback and appraisal processes	X		EA
their personality types		X	EA
how to give and receive feedback	X	X	
GDC requirements	X	X	EA
On completion of training a Specialist in Dental Public Health should be able to:			
manage their own time effectively		DO	MSF
identify own strengths and weaknesses	X	X	MSF
act on feedback		X	MSF
adapt to change		X	MSF
be an active listener		DO	MSF
manage conflict	X	DO	MSF
negotiate	X	X	

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	ISFE	WBA	Other
On completion of training a Specialist in Dental Public Health should:			
be a self directed learner capable of reflective practice and be able to satisfactorily measure self performance	X	X	PDP
be self aware: - reflective of own competence - identify own emotions and prejudices and understands how these may affect their judgment and behaviour	X	X	MSF
be self confident	X	X	MSF
demonstrate: <ul style="list-style-type: none"> • flexibility • motivation • drive and commitment • initiative • advocacy • achievement 	X	DO	MSF
demonstrate the ability to build and maintain relationships		X	