

Review of Competency Progression (RCP) Operational Guidance - Dental

Yorkshire and the Humber Deanery

Workforce Training and Education, Yorkshire and Humber, NHS England





Name of Document		Review of Competency Progression (RCP) Operational Guidance – Dental	
Category		Standard Operating Procedure (SOP) - Trainee management	
Audience		Internal	
Purpose		This document is one of a suite of Standard Operating Procedures to support the management of postgraduate doctors and dentists across England. This SOP is aligned to the principles of ‘A Reference Guide for Postgraduate Foundation, Dental Core and Specialty Training’ (The Dental Gold Guide, 2023). Please refer to the most recent version.	
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1	February 2024	Joe Vere and Hannah Glew	New guidance
2	November 2025	Joe Vere and Hannah Glew	Updated in line with Dental Gold Guide 2025

Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the SharePoint site is the controlled copy. Any printed copies of this document are not controlled.

This document is not intended to be interpreted as a policy statement. This is a local guidance document for faculty and staff in the Yorkshire and Humber Deanery to enable consistency of application; it is recognised there may be exceptional circumstances when deviation from this guidance may be required.



1. Introduction

1.1. The purpose of this guidance

The Yorkshire and Humber Deanery is committed to professionalism and to providing conditions in which Postgraduate Doctors and Dentists in Training (PgDiTs) can achieve the highest levels of performance, along with providing a valid, transparent, and equitable process for the Review of Competency Progression (RCP). It is essential that the Deanery has clear procedures which outline a unified approach to delivering the RCP process for all PgDiT groups.

The RCP for PgDiTs is governed by the requirements set out in the most recent editions of 'A Reference Guide for Postgraduate Dental Foundation, Core and Specialty Training in the UK' (Dental Gold Guide, September 2025) and the national SOP for the Annual Review of Competence Progression (ARCP) Process.

This guidance document sets out the background and the operational procedures which must be applied and cited by all Yorkshire and Humber Deanery staff involved in the delivery of training and the RCP process. It also includes the internal procedures for managing the RCP process and the standard documentation that should normally be used within the Yorkshire and Humber Deanery.

This is the Yorkshire and Humber Deanery's standard operating procedure for interpretation of national processes currently defined in the Dental Gold Guide and is subject to change as national guidance evolves. It outlines the default expectations which will apply to most PgDiTs and/or situations. There will be some exceptional situations where individual circumstances create a reasonable justification for a variation in the process followed or the decision reached. Such exceptions must be explicitly identified when they occur and documented as such by dental and/or administrative staff. The management of exceptional cases will be reviewed as part of the quality assurance process and may also be tested by the RCP Reviews and Appeals process.

All RCP decisions are made as part of a delegation process from the Postgraduate Dental Dean (PGDD) and the PGDD retains the ultimate responsibility for interpretation and acceptance of these RCP recommendations.

This guidance aims to clarify the roles and responsibilities of those personnel involved in the RCP process on behalf of the Yorkshire and Humber Deanery, including RCP Panel members, Yorkshire and Humber Deanery Programme Support Team members, Educational Supervisors (ES), Training Programme Directors (TPD) and PgDiTs

1.2. PgDiTs covered by this guidance

This guidance applies to all PgDiTs appointed to foundation, core and specialty dental training programmes including Academic Dental Core Trainees, Academic Clinical Fellows, Academic Clinical Lecturers and all PgDiTs who are Out of Programme with the approval of the PGDD. This also includes dentists on the joint dental foundation and core training programme.

1.3. Equality and Diversity

The Yorkshire and Humber Deanery is committed to ensuring that the principles of equality and diversity are always applied in the delivery of education and training. This guidance is based upon

the principles of natural justice, fairness, equality, and reasonableness, as supported by legislation, and should be applied with those principles in mind.

