**Dental Core Training (DCT) Equivalence - Educational Supervisor Letter of Support 2021**

**Instructions:**

1. This form should only be completed if an applicant is applying to Dental Core Training (DCT2 or DCT3 level) and will **NOT** have completed a UK DCT1 or DCT2 programme prior to the advertised post start date. The applicant will therefore be required to provide evidence that they have/will have completed a post that is considered equivalent to a UK DCT1 or DCT2 post, as detailed below.
2. The applicant must have worked in the DCT1 or DCT2 equivalent post for a minimum period of 12 months whole-time equivalent, prior to the advertised post start date.
3. Clinicians are only eligible to sign this form if they are/were/will be the applicant’s Educational Supervisor during the equivalent DCT1 or DCT2 post.
4. The form is valid with either one, two or three Educational Supervisor signatures, provided the dates of the post/s entered cover the full 12 months whole-time equivalent.
5. The form MUST be completed in full, including details about the Educational Supervisor/s completing it.
6. Applicants must upload and attach all the pages of the form, as one single document, to their application form before submission.

**Dental Core Training Equivalence**

Dental Core Training in the UK is a structured period of training in a secondary care/specialised primary care environment, where progress against agreed development outcomes is monitored and reviewed by an assigned educational supervisor and/or clinical supervisor as part of an educational agreement for training. The objectives of the placement are selected from the UK DCT Curriculum and vary according to the individual's training needs and the opportunities available. For an applicant to demonstrate equivalence, it will be necessary to show evidence of career development in a similar environment within a structured, supervised and monitored programme for a minimum of 12 months whole-time equivalent, by the time of appointment e.g. the start date of the DCT programme being applied for.

**Posts considered to be equivalent to DCT are as follows:**

Hospital, general dental practice, community junior training posts or overseas posts where the individual has a designated supervisor, undertakes work-based assessment and develops according to a personal development plan set at the beginning of a training period, with an appropriate review of competence progression (as identified in the [UK DCT Curriculum](https://www.copdend.org/postgraduate-training/dental-core-training-curriculum/)). For posts in the UK these must be posts with prior educational approval from a Postgraduate Dental Dean.

Previous training should include hands on clinical dental experience or involve training in oral pathology, radiology, oral microbiology or dental public health.

**Posts NOT considered to be equivalent to DCT are as follows:**

* Dental Foundation Training posts.
* Any post where there is no personal development plan, work-based assessment, evidence of competence progression review or designated supervisor.
* Posts that provide service only, with no structured development plan.

*N.B. We understand that refugee dentists may have less access to standardised documentation and in rare cases may not be able to obtain a signed Educational Supervisor Letter of Support. If you are unable to provide any of the above because of your refugee status, you should contact the recruiting organisation for advice before submitting your application form. Refugee dentists will be required to provide an Educational Supervisor Letter of Support wherever possible.*

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| --- | --- |
| **Applicant Details:** | |
| **Name:** |  |
| **Oriel PIN:** |  |
| **GDC Number or equivalent:** |  |
| **Applicant Declaration:** I confirm that I am not related to, or in a relationship with the signatory of this form  I declare that all the information on this form is true to the best of my knowledge and belief | |
| **Applicant Signature:** |  |
| **Date:** |  |
|  | |
| **Educational Supervisor 1 Details:** | |
| **Name:** |  |
| **Professional Status:** |  |
| **Current post:** |  |
| **Email address: Please provide institutional email address, NOT personal i.e. Gmail, Hotmail etc.** |  |
| **Telephone Number:** |  |
| **Address for correspondence:** |  |
| **UK GDC/GMC Number (if applicable):** |  |
| **If you are not registered with the UK GDC/GMC, please give:** | |
| **Name of registering body:** |  |
| **Your registration Number:** |  |
| **Please provide the applicant with evidence of your current registration with that body.**  A certified translation should be included if this is not in English. Historic registration with the GDC/GMC will not be accepted. *Failure to provide this will result in the applicant being rejected.* | |
| A)  I confirm that I have reviewed and understand the ‘Dental Core Training Equivalence’ section above and the associated requirements of DCT equivalence. | |
| B)  I confirm that I am/was/will be the Educational Supervisor of the applicant named above during the post they are claiming to be equivalent to DCT1 or DCT2.  C)  I confirm that the post detailed below is/was recognised for training and the above applicant has/had a personal development plan and is/was undertaking work-based assessment under supervision.  D)  I confirm that I am not related to, or in a relationship with the applicant.  ***Please complete the table below with details of the equivalent DCT1 or DCT2 post that you supervised:*** | |
| **Year of equivalent DCT training:** | **DCT1 DCT2** *(Delete as appropriate)* |
| **Start Date of Supervision:** |  |
| **End Date of Supervision:** |  |
| **Post Title:** |  |
| **Hospital/Practice/Primary Care Organisation Name and Address:** |  |
| **Declaration: Failure to provide truthful information on this form renders you, the signatory, at risk of being referred to your regulatory body (the GDC/GMC or equivalent). Patient safety must remain your primary concern.**  I declare that all the information I have given on this form is true to the best of my knowledge and belief | |
| **Educational Supervisor 1 Signature:** |  |
| **Date:** |  |
| **OFFICIAL HOSPITAL/PRACTICE/PRIMARY CARE ORGANISATION STAMP**  ***If not available, please attach a signed compliment slip and give hospital/practice/primary care organisation name and website address.*** |  |

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| **Applicant Signature:** |  |
| **Date:** |  |
|  | |
| **Educational Supervisor 2 Details:** | |
| **Name:** |  |
| **Professional Status:** |  |
| **Current post:** |  |
| **Email address: Please provide institutional email address, NOT personal i.e. Gmail, Hotmail etc.** |  |
| **Telephone Number:** |  |
| **Address for correspondence:** |  |
| **UK GDC/GMC Number (if applicable):** |  |
| **If you are not registered with the UK GDC/GMC, please give:** | |
| **Name of registering body:** |  |
| **Your registration Number:** |  |
| **Please provide the applicant with evidence of your current registration with that body.**  A certified translation should be included if this is not in English. Historic registration with the GDC/GMC will not be accepted. *Failure to provide this will result in the applicant being rejected.* | |
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| **Date:** |  |
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| **Applicant Signature:** |  |
| **Date:** |  |
|  | |
| **Educational Supervisor 3 Details:** | |
| **Name:** |  |
| **Professional Status:** |  |
| **Current post:** |  |
| **Email address: Please provide institutional email address, NOT personal i.e. Gmail, Hotmail etc.** |  |
| **Telephone Number:** |  |
| **Address for correspondence:** |  |
| **UK GDC/GMC Number (if applicable):** |  |
| **If you are not registered with the UK GDC/GMC, please give:** | |
| **Name of registering body:** |  |
| **Your registration Number:** |  |
| **Please provide the applicant with evidence of your current registration with that body.**  A certified translation should be included if this is not in English. Historic registration with the GDC/GMC will not be accepted. *Failure to provide this will result in the applicant being rejected.* | |
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| **Educational Supervisor 3 Signature:** |  |
| **Date:** |  |
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