



Transitional Assessment Framework for Post-CCST Training in Paediatric Dentistry

September 2025

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Contents

1. Background.....	3
2. Target Audience for this Framework.....	3
3. Purpose of this Training Framework	3
4. Learning Outcomes for Post-CCST Trainees.....	4
5. Evidence Requirements and Assessment Methods	4
6. General Post-CCST Trainee Development.....	6
7. Conclusion	6
8. Acknowledgements	6
9. References.....	7
Appendix 1 – Table of Evidence Requirements	8
Appendix 2 – Capabilities in Practice (Dental General Anaesthetic)	10
Appendix 3 - Capabilities in Practice (MDT)	12
Appendix 4 - Capabilities in Practice (Outpatients).....	14

1. Background

The GDC approved updated speciality curricula, including for Paediatric Dentistry, took effect for new Pre-CCST trainees from September 2024. A significant change associated with the updated curricula is the introduction of the new Dental Speciality Fellowship Examination (DSFE) from Autumn 2026. This new examination, managed by the four Royal Surgical Colleges of the UK, will align with an anticipated four-year training programme for Paediatric Dentistry. Following completion of this updated training pathway there will no longer be an expectation of further formal training beyond the point of CCST award.

This leaves a transitional period for trainees who obtained a CCST under the previous 3-year training pathway in Paediatric Dentistry and are now undertaking or will be commencing Post-CCST training. Post-CCST posts were designed around the previous training structures, including preparation for the ISFE. As the ISFE is being phased out by the colleges, an alternative assessment pathway is required for these trainees.

This framework is designed for Post-CCST trainees in Paediatric Dentistry who either commenced or enter Post-CCST training posts, having not had the opportunity to undertake the new four-year CCST training pathway. Such trainees will have completed their Pre-CCST training under the previous structures, including completion of M Paed Dent examination. This framework provides a structured approach to assess trainee development and competence via Review of Competence Progression (RCP) process and with awareness of the absence of the ISFE. It is intended to support both trainees and trainers by providing clarity on the expected evidence and how it will be assessed by RCP panels. The progress and support of trainees should be managed in line with the guidance laid out in the Dental Gold Guide.

2. Target Audience for this Framework

This assessment framework is for:

- Post-CCST trainees in Paediatric Dentistry who undertook Pre-CCST training under the previous 3-year pathway with associated M Paed Dent examination.
- Trainers, Educational Supervisors and Training Programme Directors responsible for overseeing training for these Post-CCST trainees.
- RCP panellists involved in the assessment of Post-CCST trainees under this framework.

This framework does not apply to Pre-CCST trainees completing training under the new 4-year pathway and whom will undertake the DSFE. It also does not apply to Post-CCST trainees whom are undertaking their training based on the previous pathway that includes taking the ISFE examination. It is expected that trainees who will complete their training before September 2026 should take the ISFE. The last first diet of ISFE will be held in Spring 2026.

3. Purpose of this Training Framework

The Post-CCST training period for this cohort of trainees is designed to build upon the competencies already achieved at CCST level. The overarching aims for this period of Post-CCST training are:

- Developing advanced clinical skills and experience in complex areas of Paediatric Dentistry.
- Enhancing leadership, management and teaching capabilities.

- Preparing trainees for senior roles in the speciality.

The duration of Post-CCST training under this framework is competency-based, with an indicative timeframe of 24 months for a full-time trainee. Progression is determined by the demonstration of the required competencies. Trainees who can robustly evidence at RCP that they have met all framework requirements in a shorter timeframe may complete the programme early.

It is recognised that trainees will transition onto this new framework at different stages of their training. A formal process of portfolio appraisal must therefore be undertaken with their ES and TPD. This review will use the principles of recognition of prior learning to map the trainee's existing evidence against the framework's requirements.

The outcome of this appraisal will be reviewed by the RCP panel to determine the trainee's entry point to the framework and identify any outstanding competency requirements. This ensures an equitable process while upholding the standards required for subsequent senior clinical roles.

While it is anticipated that most trainees will complete the programme within the 24-month indicative period, any requirement for additional training time identified during the RCP will be transparently planned and supported.