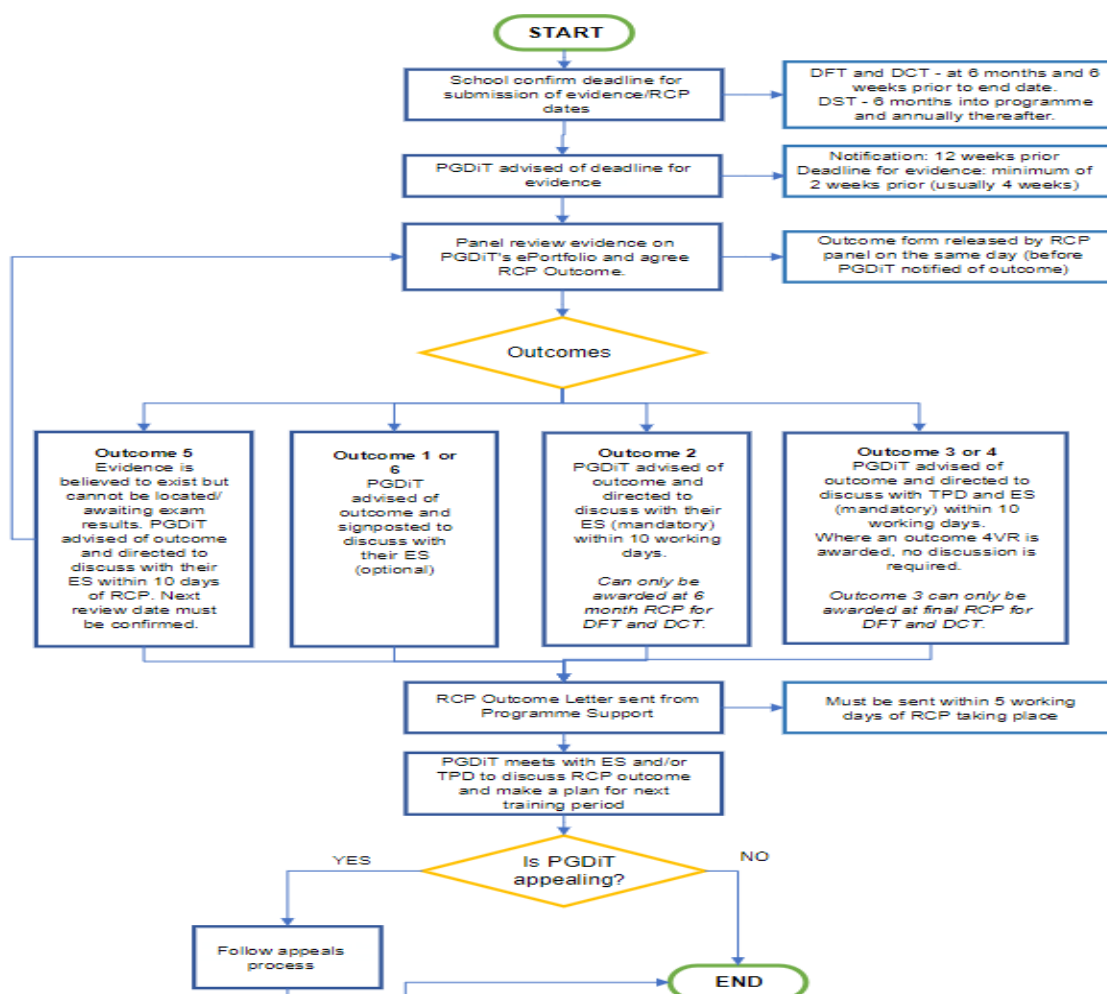
All Panel members, including Lay Representatives, must be trained in equality and diversity and this training must be kept up to date and repeated every three years. The Panel Chair will confirm that all panel members are up to date with training at the start of every RCP.

2. What is the Review of Competency Progression (RCP)?

2.1 Background

The RCP provides a formal process that reviews the evidence presented by the PgDiT and their ES relating to the PgDiT's progress within their training programme. It enables the PgDiT, the PGDD and employers to document that the competences required are being gained at an appropriate rate and through appropriate experience. For PgDiTs within Dental Foundation Training (DFT) and Dental Core Training (DCT) this process is termed the Review of Competency Progression (RCP) and for Dental Specialty Training (DST) the Annual Review of Competency Progression (ARCP). For expediency, where relevant, the abbreviation RCP is used throughout this guidance document.

2.2 The RCP process in the Yorkshire and Humber Deanery





2.3 Description of the RCP Process

The RCP process:

