



FAQ and guide to applicants

Evidence of Basic Professional Capabilities

Introduction

Entry to the first year of all United Kingdom Dental Core Training programmes requires applicants to provide evidence of recent demonstration of Basic Professional Capabilities. These are based on the principles set out in the GDC's *Standards for the Dental Team* and are set out in **Appendix A** of this document.

Basic Professional Capabilities include:

- Putting patients' interests first, including raising concerns if patients are at risk
- Maintaining good dental practise
- Ensuring good relationships and communication with patients
- Effective working relationships with colleagues
- Maintaining and developing professional knowledge and skills
- Demonstrating professional behaviour and probity
- Maintaining and protecting patient information
- Delivery of good clinical care
- Complaints management and consent

All applicants must demonstrate all the basic professional capabilities without exception, using the prescribed evidence as outlined below.

a. The requirement to demonstrate Basic Professional Capabilities

The possession of Basic Professional Capabilities is an essential criterion underpinning the person specifications because they are needed to support successful applicants to cope with, and progress through, the clinical experience that forms part of the training. They are key attributes that ensure patient safety – in particular those relating to the recognition and management of dental disease.

The Dental Core Training programmes are not configured to assess whether each new entrant possesses these professional capabilities. Instead it is assumed new starters already possess them. It is also crucial that the submitted evidence (e.g. CPD Certification) is current. However, it is not sufficient to have demonstrated each Basic Professional Capability once. Capabilities must be consistently achieved, maintained and demonstrated if our patients are going to be safe in our hands.



b. The evidence that can be used to demonstrate Basic Professional Capabilities

The acceptable methods for demonstrating achievement of Basic Professional Capabilities are listed below. No other evidence will be accepted, as previous experience has shown it to be unreliable. For example, individual specialist qualifications or taught postgraduate qualifications do not necessarily demonstrate the breadth of the Basic Professional Capabilities required and, however experienced a candidate is in one discipline, they are often not able to cope with the first year of core training without having recently practised the broader skills.

NB it is the applicant's responsibility to satisfactorily demonstrate that they possess all the Basic Professional Capabilities and the recruiting organisations are not allowed discretion in this matter.

There are a number of ways applicants can demonstrate Basic Professional Capabilities, which are determined on the application form:

- **Currently on a Dental Foundation Training Programme OR Vocational Training programme (in Scotland).** If you are undertaking a recognised Foundation Training / VT programme in the UK which is due to finish in the August of the application year you will not need to submit any evidence. Any offer of a training placement will, however, be conditional upon you satisfactorily completing the Foundation / VT programme.
- **Already completed Dental Foundation Training, Vocational Training or Performers List Validation by Experience (PLVE).** If you have already completed a UK Dental Foundation, VT or PLVE programme you will need to upload evidence in the form of the original completion certificate to your application form.
- **Currently undertaking Performers List Validation by Experience (PLVE).** If you are undertaking a recognised PLVE programme in the UK, which is due to finish by the end of August of the application year, you will not need to submit any evidence. Any offer of a training placement will, however, be conditional upon you satisfactorily completing PLVE.
- **Capabilities demonstrated through other programmes (Trust Grade / SHO / LAS).** If you have not undertaken a UK Dental Foundation / VT Programme or PLVE and are exempt from the requirement to do so, you will be able to submit alternative certified evidence signed by an experienced dental practitioner who has worked with you for a period of at least 3 continuous months in the last 2 years. The certification must attest to your demonstration of the required Basic Professional Capabilities set out in Appendix A. For the purposes of this documentation, 'experienced dental practitioner' is defined as a registered practising dentist in primary or secondary care who holds a management or leadership position in their organisation.

c. Additional requirements for applicants submitting alternative certified evidence

- If you are a non-UK/EEA graduate you must have also completed the GDC ORE assessment. It is also expected that you will be able to demonstrate a minimum of 12 months clinical experience after achieving full registration or equivalent with your country's Dental Council.