4. Learning Outcomes for Post-CCST Trainees

Post-CCST training is designed to build upon the competencies achieved at the point of CCST, allowing for further development in areas such as:

- Advanced Clinical Skills: Managing complex cases, particularly those with complex needs and those requiring multidisciplinary management.
- Leadership and Management: Developing skills and experience in service development, clinical governance, team leadership, and quality improvement within a paediatric dentistry setting.
- Education and Training: Gaining experience and competence in teaching, supervising, and mentoring junior colleagues and other members of the dental team.
- Clinical Governance and Professionalism: Demonstrating a deeper understanding and application of the principles of clinical governance.

The assessments outlined below are designed to capture evidence of achievement in these domains.

5. Evidence Requirements and Assessment Methods

Progression through Post-CCST training is assessed by the Review of Competence Progression (RCP) panel based on a holistic review of the trainee's portfolio of evidence.

This section outlines the minimum evidence requirements trainees are expected to gather. The specified targets are benchmarked against the indicative 24-month training period for a full-time trainee. These expectations will be adapted for individual trainees as follows:

- For trainees in Less Than Full Time (LTFT) training, these targets will be adjusted on a pro-rata basis.
- For trainees transitioning onto this framework, evidence gathered prior to the transition will be formally reviewed and mapped against these requirements, in line with the recognition of prior learning process.

In order to support Post-CCST trainees in obtaining the necessary experiences and evidence, it is recommended that rotas over the training period should include:

- Regular access to MDT dental clinics (e.g. joint paediatric/ortho clinics, etc)
- Regular access to GA including variety of exodontia, comprehensive care and surgical cases. Along with GA for children and young people with complex needs.
- Regular exposure to children and young people with complex medical/dental/social needs.

The following list details the items of evidence that will be reviewed by the RCP panel (indicative numbers are given in appendix 1):

- DOPS / Capabilities in Practice
 - Manage an unselected new patient clinic
 - Lead Paediatric Dentist on an MDT clinic
 - Preparation and Management of GA Operating List (including exodontia, comprehensive care, and work up of medically complex patients)
 - Supervision of junior trainees on outpatient treatment clinics; including inhalation sedation
 - Lead and manages an outpatient clinic focused on the management/review of dental trauma.
- CBDs
 - Assessment and treatment planning of young person with multiple complexities (i.e. combination of dental, medical and/or social issues)
- CEX
 - Managing difficult communication with patients and families either written or verbally. Can cover a variety of topics but should include at least one instance of: responding to complaints and management of a safeguarding concern.
- Colleague and Patient Feedback
 - MSF
 - Patient Feedback Survey
- Completion of the COPDEND Generic Leadership & Management Passport
 - Ensure previous evidenced experience is mapped to this and accounted for
- Others (Reflection / Observation by Senior Colleagues)
 - Organisation and running local departmental meetings i.e. governance meeting
 - Evidence of interactions/experience of external professional committees i.e. ICB/MCN
 - Developing local management documents i.e. business cases, work force funding, standard operating procedures, patient pathways.
 - Demonstration of leadership and development of junior team members out with clinical setting. This can be via various appropriate means, examples include leading induction of junior team members, leading junior team members on the conduction of governance projects, delivery of training to junior team members.

Beyond the items specified above, it will be expected that trainees present all the other routine evidence expected of speciality trainees in their ISCP portfolio (e.g. CS reports, AES report, logbook, audit participation, PDP, etc).

To support consistent external advice, the SAC external advisor must be given sufficient time to review portfolios prior to RCP panel meetings. Completed portfolios must be available to the

external advisor two weeks prior to the meeting dates. Routine practice will be for the portfolios to be reviewed by two SAC external advisors and a consensus opinion reached. In any instances of disagreement, a third SAC external advisor will be asked to review to obtain a majority view.

6. General Post-CCST Trainee Development

Beyond the items specified in section 5, it is important that Post-CCST training is fully utilised to ensure trainees complete well equipped to independently take on senior roles within the speciality. Each Post-CCST trainee will have their own existing competences and learning needs. The Educational Supervisor (AES) plays a crucial role in overseeing the trainee's training and progress. During their regular meetings, both AES and trainees should openly and critically review the portfolio, discuss learning needs, provide feedback, and plan future activities. Through discussion they may identify unique learning needs beyond the requirements outlined in this document.