- RCPs for PgDiTs within DST are normally undertaken annually, or at critical progression points, with a maximum 15 months between RCPs. It is considered best practice to undertake the first RCP within 6 months of post commencement.
- RCPs for PgDiTs within DCT are normally undertaken after 6 months and within the last 2 months of the 1-year training programme (pro rata for Joint Dental Foundation and Core Training).
- RCPs for PgDiTs within DFT are normally undertaken after 6 months and 4-6 weeks before the end of the 1-year training programme (pro rata for Joint Dental Foundation and Core Training).
- All PgDiTs are required to collect appropriate evidence, review this with their Educational Supervisor (ES) and submit the evidence at least 2 weeks prior to the RCP. This is the responsibility of the PgDiT.
- All PgDiTs within DCT and DST are given an indication of the likely RCP outcome by their ES/TPD prior to the RCP meeting.
- PgDiTs do not routinely attend the RCP meeting and the outcome is agreed by the panel in their absentia following formal consideration of the submitted portfolio and the ES structured report.
- PgDiTs should be notified of the RCP outcome on the day of the panel through the outcome form being released on their ePortfolio.
- All PgDiTs will receive feedback from the RCP panel through their ES, TPD or Associate Dental Dean (ADD) following the RCP meeting. The most appropriate person to provide feedback is determined by the panel dependent upon the RCP outcome.
- The Dental Gold and Blue Guides provides guidance to any PgDiTs who wish to review or appeal an RCP outcome.

There are some circumstances where an RCP may take place outside of the timeframes listed above. This list is not exhaustive and any additional RCP meetings are convened at the discretion of the PGDD:

1. Where there are performance or progression issues that need to be addressed. For example, non-engagement with the portfolio or significant performance issues.
2. LTFT PgDiTs where decisions relating to progress fall outside the usual RCP cycle.
3. When a PGDiT is commencing parental leave or out of programme and has not had an RCP within the previous 3 months.

3. Roles and Responsibilities

3.1 Responsibilities of the PgDiT

Within the RCP process, PgDiTs are responsible for:

- Maintaining regular contact with their ES, TPD and the Programme Support Team by responding promptly to communications, even when they are on an Out of Programme (OOP).



- Managing their learning, familiarising themselves with their curriculum and assessment methods, and collecting evidence of competencies and capabilities against the relevant curriculum, which includes maintaining a portfolio.
- Submitting a Trainee Assessment Form, Training Post Assessment and completed Form R (Dental Specialty Training only). Where the PGDiT holds a GMC registration, they must ensure they also complete the GMC Form R, for revalidation purposes.
- Meeting with their ES a minimum of 3 times between each RCP for DST, typically at the beginning, middle and end of each placement, or 3 times during the one year placement for DCT. These are the 'objective setting', 'interim review' and 'final review' meetings.
- Submitting evidence for the RCP at least 2 weeks before the panel is due to meet.
- Familiarising themselves with the requirements of the General Dental Council document 'Standards for the Dental Team' (September 2013).
- Ensuring that all required documentary evidence is provided and their portfolio is complete.

3.2 Responsibilities of the Postgraduate Dental School

The School has responsibilities to the public, dentists in training and the Postgraduate Dean to:

- Plan and deliver RCPs in accordance with this guidance and the Dental Gold Guide (September 2025).
- Consider the progress of all PgDiTs in a fair, consistent, transparent, and professional manner which meets the requirements of the Dental Gold Guide (September 2025).
- To communicate with PgDiTs, employers, directors of medical education (DMEs), ESs, TPDs, and the Yorkshire and Humber Deanery Programme Support any recommendations and/or training requirements which arise through the RCP process.
- Facilitate quality management of the RCP process.
- Ensure all members of the RCP Panel are appropriately trained in RCP outcomes and have undergone training in equality and diversity within the last 3 years.
- Confirm to the Yorkshire and Humber Deanery Programme Support Team (for onward communication to PgDiTs) deadlines for the submission of evidence and RCP Panel dates, which must be scheduled at least one-rolling year ahead. These dates must be published on the website.
- To ensure that all relevant forms supporting the RCP process are available to PgDiTs and ES on the website.

4. Planning the RCP Process

4.1 Identifying dates for RCP Panels

The dates for the RCP Panels must be fixed at least 1 'academic' year in advance and around exam results where this is possible. Where applicable, the date of the trainee's next review will usually have been indicated at the previous ARCP.

RCP dates should be set at clear intervals (e.g. quarterly) to avoid panels taking place on a monthly (or more frequent basis), due to resource implications for both the Dental School and Programme Support.



Evidence should be submitted 2 weeks before the RCP.

The RCP Panel meeting for DCT should normally take place a minimum of **6 weeks** before the completion of the training year. This is to ensure that the PgDiT, local education providers and the Postgraduate Dental School have sufficient notice to provide additional evidence and/or adjust placements when an Outcome 3 or 5 is awarded.

