

FRCP JDFCT Checklist Guide — Joint Dental Foundation & Core Training

The Final Review of Competency Progression (FRCP) determines whether a dentist on the Joint Dental Foundation and Core Training (JDFCT) programme has achieved Satisfactory Completion of both the DFT (primary care) and DCT (secondary care) components. The JDFCT is a concurrent 24-month programme combining primary care and secondary care training on a weekly rotation basis. This guide sets out the portfolio evidence required for trainees and educational supervisors across both settings. The portfolio is the only evidence the FRCP panel will consider — if it is not in the portfolio, it does not exist.

Submission Deadline
10th July 2026

Min. SLEs Required
48 by FRCP (equally split)

UDAs by FRCP
≥1,500 — primary care (DFT)

Study Days
38 total (30 DFT + 8 DCT)

PLT Tutorials
35 minimum (DFT)

FRCP OUTCOMES

6 Satisfactory Completion of DFT and DCT confirmed

3 Extension to programme recommended

4 Released from programme without all competencies

5 Incomplete evidence — extension or Outcome 4 possible

⚠ Critical Reminder

Evidence collated and included in your portfolio is the **ONLY**

evidence that FRCP panels will have available to confirm your progress across both the DFT and DCT components. If it is not in the portfolio, the panel cannot consider it. Complete the online submission form by **10th July 2026**.



FRCP Portfolio Checklist Submission Form JDFCT — 24 Month Programme (EYDT) — Fill in form

🕒 RCP REPORTS AND SUPERVISED LEARNING EVENTS



ES FRCP Report — with your own trainee comments added

By 10 July

This report is co-created by both your primary care and secondary care Educational Supervisors. Both ESs are expected to discuss the report with you individually before submission. Without this evidence, the FRCP panel will be unable to reach a decision. Deadline: **10th July 2026**.

i DCT Additional Requirement — Dual ES Report Workflow

The FRCP ES Report for the JDFCT programme is co-created by both your primary care Educational Supervisor (ES) and your secondary care Educational Supervisor. Either ES may initiate the draft in the portfolio. The other ES then reviews and contributes their assessment. The report is then shared with you for your trainee comments — once added, the report is published to the portfolio. Both ESs should discuss the report with you individually before the report is submitted. It is also recommended that both ESs arrange a joint meeting (online is acceptable) to agree entrustment levels and co-ordinate their contributions before drafting begins.



Minimum 48 Supervised Learning Events (SLEs) on the portfolio — equally split between settings

By 10 July

24 SLEs must be from primary care and 24 from secondary care. The **Setting** field on each SLE in the portfolio is the mechanism by which the split is evidenced — ensure this is completed accurately on all SLEs throughout the programme.

i DCT Additional Requirement — Secondary Care SLE Minimum Composition

Of your 24 secondary care SLEs, the following minimum SLE types are required:

- **7 Case-based Discussions (CbD)**
- **9 Directly Observed Procedural Skills (DOPS)**
- **2 Mini-Clinical Evaluation Exercises (Mini-CEX)**
 - expected to link primarily to EPA 1 and EPA 5
- **1 Developing the Clinical Teacher (DtCT)**
 - linked to EPA 6 or EPA 9
- **1 Direct Evaluation of Non-Technical Learning (DENTL)**
 - linked to EPAs 6–9

The remaining 4 secondary care SLEs may be of any appropriate type. Review the EPA log to confirm your secondary care SLEs are appropriately distributed.



IRCP Panel Report

By 10 July

Please review the IRCP report and ensure any recommendations have been evidenced within your portfolio across both primary and secondary care settings.

✓ CLINICAL EVIDENCE & EXPERIENCE



Clinical Experience Logs published and up to date to 10th July 2026

By 10 July

All primary care clinical logs should be completed and published on the portfolio before the FRCP panel date to ensure all relevant clinical experience is captured.



Online clinical experience form submitted — activity expected to 31st August

By 10 July

Complete the online form detailing expected clinical activity from 10th July to 31st August, based only on booked patient appointments in your diary. Your ES must confirm this information is accurate in their FRCP ES report.



BSA Compass UDA Report uploaded in the required format — primary care (DFT) component

By 10 July

UDA activity should be above **1,500 UDAs by FRCP**. UDA targets apply to the primary care (DFT) component only; there is no UDA requirement in secondary care. If below 1,500, a reflection must be uploaded explaining the reason. The BSA Compass report must be in the specified format.