Whilst ensuring that all core requirements are met, trainees should be supported to develop their individual strengths and interests within the field of Paediatric Dentistry. Depending on a trainee's needs and the local opportunities, there may be opportunities to develop advanced skills and areas of future special interest. To meet training needs either for core requirements or to develop areas of interest, it may be appropriate to link with other units to facilitate exposure to specific learning opportunities.

The evidence gathered through the assessment methods outlined above will form the basis of the AES's report for the Review of Competence Progression (RCP). The RCP panel will make a judgement on the trainee's progress and satisfactory completion of the post-CCST training objectives based on the holistic review of this evidence.

For this specific cohort of trainees, the ARCP panel will need to be particularly mindful that the ISFE was not an endpoint. The panel will, therefore, need to be satisfied that the accumulated evidence within the trainee's portfolio robustly demonstrates the achievement of the competencies expected of an independent senior practitioner in Paediatric Dentistry.

7. Conclusion

This assessment framework is designed to support a specific cohort of Post-CCST Paediatric Dentistry trainees during a period of transition in curriculum and examination structures. By employing a comprehensive range of assessment methods, it aims to ensure that these trainees can demonstrate their advanced competence and readiness for roles requiring a high level of expertise in paediatric dentistry.

The SAC in Paediatric Dentistry and COPDEND are committed to supporting trainees and trainers through this transition period, and this framework will be subject to review and may be updated as required.

8. Acknowledgements

The Transitional Assessment Framework for Post-CCST Trainees in Paediatric Dentistry was developed in summer 2025 by:

- Alexander Keightley, Consultant in Paediatric Dentistry
- Richard Balmer, Professor and Honorary Consultant in Paediatric Dentistry
- Sonita Koshal, Consultant in Oral Surgery

- Mohsin Chaudhary, Reader and Consultant in Paediatric Dentistry
- Nabina Bhujel, Consultant in Paediatric Dentistry

With input from members of the Paediatric Dentistry Speciality Advisory Committee.

9. References

GDC Speciality Curriculum in Paediatric Dentistry, accessible from:

<https://www.gdc-uk.org/education-cpd/dental-education/quality-assurance/specialty-curricula/paediatric-dentistry>

COPDEND Dental Gold Guide Published 2023, accessible from:

<https://www.copdend.org/postgraduate-training/header-dental-specialty-training/new-edition-dental-gold-guide-2023/>

SAC Paediatric Dentistry Training Syllabus, accessible from:

<https://www.rcseng.ac.uk/dental-faculties/fds/careers-in-dentistry/postgraduate-training-jcptd/higher-specialist-training-documents-and-curricula/>

Appendix 1 – Table of Evidence Requirements

Competency	Notes	Indicative Number ¹	How demonstrated
Preparation and Management of GA Operating List (including exodontia, comprehensive care, and work up of medically complex patients)	Appendix 2	2 Exodontia Lists total at level IV or V 3 Comprehensive Care lists total ² at level IV or V	CIP
Lead Paediatric Dentist on an MDT clinic	Appendix 3	3 total ² at level IV or V	CIP
Leads and Manages an unselected new patient outpatient clinic	Appendix 4	3 total ² at level IV or V	CIP
Supervision of junior trainees on outpatient treatment clinics; including inhalation sedation	Appendix 4	3 total ² at level IV or V	CIP
Leads and manages junior trainees on outpatient trauma clinic	Appendix 4	3 total ² at level IV or V	CIP
Assessment and treatment planning of young person with multiple complexities		6 per annum ² / 12 total	CBD
Managing difficult communication with patients and families either written or verbally (i.e. responding to complaints)	Including at least one safeguarding concern and one complaint in total	3 per annum ² / 6 total	CEX
Satisfactory Colleague Feedback		1 total ²	MSF
Satisfactory Patient feedback		1 total ²	Patient feedback survey
Completion of the COPDEND Generic Leadership & Management Passport	Ensure previous evidenced experience is mapped to this and accounted for	1 total	Passport Completed
Organisation and running local departmental meetings i.e. governance meeting	Will also contribute to completion of passport	1 total	Summary in other evidence and reflection in journal entry