4.2 Identifying PgDiTs for RCP

TPDs are responsible for identifying and confirming any PgDiTs requiring an RCP. They must liaise with the Yorkshire and Humber Deanery Programme Support Team, or other Programme Support Team where the RCP is held nationally and supported by an external region, who will provide administrative support to the TPD throughout this process.

PgDiT names must be confirmed at least 12 weeks prior to the RCP Panel date. Where the required notice period is not met, the RCP may be delayed; this is to ensure PgDiTs are given sufficient time to prepare.

PgDiTs will be sent a letter by email advising them about their RCP arrangements and the deadline for the submission of evidence. The Yorkshire and Humber Deanery Programme Support will not issue reminders and it is the responsibility of the PgDiT to ensure that the relevant information is available by the specified deadline. The information that must be submitted will appear on the School website and it is the PgDiT's responsibility to familiarise themselves with RCP requirements.

The RCP should not be considered a punitive process. The process is about supporting and facilitating development of competencies. When concerns are raised about a PgDiT's performance, engagement with the training programme, or any other matters impacting the acquisition of capabilities and competences, this should initially be informally addressed by the TPD, with support from the ADD, at the earliest opportunity. There is no such thing as an 'interim RCP' and all RCPs should be managed in accordance with this guidance.

4.3 Identifying RCP Panel members

The ADD must ensure that the RCP Panel is quorate with the Dental Gold Guide and any specialty-specific requirements.

The RCP panel will comprise:

- Associate Postgraduate Dental Dean (Chair)
- Training Programme Director(s) – for DFT, this will be a TPD from a different scheme
- Lay Representative
- External Specialty Advisor – for DFT, they will only be present at the Final RCP
- Academic member, where academic PgDiTs are being reviewed.

The TPD will provide the panel with a summary of each PgDiT at the outset of each discussion.

PgDiTs do not attend the RCP panel.

The TPD must inform the Yorkshire and Humber Deanery Programme Support Team of the composition of the Panel and confirm the agenda a minimum of 12 weeks before the RCP. Once the Panel composition has been agreed, the Programme Support Team will invite the relevant Panel members and arrange portfolio access where applicable.



Where possible, an individual should observe an RCP panel prior to participating as a full member.

4.4 Location and the RCP Panel meeting agenda

RCP Panels should be held virtually, as standard, to reduce travel and administration costs.

When there is expected to be consensus amongst the panel the RCP outcome can be agreed through email. This would be appropriate in smaller specialties where all PgDiTs are expected to be awarded an outcome 1 or 6.

The Yorkshire and Humber Deanery Programme Support Team will produce an agenda based on the timings advised by the Panel Chair.

4.5 Agreeing and publicising RCP dates/submission of evidence

The date(s) of RCP Panel meetings must be discussed and a mutually suitable date agreed by the ADD, TPD(s) and the Yorkshire and Humber Deanery Programme Support Team; this is to ensure capacity is available for effective support.

In smaller dental specialties the RCP process may be coordinated at a supra-regional level. Where RCP support is delivered by another NHSE local office or Trust, the Yorkshire and Humber Deanery Programme Support and the ADD must ensure that PgDiTs are notified in accordance with this guidance.

5. Pre-RCP Educational Supervisor Review

5.1 Purpose of the Educational Supervisor Review

The ES should meet with the PgDiT at least 3 weeks prior to the RCP to review the portfolio and progress against the previously agreed PDP. Where evidence is lacking, the ES should remind the PgDiT to complete it as otherwise, the RCP outcome will reflect inadequate evidence.

The ES should complete the structured report at least 3 weeks prior to the RCP. The purpose of the report is to provide a summary of progress including collation of the results of the required workplace-based assessments, examinations and other experiential activities required by the curriculum (e.g., logbooks, evidence of research activity, publications, quality improvement activities and audits). It is vital that the report is as detailed as possible as this is a key piece of the evidence for the RCP panel to consider.

The content of the structured report should be discussed with the PgDiT prior to submission to the RCP panel. There should be an evidence-based, timely, open, honest and supportive discussion about the likely RCP outcome and the potential plan for the next year of training. **The RCP Outcome is determined by the Panel but the PgDiT should be forewarned about possible outcomes.** If the ES has not been able to discuss the likely RCP outcome, they have a duty to report the reasons to the TPD and/or the Panel Chair in advance of the RCP meeting.

Within the reflection section of their ePortfolio, Foundation Dentists may submit a response to the Educational Supervisor's Report for the panel to take into account.

All Academic DCTs, ACFs and ACLs also require a separate Academic Supervisors Report.