With regards to the alternative certified evidence, please note that:

- **The signatory** does not necessarily have to personally witness the demonstration of every Basic Professional Capability. Instead, he / she **must** be in a position to judge whether the evidence they have seen or had presented to them demonstrates capability, and they **must** have worked with you for 3 continuous months.
- **The post** the certification refers to **must**:
 - Be of at least 3 continuous months in duration (whole time equivalent)
 - Have been completed (i.e. the 3 continuous months) by the time of the application submission deadline
 - Have been undertaken within the 2 years before commencement of the post you are applying for
- Clinical attachments/unpaid work/observerships **do not** count as experience

d. How to get advice on compliance with the above

If you are unable to provide any of the above evidence, you are advised to seek advice from your local Postgraduate Dental Dean/COPDEND before applying for a Dental Core Training programme.

e. Attaching the evidence to my application

You must upload and attach the completed certificate to your application as a scanned file. If you have problems attaching the file, please read the applicant guidance or contact the DCT National Recruitment Office for advice. You should aim to do this well in advance of the closing date to ensure you can submit your application in time. **Do not** send your evidence to any other email address or send it by post.

f. Can I count non-training posts as part of my Basic Professional Capabilities evidence?

No, as you must meet the requirements detailed above in sections b and, where appropriate, c

g. Acceptance of a Conditional Offer

Any offer made to a dentist currently on a Dental Foundation, VT or PLVE programme is made subject to satisfactory completion before the appointed programme commences. Offers for a delayed start can only be made to candidates who cannot start on the intended date for statutory reasons (illness or maternity leave).

h. How is my documentation assessed?

The National Recruitment Office does not assess the evidence – the signatory to your Dental Foundation / VT Training Certificate or alternative evidence has the responsibility for doing that. Instead the NRO verifies the completed certificate provided by you. Submitted certificates are verified when applications are considered by the longlisting administrative team.



i. Do I have to demonstrate all the Basic Professional Capabilities?

Yes. Applicants must be signed off as competent for **each and every basic professional capability** listed on the certificate. If you cannot demonstrate that you have achieved all of these in one post, you may submit additional certificates to demonstrate the full set. If you cannot demonstrate each and every professional capability, you will not be eligible for Dental Core Training at DCT1 level. **There are no exceptions to this requirement.**

j. For those without DFT/VT or PLVE certificates: What do I do if my supervisor has not witnessed me demonstrating all the professional capabilities?

On the certificate the signatory will be asked to sign a declaration that they have observed demonstration of all the professional capabilities **or** that they have received alternative evidence of demonstration where they have not directly observed the demonstration.

This means that although the signatory has to have worked with you for 3 continuous months, the evidence on which they are relying does not have to come from a post of that length, and the signatory does not have to have personally witnessed you demonstrating all of the professional capabilities.

k. For those without DFT/VT or PLVE certificates: My supervisor is not a clinician. Does that matter?

Yes. The signatory is tasked with knowing you and your work and with evaluating the evidence at the level of an experienced clinician. They may rely on the testimony of other clinicians who have worked with you and, as such, must name those whose evidence they are relying on. The rationale here is that the signatory is in a much better position to assess the worth of the evidence provided to them by someone locally than a distant recruiter at the National Recruitment Office. The recruiter has the duty to verify that evidence and will contact the individuals named on the certificate.

l. What happens if I get it signed without such evidence?

If at any stage investigation shows that the certificate has been fraudulently signed (by you or by the signatory), then instant dismissal and referral of yourself and/or the signatory to the relevant Postgraduate Dental Dean and/or the GDC will be considered.

m. I have limited opportunities to demonstrate Basic Professional Capabilities. What should I do?

If you have limited opportunities to demonstrate some of the professional capabilities (e.g. if you are undertaking a MSc / PhD) you should arrange to undertake keeping in touch days, locums etc. (but not pure clinical attachments where you only have observer status). This will provide evidence for the signatory to evaluate.



Alternatively, where the signatory has not observed demonstration of a professional capability in the last 2 years, they can sign you off, as long as they have access to documented evidence that you have maintained the required skill level in these areas.

n. My signatory is registered overseas. What should I do?

It is **your** responsibility to ensure you supply adequate evidence of the signatories standing with a regulatory authority, and if there is any doubt, enquiries will be made with that authority. The default position is that where signatories' status cannot be verified, the applicant does not progress.