Post-CCST Assessment Framework

Evidence of interactions/experience of external professional committees.	Will also contribute to completion of passport	1 total	Summary in other evidence and reflection in journal entry
Developing local management documents (i.e. business cases, work force funding, standard operating procedures, patient pathways.)	Will also contribute to completion of passport	1 total	Summary in other evidence and reflection in journal entry
Demonstration of leadership and development of junior team members out with the clinic setting.	Will also contribute to completion of passport	1 total	Summary in other evidence and reflection in journal entry
Satisfactory standard ISCP requirements (e.g. CS Reports, AES report, logbook, audit participation, PDP)		As required	ISCP
Approval of end of training through multi consultant/specialist report		1 total	MCR or appropriate multiple CS reports on ISCP ³

¹ Indicative numbers are based on a 24-month period of Post-CCST training. For each individual trainee final numbers are determined by taking account of trainee factors such as previous experience and trainee performance.

² Whilst some trainees may have sufficient previous experience to map many of these requirements, it would generally be expected that when one example is specified that it is completed during Post-CCST training, and when multiple examples are specified that at least one example is completed per 12 month period of full time equivalent Post-CCST training.

³ Until such time as Multi-Consultant/Specialist Reports are available to dental trainees on ISCP, the anticipated alternative is that trainees evidence an appropriate breath of Clinical Supervisor reports on their ISCP portfolio.

Appendix 2 – Capabilities in Practice (Dental General Anaesthetic)

Capability in Practice	Manages a dental general anaesthetic list
Description	Manages paediatric dental patients requiring operative treatment within the specialty and able to perform all the administrative and clinical tasks required of a consultant dental surgeon in order that all patients requiring operative treatment receive it safely and appropriately.

Date of Assessment	
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Focus of Assessment - Undertaking of	(Tick)
Exodontia GA list	
Comprehensive care GA list	

Example descriptors

Peri-operative medical planning of paediatric dental patients with appreciation for priority for the planned dental treatment.
Negotiates reasonable treatment options and shares decision-making with patients and carers.
Takes informed consent in line with national legislation and applies national legislation for patients who are not competent to give consent.
Undertakes the appropriate process to list the patient for surgery.
Prepares the operating list, accounting for case mix, skill mix, operating time, clinical priorities, and patient co-morbidities.
Understands when prophylactic antibiotics should be prescribed and follows local protocol eg cardiac patients requiring antibiotic prophylaxis.
Leads the brief and debrief and ensures all relevant points are covered for all patients on the operating list.
Ensures the WHO checklist is completed for each patient at both the beginning and end of each procedure.
Undertakes the operation in a technically safe manner, using time efficiently.
Demonstrates good application of knowledge and non-technical skills in the operating theatre, including situation awareness, decision-making, communication, leadership, and teamwork.
Writes a full operation note for each patient, ensuring inclusion of all post-operative instructions.
Review plan for patients post-operatively as deemed appropriate.
Manages complications safely, requesting help from colleagues where required eg. use of methods to control bleeding if needed.
Has an insight into clinical urgency of the case and prioritises care appropriately.
Manages potentially difficult or challenging interpersonal situations, including breaking bad news and complaints as appropriate

Paediatric Dentistry Specialty Requirements (Post-CCST)

Trainees should have the operative experience described as above on at least 2 occasions for an exodontia only list and 3 occasions for comprehensive care list with at least level IV or V.

Supervision Levels (please tick as appropriate)

	(Tick)
Level I: Able to observe only	
Level II a: Able and trusted to act with direct supervision with supervisor present throughout	
Level II b: Able and trusted to act with direct supervision with supervisor present for part	
Level III: Able and trusted to act with indirect supervision	
Level IV: Able and trusted to act at the level expected of a day-one consultant	
Level V: Able and trusted to act at a level beyond that expected of a day-one consultant	

Trainer Feedback**Trainee Feedback**

Trainee signature	
Trainee name	
Date	
Trainer signature	
Trainer name	
Date	

Appendix 3 - Capabilities in Practice (MDT)

Capability in Practice	Lead Paediatric Dentist on Multi-Disciplinary Clinic
Description	Manages all the administrative and clinical tasks required of a consultant surgeon in order that all patients presenting to a multi-disciplinary clinic are cared for safely and appropriately.