PgDiTs completing an OOP require a report from their OOP Supervisor (Appendix 2), with the exception of PgDiTs on a Career Break.



6. The RCP Panel and Assessment

6.1 Objectives and responsibilities of an RCP Panel

The RCP Panel's role is:

- To make a judgement about the trainee's suitability to progress or confirm that training has been satisfactorily completed
- To issue the RCP outcome
- To provide all trainees with written feedback, via their e-portfolio, on the panel's opinion on their progress throughout the period of training under review
- Recommend a feedback meeting with the trainee and ES, supported by the TPD and Associate Postgraduate Dental Dean, as necessary

6.2 Preparing for an RCP Panel

The Programme Support Team will send an instruction email to all panel members in advance of the RCP meeting detailing: RCP Panel training requirements, timetable for the day, joining link, access to any portfolios that need to be reviewed ahead of the meeting, links to any documentation that requires review/completion, a courtesy note to thank them for attending and contact details for the day.

In advance of the RCP Panel meeting, all Panel members are required to:

1. Complete equality and diversity training (within the past 3 years).
2. Familiarise themselves with the relevant curriculum requirements, this guidance and relevant sections of the Dental Gold Guide relating to RCPs.

Each member of the RCP Panel will review evidence for all of the PgDiTs under discussion before the meeting unless the Chair has agreed in advance that the PgDiTs can be split amongst the panel (this would only normally happen in larger specialties).

If a Panel member identifies a potential conflict of interest between themselves and one of the PgDiTs who is to be discussed they must alert the Chair in advance of the meeting. Foundation Dentists must not be reviewed by their own Training Programme Director.

When preparing for an RCP Panel and reviewing a portfolio, panel members should be aware that a draft Outcome form may be visible to the PgDiT on their portfolio. Panels are strongly advised to not create draft Outcome forms in advance of the meeting. The Programme Support Team are not responsible for creating Outcome forms.

6.3 Conduct of the RCP Panel

PgDiTs are being assessed against not only a knowledge and skills framework, but a framework of professional behaviours. There is also an expectation that Panel members will conduct themselves in a professional manner, in line with 'Standards for the Dental Team' (General Dental Council, 2013), and will in general act as role models of professionalism.

Panel members should not be directly involved in the clinical care of patients whilst undertaking any RCP. The use of mobile phones during the RCP is not appropriate. Refreshment and lunch breaks will take place at allocated times.



If a lay or other external member has concerns about the conduct of the panel, these should be raised with the Chair or Postgraduate Dental Dean for further consideration.

6.4 The RCP Panel Meeting session

The Chair of the Panel must confirm that there are no conflicts of interest between any member of the RCP Panel and the PgDiTs being assessed (Appendix 1). If a conflict of interest is not identified until this late stage the Chair will decide how best to proceed.

Consideration must be given to any reasonable adjustments required to facilitate the timeline of panels and for panel members in attending.

Each PgDiT will be presented to the RCP panel by the TPD or a nominated reviewer. Where the RCP Panel meeting takes place via an online platform, the screen must be shared so all members of the Panel can see the evidence. The RCP Panel will collectively consider all PgDiTs.

The RCP panel can only consider the submitted evidence.

The RCP Panel must discuss and jointly decide an outcome. The discussion must be a live and meaningful one.

6.5 Role of the Individual Panel Members

The roles of the individual panel members are detailed in the Dental Gold Guide.

The Programme Support Team are responsible for appointing the Lay Representative and External/SAC Representative.

Lay Representatives will complete a Feedback Form following each RCP Panel.

Where a Lay Representative has concerns about the conduct of an RCP Panel this must be raised immediately with the Chair and/or PGDD.

External/SAC Representatives will complete a Feedback Form following each RCP Panel.

Where the External/SAC Representative has concerns about the conduct of an RCP Panel this must be raised immediately with the Chair and/or PGDD.

6.6 Assessment of PgDiTs training Less than Full Time (LTFT)

PgDiTs training LTFT must meet the same requirements as those who train on a full-time basis.

The review process for LTFT PgDiTs should take place at the equivalent time in the programme as for full-time PgDiTs.

LTFT PgDiTs should have an RCP not less than annually (maximum 15 months between RCPs) but also may need an RCP at any critical progression points in their training.

LTFT PgDiTs will be expected to demonstrate the capabilities relevant to their stage of training as described in their relevant curriculum on a pro rata basis. For example, a PgDiT training at 60% will have completed the equivalent of a year's training in 20 months.