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Approved:

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APPENDIX A

Basic Professional Capabilities – Evidence Requirements

SECTION 1: Professional behaviour and trust
<p>Acts professionally; for example:</p> <p>Professional behaviour</p> <ul style="list-style-type: none">• Acts in accordance with GDC guidance in all interactions• Acts as a role model for other healthcare workers• Complies with local and national requirements <p>Personal organisation</p> <ul style="list-style-type: none">• Attends on time for all duties• Organises and prioritises workload as a matter of routine• Delegates or seeks assistance when required• Supervises and organises other team members to ensure timely delivery of care <p>Personal responsibility</p> <ul style="list-style-type: none">• Takes personal responsibility for clinical decisions and justifies actions• Accepts responsibility for any personal errors and takes suitable action including seeking senior advice, apologising, making appropriate records and notifications
<p>Delivers patient centred care and maintains trust; for example:</p> <p>Patient centred care</p> <ul style="list-style-type: none">• Considers the patient as a whole• Works with patients and colleagues to develop individual treatment plans <p>Trust</p> <ul style="list-style-type: none">• Acts with empathy, honesty and sensitivity in a non-confrontational manner• Recognises that the decisions of an individual with capacity are paramount• Discusses management options with patients and encourages them to make informed decisions <p>Consent</p> <ul style="list-style-type: none">• Obtains and correctly documents consent for core procedures• Obtains valid consent by giving each patient the information they want or need• Demonstrates understanding of the principle of involving the child in the decision- making process when they are able to understand and consider the options
<p>Behaves in accordance with ethical and legal requirements; for example:</p> <p>Ethical and legal requirements</p> <ul style="list-style-type: none">• Practises in accordance with the legislation and national and local guidelines• Demonstrates understanding of the risks of legal and disciplinary action <p>Confidentiality</p> <ul style="list-style-type: none">• Describes, applies and ensures the principles of confidentiality for patients• Complies with information governance standards regarding personal information <p>Protection of vulnerable groups</p> <ul style="list-style-type: none">• Recognises the potentially vulnerable patient• Demonstrates understanding of the principles of safeguarding children and vulnerable adults and manages situations where safeguarding concerns may exist

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SECTION 1: Professional behaviour and trust (continued)

Keeps practice up to date through learning and teaching; for example

Self-directed learning

- Acts to keep abreast of educational/training requirements
- Demonstrates change and improvement in practice through reflection and feedback
- Identifies and addresses personal learning needs

SECTION 2: Communication, team working and leadership

Communicates clearly in a variety of settings; for example:

Communication with patients/relatives/carers

- Introduces themselves to patient/carer/relative stating name and role
- Communicates clearly, politely, considerately, with understanding and empathy
- Checks patients' understanding of options and information
- Ensures that patients are able to ask questions and make personal choices
- Responds to patients' queries or concerns

Complaints

- Acts in open and transparent way and notifies all appropriate persons including the patient when safety has (or potentially has) been compromised
- Acts to prevent situations which might lead to complaint or dissatisfaction
- Deals appropriately with angry/distressed/dissatisfied patients/carers

Patient records

- Maintains accurate, legible and contemporaneous patient records

Interface with other healthcare professionals

- Works effectively within the healthcare team for the benefit of patient care
- Produces a timely, legible summaries that identify principle diagnoses, key treatments
- Demonstrates ability to make appropriate referrals

Works effectively as a team member; for example:

Continuity of care

- Gives structured handover to ensure safe continuing care of patients
- Allocates and prioritises tasks during handover
- Anticipates and identifies problems for the next clinical team/shift

Interaction with colleagues

- Contributes to team meetings
- Demonstrates initiative e.g. recognising pressures on others, providing support

Demonstrates leadership skills; for example

- Leads within allocated roles and demonstrates leadership during routine tasks
- Demonstrates extended leadership role by managing some complex situations
- Supervises and supports other team members

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SECTION 2: Communication, team working and leadership (continued)

Recognises, assesses and initiates management of the acutely ill patient; for example

Recognition of acute illness

- Responds promptly to deterioration or concern regarding a patient's condition
- Prioritises tasks according to clinical urgency
- Recognises, manages and reports serious drug reactions

Immediate management of the acutely unwell patient

- Initiates prompt appropriate management to stabilise/prevent further deterioration
- Delivers immediate therapy to an acutely ill patient
- Records and acts on changes in physiological status
- Communicates with the patient, relatives and carers, ensuring they are supported
- Recognises when a patient should be moved to a higher level of care
- Communicates with relatives/friends/carers in acute situations and offers support