▶ [Video guidance available here](#)



Monthly BSA and Practice UDA reports uploaded

By 10 July

All monthly UDA reports from both BSA and the practice must be uploaded to the portfolio.

i DCT Additional Requirement — RCS Edinburgh E-Logbook

Secondary care clinical procedures are recorded in the RCS Edinburgh e-logbook. This logbook must be uploaded to your portfolio and kept up to date to the submission deadline. FRCP panel members will review the e-logbook manually — it is not automatically read by digital tools — so it is important that the logbook is complete, clearly formatted, and uploaded in full before the panel date. The e-logbook supplements, but does not replace, SLE evidence for secondary care EPAs.

☆ PROGRAMME MILESTONES

1

Urgent Dental Care

Linked to EPA 4

Case Deadline **23 Jan 2026**

Feedback Deadline **5 Feb 2026**

Study Group Presentation **6 Feb 2026**



Evidence uploaded to portfolio

2

Molar Endodontic Case

Linked to EPA 2A

Case Deadline **27 Apr 2026**

Feedback Deadline **11 May 2026**

Study Group Presentation **18 May 2026**



PDF with case and APLAN feedback uploaded

3

Complex Case

Linked to EPA 2B

Case Deadline **22 Jun 2026**

Feedback Deadline **6 Jul 2026**

Study Group Presentation **9 Jul 2026**



PDF with case and APLAN feedback uploaded



All Study Days attended, recorded and reflectively evaluated — certificates uploaded (38 total)

By 10 July

30 DFT study days and 8 DCT-specific study days are required across the 24-month programme. Certificates for all 38 days must be uploaded to the portfolio. Study days held after the FRCP recommendation must also be attended and evaluated for the Certificate of Satisfactory Completion to be issued.

i DCT Additional Requirement — DCT Study Days

The 8 DCT-specific study days form part of your total study day requirement and are separate from the 30 DFT study days. Evidence of attendance must be confirmed and certificates uploaded to the portfolio for each DCT study day. Reflective evaluation is required for all study days across both settings.



Protected Learning Time — minimum 35 tutorials completed, recorded, and signed off

By 10 July

All tutorials required by the NHSE Local Office/Deanery must be completed and signed off with PMLD. PLT applies to the DFT (primary care) component; there is no separate PLT requirement in secondary care. Tutorials scheduled after the FRCP recommendation must also be attended for satisfactory completion.



All Learning Needs reviewed — sign off those that are complete

Review Required

Any unsigned learning needs that the panel considers essential to confirm the indicated entrustment level could mean completion of the programme is delayed. Review all learning needs across both settings and sign off those that have been met, or provide explanation for any that remain open.

i DCT Additional Requirement — Secondary Care Learning Needs

The secondary care component requires a minimum number of learning needs to be entered and satisfied in the portfolio by FRCP:

- **4 High priority**

learning needs

- **3 Medium priority**

learning needs

- **3 Low priority**

learning needs

All 10 must be evidenced as satisfied by the FRCP date. Learning needs linked to secondary care should reference the relevant EPA and the achievement mechanism. Panel members will review these as part of the secondary care evidence assessment.

**Personal Development Plan (PDP) completed with ES discussion**

By 10 July

The PDP should be completed and evidenced within the portfolio, reflecting discussion with your educational supervisor across both primary and secondary care settings.

 [GDC PDP Template Link](#)**Reflections — sufficient depth and breadth across both primary and secondary care settings**

All EPAs

Reflective logs should cover experience gained across both settings throughout the programme, linking to specific EPAs. Identifiable patient details must never be recorded.

i DCT Additional Requirement — Secondary Care Reflections and Taster Session

A minimum of

6 reflections

linked specifically to secondary care experience must be recorded in the portfolio. These should evidence your learning and development across secondary care EPAs and clinical settings.

In addition, a specific reflection must be linked to your

Taster Session

— the introductory induction period at the commencement of your secondary care placement, during which you are introduced to the secondary care environment, team, and clinical expectations. This Taster Session reflection is a separate, named requirement and is in addition to your 6 general secondary care reflections.

**Presentations uploaded and linked to relevant Enhanced EPAs**

DCT

Any presentations undertaken during the secondary care placement should be uploaded to the portfolio and linked to the relevant EPA (typically EPAs 6, 7, 8 or 9). Presentations evidence development in oral health promotion, leadership, quality improvement or teaching.

**Research experience uploaded and linked to relevant EPA**

DCT

Any research experience undertaken during the secondary care placement should be uploaded to the portfolio and linked to the relevant EPA (typically EPA 8 or EPA 9, supporting scholarship and quality improvement outcomes).