The CCST date will change when a PgDiT moves from full time to LTFT Training (and vice versa) and the CCST date should be recalculated and recorded at each RCP Panel.



Further information on the management of LTFT PgDiTs can be found in the: Yorkshire and Humber Deanery Less Than Full Time Training (LTFT): Standard Operating Procedure.

6.7 Bringing Forward of CCST Date in Dental Specialty Training

6.7.1 Accreditation of Prior Experiential Learning (APEL)

Any Dental Specialty Trainee wishing to have APEL recognised and request a change in CCST date should meet (within the first month) with the Educational Supervisor/Training Programme Director to review the competencies already achieved and to understand from the trainee where they believe they are in terms of curricular objectives mapped to the relevant specialty curriculum.

The trainee, ES and TPD should agree that it is in the trainee's educational interest to recognise the competencies acquired in a previous role and this recommendation should be supported by the Training Programme Director.

The grade of training and provisional CCST date will then be formally reviewed and ratified at the first 6-month ARCP Review. The Specialty Advisory Committee representative should be involved in any decision to reduce training time.

6.7.2 Accelerated Progression of Dental Specialty Training

While specialty curricula have indicative durations, some Dental specialty trainees could progress to completion in a shorter time than indicated, due to acquisition of competencies during their programme ahead of that determined by the curriculum. Minimum training times of 3 years whole time equivalent exist for Oral Surgery and Orthodontics.

The recommendation for a trainee to bring forward their CCST date will normally be made at their penultimate scheduled ARCP prior to their agreed CCST date. The decision rests with the Postgraduate Dean advised by the ARCP panel.

7. Application of the RCP Outcomes

7.1 Agreeing and documenting an RCP Outcome

The RCP Outcomes must be agreed on the day of the RCP meeting, with the RCP Outcome Form populated and released on the same day.

The Outcome Form should be completed fully and accurately. Where a developmental outcome has been issued, the reasons for that outcome must be clearly explained on the form.

The review period for the ARCP must be explicit. This would normally be the date from the last ARCP to the date of the current ARCP or (where appropriate) programme completion date.

All RCP outcomes will be recorded on TIS by the Programme Support Team no later than 10 working days following the RCP date.

- If an **Outcome 2** is awarded, a debriefing meeting should be arranged as soon as possible after the RCP between the PgDiT and ES, who will make clear to the PgDiT and the employer/s what must be done to achieve the required competences.

A PgDiT should not normally be on an Outcome 2 for longer than 12 consecutive months for the same objective(s). Strong consideration should therefore be given to a further RCP at 6 months following any Outcome 2.

An Outcome 2 is only applicable in DFT and DCT at the 6-month RCP.

- If an **Outcome 3** is awarded, a debriefing meeting should be arranged as soon as possible after the RCP between the PgDiT and ES and TPD, and if appropriate, the ADD. It needs to be made clear to the PgDiT and the employer/s what additional training is required and the circumstances under which it should be delivered (e.g., concerning the level of supervision).

Where such additional training is required because of concerns over progress, the overall duration of the extension to specialty training should normally be for a maximum of one year, unless exceptionally, this is extended at the discretion of the Postgraduate Dental Dean, but with an absolute maximum of two years of additional training during the total duration of the training programme. Panels should be mindful of the need not to set the duration of the Outcome 3 for any longer than is necessary, given the finite amount of time PgDiTs can remain on an Outcome 3 over the duration of their entire training.

An Outcome 3 is only applicable in DFT and DCT at the final RCP and training can only be extended for a maximum period of 12 months at the discretion of the Postgraduate Dental Dean.

For PGDiT's training at LTFT, extensions to training for any reason will be pro rata. It is a condition of joining and remaining on the training programme that the PgDiT agrees to sharing the full information about the circumstances leading to the Outcome 3 with their ES, employer and LEP; the offer of additional training time is dependent on agreeing to this information being shared.

PgDiTs will normally have another RCP within 6 months of being awarded an Outcome 3.

- An **Outcome 5** is a transitional outcome and must be superseded by another RCP Outcome which covers the same period.

If an Outcome 5 is awarded, the PgDiT must meet with their ES to consider the recommendation of the RCP panel and provide the required additional evidence within 10 working days. The only exception to this is for exam results for which a maximum of 8 weeks is allowable.

A PgDiT cannot be given a second consecutive Outcome 5. They must be given a definitive outcome following submission of any additional evidence.