Section 3: Clinical Care

Assesses and manages patients with long term conditions; for example

Management of long-term conditions in the acutely unwell patient

- Recognises the importance of chronic illness on presentation to the dental surgery
- Reviews long term drug regimes

The frail patient

- Recognises frailty
- Formulates individual patient management plan based on frailty *and* clinical need

Support for patients with long term conditions

- Evaluates patients' capacity to self-care
- Encourages and assists patients to make realistic decisions about their care
- Recognises eating disorders, seeks senior input and refers to specialist service

Obtains history, performs clinical examination, formulates differential diagnosis and management plan; for example

- Obtains and presents accurate and relevant patient history
- Performs competent physical examination in a timely manner
- Presents examination findings succinctly and accurately
- Uses a chaperone, where appropriate

Diagnosis

- Formulates appropriate differential diagnoses
- Requests and interprets necessary investigations to confirm diagnosis
- Takes account of probabilities in ranking differential diagnoses

Clinical management

- Formulates problem list and confirms management plan with more senior supervisor
- Refines problem lists and develops appropriate strategies for further investigation
- Regularly reviews, amends differential diagnosis and expedites patient investigation

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Section 3: Clinical Care (continued)
<p>Requests relevant investigations and acts upon results; for example</p> <ul style="list-style-type: none">• Minimises risk of exposing a pregnant woman to radiation• Explains to patients the risks, possible outcomes and implications of results• Seeks, interprets, records and relays/acts on results and explains these to patients
<p>Prescribes safely; for example</p> <p>Correct prescription</p> <ul style="list-style-type: none">• Prescribes medicines correctly and accurately• Performs dosage calculations accurately• Reviews previous prescriptions and transcribes accurately and appropriately• Follows the guidance relating to self-prescribing/prescribing for friends and family• Prescribes according to relevant guidance in antimicrobial therapy <p>Clinically effective prescription</p> <ul style="list-style-type: none">• Prescribes and administers for common important indications• Prescribes safely for different patient groups <p>Discussion of medication with patients</p> <ul style="list-style-type: none">• Discusses drug treatment and administration with patients/carers• Obtains an accurate drug history <p>Review of prescriptions</p> <ul style="list-style-type: none">• Reviews prescriptions regularly for effectiveness and safety• Recognises and initiates action for adverse effects of drugs <i>and</i> reports them
<p>Performs procedures safely; for example</p> <ul style="list-style-type: none">• Competently performs a range of core dental clinical procedures• Performs some more complex procedures under supervision
<p>Is trained and manages medical emergencies; for example</p> <ul style="list-style-type: none">• Training in CPR within the last 12 months
<p>Demonstrates understanding of the principles of health promotion and illness prevention; for example</p> <ul style="list-style-type: none">• Explains to patients the possible effects of lifestyle• Recognises the impact of wider determinants of health and advises on preventative measures with reference to local and national guidelines
<p>Recognises and works within limits of personal competence; for example</p> <ul style="list-style-type: none">• Recognises and works within limits of competency• Calls for senior help and advice in a timely manner• Uses clinical guidelines and protocols and care pathways• Demonstrates evidence of reflection on practice

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SECTION 4: Safety and quality

Makes patient safety a priority in clinical practice; for example

- Delivers healthcare within clinical governance frameworks under senior direction
- Describes the mechanisms to report serious untoward incidents
- Discusses risk reduction strategies and principles of significant event analysis
- Describes the risks to patients if personal performance is compromised, how stress, fatigue and medications can reduce personal performance, why health problems must not compromise patient care, + the need to report personal health problems
- Notifies appropriate individuals for planned or unexpected absences
- Seeks support appropriately regarding health or emotional concerns
- Describes role of human factors in medical errors, taking steps to minimise these
- Describes ways of identifying and reporting poor performance in colleagues

Demonstrates consistently high standards in infection control; for example:

- Demonstrates consistently high standard of infection control
- Demonstrates safe aseptic technique, correctly sharps disposal & clinical waste
- Challenges poor practice in others who are not observing best practice
- Recognises the need for immunisations and ensures own are up to date
- Recognises the risks to patients from transmission of blood-borne infection

Contributes to quality improvement; for example

- Shows evidence of involvement in quality improvement initiatives in healthcare
- Makes quality improvement link to learning/professional development
- Recognises the resource implications of personal actions and minimises unnecessary/wasteful use of resources
- Seeks, finds, appraises and acts on information related to dental practice