Date of Assessment	
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Example descriptors

Assesses clinical records available prior to clinic and identifies key clinical questions to be addressed during clinic.
Assesses patients presenting to clinic using a structured history including medical, social and dental history.
Performs a focused clinical examination including full clinical assessment, any appropriate investigations, interpret findings and determines the appropriate plan of action.
Adapts approach to accommodate all channels of communication (e.g. interpreter, sign language), communicates using language understandable to the patient and appropriately involving carers.
Takes medical and social co-morbidities into account.
Manages potentially difficult or challenging interpersonal situations, including breaking bad news and complaints
Actively engages in discussions with other specialities to formulates a comprehensive treatment plan for the treatment modality chosen
Represents Paediatric Dentistry view of any plan for patients to ensure they are appropriate.
Demonstrates awareness and understanding of the perspectives and complexities of the other represented specialities and able to effectively negotiate and discusses to reach optimal holistic plan for patient
Demonstrates good application of knowledge and non-technical skills in decision-making, communication, leadership, and teamwork.
Negotiates reasonable treatment options and shares decision-making with patients and carers.
Completes all required documentation contemporaneously
Has an insight into clinical urgency of the case and prioritises care appropriately.
Undertakes the appropriate process to add the patient on the appropriate waiting list.

Paediatric Dentistry Specialty Requirements (Post-CCST)

For each type of outpatient experience specified trainees should have the operative experience described as above on at least 3 occasions with at least level IV or V.

Supervision Levels (please tick as appropriate)

	(Tick)
Level I: Able to observe only	
Level II a: Able and trusted to act with direct supervision with supervisor present throughout	
Level II b: Able and trusted to act with direct supervision with supervisor present for part	
Level III: Able and trusted to act with indirect supervision	
Level IV: Able and trusted to act at the level expected of a day-one consultant	
Level V: Able and trusted to act at a level beyond that expected of a day-one consultant	

Trainer Feedback**Trainee Feedback**

Trainee signature	
Trainee name	
Date	
Trainer signature	
Trainer name	
Date	

Appendix 4 - Capabilities in Practice (Outpatients)

Capability in Practice	Manages an out-patient clinic
Description	Manages all the administrative and clinical tasks required of a consultant surgeon in order that all patients presenting as outpatients in the specialty are cared for safely and appropriately.

Date of Assessment	
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Focus of Assessment - Supervision of	(Tick)
Unselected new patient clinic	
Treatment / sedation clinics	
Trauma clinics	

Example descriptors

Assesses and prioritises GDP and inter-departmental referrals and deals correctly with inappropriate referrals.
Assesses new and review patients using a structured history including medical, social and dental history.
Performs a focused clinical examination including full clinical assessment, any appropriate investigations, interpret findings and determines the appropriate plan of action.
Negotiates reasonable treatment options and shares decision-making with patients and carers.
Undertakes the appropriate process to add the patient on the appropriate waiting list.
Adapts approach to accommodate all channels of communication (e.g. interpreter, sign language), communicates using language understandable to the patient and appropriately involving carers.
Takes medical and social co-morbidities into account.
Selects patients with urgent conditions eg facial swelling, urgent dental trauma appropriately
Manages potentially difficult or challenging interpersonal situations, including breaking bad news and complaints
Formulates a comprehensive treatment plan for the treatment modality chosen
Completes all required documentation contemporaneously
Review plan for patients as deemed appropriate.
Uses consultation to emphasise dental health prevention and promotion
Demonstrates good application of knowledge and non-technical skills in decision-making, communication, leadership, and teamwork.
Has an insight into clinical urgency of the case and prioritises care appropriately.

Paediatric Dentistry Specialty Requirements (Post-CCST)

For each type of outpatient experience specified trainees should have the operative experience described as above on at least 3 occasions with at least level IV or V.

Supervision Levels (please tick as appropriate)

	(Tick)
Level I: Able to observe only	
Level II a: Able and trusted to act with direct supervision with supervisor present throughout	
Level II b: Able and trusted to act with direct supervision with supervisor present for part	
Level III: Able and trusted to act with indirect supervision	
Level IV: Able and trusted to act at the level expected of a day-one consultant	
Level V: Able and trusted to act at a level beyond that expected of a day-one consultant	

Trainer Feedback**Trainee Feedback**

Trainee signature	
Trainee name	
Date	
Trainer signature	
Trainer name	
Date	