- An **Outcome 8** is issued to PgDiTs who are Out of Programme (OOP) on either OOPR (research), OOPE (experience) or OOPC (career break).

If the PgDiT is out of programme on a training placement (OOPT) that has been prospectively approved that will contribute to the competences/capabilities of the PgDiT's programme, then an Outcome 8 should not be used. Instead, a routine assessment of progression should be made and an Outcome 1, 2, 3, 4 or 5 should be awarded.

7.2 Release from Training Programme

The RCP panel will award an Outcome 4 and recommend that the PgDiT is released from the training programme if there is insufficient and sustained lack of progress, often despite having had a period of additional training. The panel should document relevant competences that have been achieved by the PgDiT and those that remain outstanding.

For DCT, an outcome 4 is awarded to PgDiTs who decline the offer of Outcome 3.

The PgDiT will have their National Training Number (NTN) or training contract withdrawn and their employer will be informed, which may result in termination of their contract of employment. The PgDiT may choose to seek further advice from the PGDD or their current employer about future career options.

7.3 Statutory Leave and the RCP

There are circumstances when the RCP panel would not issue an outcome, such as when the PgDiT is absent on long-term statutory leave (e.g. maternity/paternity/adoption or sick leave) or where training has been paused. In these cases, the Chair will record the reasons for this.

PgDiTs returning from statutory leave should be encouraged by the RCP Panel (via the RCP Outcome Form) to access the Supported Return to Training (SuppoRTT) opportunities and undertake a review meeting with their TPD prior to returning to work.

7.4 Considering exceptional and/or mitigating circumstances

Where there is evidence that the PgDiT is not making adequate progress, they should always be asked by their ES if there are any mitigating circumstances. This discussion must be documented in the portfolio and escalated as appropriate to the TPD and/or ADD as soon as any problems come to light.

The RCP Panel may only consider evidence within the portfolio.

When there are any mitigating circumstances, these should be clearly documented on the RCP Outcome Form by the RCP Panel.

In the rare event that mitigating circumstances come to light during the post-RCP feedback meeting between the PgDiT and the ES, TPD and/or ADD, the RCP Outcome may not be changed. The outcome stands because it is based on a thorough review of the evidence that has been submitted in the portfolio. The mitigating circumstances should however be documented in the portfolio and may be considered as mitigating factors in future RCPs.

Any PgDiT in receipt of an Outcome 2, 3 or 4 may ask for a review and/or appeal against the decision in line with the Dental Gold Guide.

7.5 Failure to engage with the portfolio/training programme

For there to be a failure of engagement there must be:

- Evidence that the PgDiT has been told and understands what is required of them.
- Evidence of sufficient opportunities for the PgDiT to provide the required information/evidence.
- Evidence that the PgDiT has not acted upon the opportunities to provide the required information/evidence.
- No reasonable circumstances that explain the lack of supporting information/evidence within the portfolio.
- Evidence that capabilities and competencies have not been spread across a training year.

Engagement by the PgDiT must be reviewed and discussed at every educational review meeting between the PgDiT and their ES. Where concerns are identified the ES has a responsibility to raise this with the TPD in a timely way; this should not wait for the RCP.

When a PgDiT persistently fails to engage with the RCP process, they will be awarded an Outcome 4.

7.6 RCP and PgDiT resignation

Where a PgDiT resigns from a training programme, they will be informed by the Programme Support Team that an RCP Panel will review their progress between their last RCP and the point of resignation (unless the effective exit from the programme occurred within three months of the last RCP).

Where a PGDiT resigns during their training programme, they will be awarded an Outcome 4 for Dental Core Training and an Outcome 4VR (voluntary resignation) for Dental Specialty Training.

For further information please refer to the Yorkshire and Humber Deanery Guidance on Withdrawal of a Training Number and Resignations.

8. Post-RCP Feedback Arrangements

It is good practice to hold a de-brief with panel members at the end of the RCP meeting.

The de-brief provides a further opportunity to gather feedback on how the RCP process could be improved and to discuss information gathered on the performance of trainers and the training programme.

All PgDiTs must meet with their ES within 4 weeks of the RCP panel to agree their PDP goals for the next period of training. The TPD is responsible for ensuring that this meeting takes place. The Yorkshire and Humber Deanery Programme Support Team will not provide secretarial support for the meeting. However, the individual delivering the feedback is strongly encouraged to include a record of the discussion on the PgDiT's portfolio. This should be signed by both the trainer and PgDiT to confirm that the record is an accurate reflection of the discussion.