 QUALITY IMPROVEMENT AND FEEDBACK**QI Project / Clinical Audit — primary care: two complete cycles uploaded**

EPA 8

Upload the primary care QI project with clear rationale, evidence of impact, and documentation of both cycles. Confirmed by TPD/ES. Linked to EPA 8.

i DCT Additional Requirement — Secondary Care Audit / QI

The secondary care component requires a **separate**

quality improvement cycle, in addition to the primary care QI requirement above. Two complete cycles of audit must be completed in secondary care. A QI report must be produced, **signed off by a named QI lead**

in the secondary care department, and uploaded to the portfolio. This is distinct from the primary care QI project — both must be present and complete by FRCP.



Multi-Source Feedback (MSF) completed

All EPAs

MSF must include both Educational Supervisors, a dental nurse and colleagues from the wider dental team. See the secondary care guidance box below for the combined vs. separate MSF options available to JDFCT trainees.

i DCT Additional Requirement — MSF Options for JDFCT Trainees

There are two approaches for MSF in the JDFCT programme:

- **Option A — Combined MSF:**

A single MSF drawing from colleagues across both primary and secondary care settings. If combined, a minimum of **16 respondents**

is recommended to ensure sufficient evidential weight across both settings. Both ESs must be included.

- **Option B — Separate MSFs:**

One MSF per setting, each with a minimum of 8 respondents, following the standard mandatory respondent categories (ES, dental nurse, ≥2 more senior dentists, ≥2 other DCPs/colleagues). Both ESs must be included across the two MSFs.

In either case, mandatory respondent categories must be met. Your secondary care respondent pool will reflect the hospital or clinic team — clinical supervisors, hospital dental nurses, other DCTs, and consultants.



Patient Satisfaction Questionnaire (PSQ) — primary care: minimum 20 submitted forms

EPAs 1–4

A minimum of 20 completed and submitted forms are required for the primary care PSQ. Upload a reflective summary to the portfolio.

i DCT Additional Requirement — Secondary Care PSQ

A separate secondary care PSQ is required, with a minimum of **20 patient responses**

. This is in addition to the primary care PSQ above — both must be present in the portfolio. The secondary care PSQ is particularly relevant to EPA 5 (Patients with Complex Needs), where patients seen in OMFS and specialist settings provide a distinct patient perspective not captured in primary care. Upload a reflective summary alongside the secondary care PSQ results.

**Significant Events and Complaints — all reported in portfolio and ES structured reports**

Ongoing

Panels will take account of the evidence and its relevance to satisfactory completion in reaching their recommendations. Include reflections on any significant events, complaints, and sickness absence across both primary and secondary care settings.

**NETS Survey Completed**

By 10 July

NETS survey completed and evidence of completion uploaded to the portfolio.

**E-LEARNING & MANDATORY TRAINING****SCRIPT e-learning — all 8 components completed, certificates uploaded**

By 10 July

All eight SCRIPT module certificates must be individually uploaded to the portfolio.

**eLfH — all NHS Statutory and Mandatory areas completed**

By 10 July

Complete all NHS Statutory and Mandatory training areas via the eLfH (e-Learning for Healthcare) platform and upload evidence to the portfolio.

**IRCP RECOMMENDATIONS TRACKER****Action Required**

Review your IRCP panel report and ensure all recommendations are completed and evidenced in the portfolio across both primary and secondary care settings. If a recommendation has not been met, provide a clear explanation.

#	IRCP RECOMMENDATION	EVIDENCE / ACTION	STATUS
1			Pending v
2			Pending v
3			Pending v
4			Pending v

CLINICAL SUPERVISOR REPORTS

i DCT Requirement — Clinical Supervisor Reports

Clinical Supervisor Reports are completed by individual clinical supervisors within your secondary care placement throughout the programme. They are completed using a defined template and provide a structured record of your performance and progress in secondary care. A minimum of

4 Clinical Supervisor Reports

must be obtained and uploaded to the portfolio by FRCP. These are separate from the ES FRCP Report and are best uploaded via the portfolio upload area. Reports should be gathered progressively throughout the programme and not left until the final weeks. Each Clinical Supervisor Report should be reviewed in discussion with your secondary care Educational Supervisor. Any learning needs identified as a result should be documented within the portfolio.



Minimum 4 Clinical Supervisor Reports completed and uploaded to the portfolio

DCT — 10 July

Reports must be from named clinical supervisors within the secondary care placement, completed using the defined template, and uploaded progressively throughout the programme. All 4 must be present by the FRCP submission date.