PgDiTs in receipt of an RCP Outcome 3 or 4 must meet with the TPD and/or ADD for feedback **after** the RCP has taken place to discuss the recommendations of the Panel and any additional remedial training if this is required. This meeting should take place within 2 weeks. The RCP Panel will agree whether the TPD and/or ADD should provide this feedback and this will be detailed on the RCP Outcome Form.

The RCP Outcome Form **must** be released to the PgDiT on the day of the RCP and as a minimum prior to any feedback being delivered. This ensures that the PgDiT has time to process the outcome prior to receiving feedback to enable a meaningful discussion.

Individual(s) delivering feedback should refer to the YH Guidance on Feedback for RCP Outcomes.

8.1 Post-RCP Notification of Outcome

The RCP Panel will be responsible for the following:

1. Confirming the RCP Outcome and briefly summarising the reason(s).
2. Signposting the PgDiT to the RCP Outcome Form.

3. Encouraging the PgDiT to discuss with their ES the Outcome and what this means for their training.
4. PgDiTs in receipt of outcomes 2, 3 and 4 to be advised a Post-RCP Review Meeting is expected to enable more in-depth discussion. This must take place within 10 working days, and the PgDiT is responsible for contacting the individual(s) named on their RCP Outcome Form.
5. Signposting the PgDiT to discuss any contractual implications of the RCP Outcome with their employer.
6. Advising the PgDiT of the RCP Review/Appeal process (where applicable).

The Programme Support Team will send an email to the PgDiT, confirming their RCP Outcome, and next steps within 5 working days of the RCP being held.

Where applicable, The Yorkshire and Humber Deanery Overseas Sponsorship Team should be informed if a PgDiT receives an outcome that requires additional training time, leaves the training programme or a change is made to the CCST date.

The Employer will be notified of the RCP outcome via a monthly Trust Outcome report.

9. RCP Reviews and Appeals

The Yorkshire and Humber Deanery has a specific protocol relating to Reviews and Appeals, which is available on the website.

PgDiTs in receipt of an Outcome 2, 3 or 4 may appeal the Outcome, with a Review and/or Appeal Hearing then arranged as appropriate. Requests must be submitted in writing to the PGDD within 10 working days of being notified of the RCP Outcome (via the RCP Outcome email).

When a PgDiT appeals their RCP outcome, their RCP process is not completed until either the Review and/or the Appeal Hearing process is finalised.

10. Quality Management and Audit

10.1 Quality management and audit

To assure the public, PgDiTs and PGDD about patient safety and training processes there will be regular audits of ES reports, RCP Outcome forms and RCP processes to confirm compliance with the Dental Gold Guide and local operational guidance.

10.2 RCP Panel Chair checklist

The RCP Panel Checklist Form (Appendix 1) must be completed by the Chair during each RCP meeting. This form is mandatory and is stored by the Programme Support Team as a record of the RCP process.

10.3 RCP Panel feedback on Educational Supervisor Reports

RCP Panels are required to review the ES structured reports. It is expected that the RCP panel will provide constructive feedback to individual ES through the TPD.

Where there are concerns regarding ES engagement, the Panel Chair is responsible for discussing this with the relevant DME, and if not resolved, with the North East and Yorkshire Quality Team.

10.4 Feedback from external sources

Externality on the RCP process is provided by two independent sources:

1. A Lay Representative appointed from a list compiled by the PGDD.
2. An External/SAC Representative from the specialty, but from outside the region.

11. Equality Impact Assessment (EIA)

Under the Equality Act, the need for public bodies in England to undertake or publish an equality impact assessment of their policies, practices and decisions was removed in April 2011 when the 'single equality duty' was introduced. Public bodies must still give "due regard" to the need to avoid discrimination and promote equality of opportunity for all protected groups when making policy decisions and are required to publish information showing how they are complying with this duty.

12. Monitoring Compliance and Effectiveness

This Operational Guidance will be reviewed in accordance with updated or new guidance published by CODEND, NHS England, the General Dental Council, or any other organisation as applicable. New iterations of this guidance will be ratified by the SOP Delivery and Development Group within the Yorkshire and Humber Deanery.

13. Appendices

Select the link to access the relevant Appendix:

Appendix 1: [ARCP Panel Chair Checklist](#)

Appendix 2: [Dental Specialty Training Out of Programme \(OOP\) Supervisors Report YH](#)