CLINICAL EXPERIENCE — SELF-ASSESSMENT AGAINST TARGETS (PRIMARY CARE)

i Note

The targets below relate to the
primary care (DFT) component

of the JDFCT programme. Secondary care clinical activity is recorded in the RCS Edinburgh e-logbook, which is uploaded separately to the portfolio.

Clinical Area	FRCP Target	IRCP Benchmark	Current Total	Expected by 31 Aug
Indirect Restorations (crowns, inlays, onlays — ≥1 of each type)	12	—		
Endodontics — Single-rooted (incisors / canines)	8	—		
Endodontics — Multi-rooted / Molar (x4 molar recommended)	4	—		
Complex Extractions (bone removal / flap / root sectioning — 1 as SLE)	4	—		
Acrylic Prostheses	12	—		
Co-Cr Prostheses	2	—		
Bridges (include 1 conventional bridge if possible)	2	—		
Posterior Restorations	—	≥40		
Extractions (total)	—	≥20		
Stainless Steel Crowns	—	≥1		
UDAs — primary care (DFT) component	1,875*	≥300		

* ≥1,500 UDAs expected by FRCP (10th July). Year-end target 1,875. If significantly below 1,500, upload a reflection explaining the reason alongside the BSA Compass report. UDA targets relate to primary care (DFT) only.

Educational Supervisor Responsibilities — JDFCT Dual ES Model

This guidance applies to both the primary care Educational Supervisor (ES) and the secondary care Educational Supervisor. The FRCP ES Report is co-created by both ESs. It is strongly recommended that both ESs arrange a joint meeting — online attendance is acceptable — to review the portfolio together, agree entrustment levels across all 10 EPAs, and co-ordinate their contributions before the report is drafted. The ES report, completed with the trainee's own comments, is the primary vehicle for supporting the panel's decision. Without it, the panel cannot reach a conclusion.

ES FRCP REPORT — PRIORITY ACTIONS



Complete the joint ES FRCP Structured Report by 10th July 2026

Critical — 10 July

The report must be co-created by both ESs and completed in discussion with the trainee. Each ES contributes their assessment within the shared report; the trainee then adds their own comments before publication. Without this, the panel cannot make an entrustment decision.

i DCT Additional Requirement — Joint ES Report Workflow

Either ES may initiate the draft in the portfolio system. The other ES then reviews and contributes their assessment — covering the setting in which they supervise and offering a view on the trainee's overall entrustment level. Once both ES contributions are complete, the report is shared with the trainee for their comments, then published. Both ESs are expected to discuss the report with the trainee individually. A prior joint ES meeting to agree entrustment levels and share observations from their respective settings is recommended before drafting begins.



Confirm expected clinical activity for 10th July to 31st August — primary care ES

Critical

The primary care ES should confirm the trainee's expected DFT clinical experience based on booked patient appointments from 10th July to 31st August. This is submitted via the online form and must be signed off as accurate.

i DCT Additional Requirement — Secondary Care Activity Confirmation

The secondary care ES should confirm the trainee's expected DCT clinical activity from 10th July to 31st August within their section of the joint FRCP ES report. This supplements the primary care ES's confirmation and ensures the panel has a complete picture of anticipated activity across both settings.



Confirm entrustment level for all 10 EPAs in the joint ES report

All 10 EPAs — Level 4

The report must include a confirmed entrustment level for each of the 10 EPAs. For the JDFCT 24-month programme, **all 10 EPAs target Level 4 (Unsupervised)** at FRCP. Each level must be supported by reference to portfolio evidence across both settings.

i DCT Additional Requirement — EPA Responsibility Division

While both ESs contribute to a shared view of entrustment across all EPAs, it is expected that:

- The **primary care ES**
leads the assessment and evidence review for EPAs 1–4 (Essential EPAs: clinical procedural competencies in primary care)
- The **secondary care ES**
leads the assessment and evidence review for EPAs 5–9 (Enhanced EPAs: complex needs, oral health, service management, QI, self and others development), as secondary care is the primary evidence source for these EPAs at Level 4

Both ESs must jointly agree the final entrustment levels for all EPAs before the report is submitted.

FEEDBACK — MSF & PSQ



MSF completed — ensure both ESs have submitted their MSF responses

By IRCP / FRCP

Both the primary care and secondary care ES must be included in the MSF process. See the guidance below on combined vs. separate MSF options for JDFCT trainees.

i DCT Additional Requirement — MSF: Combined or Separate

• **Option A — Combined MSF:**

Single MSF drawing from primary and secondary care colleagues. Minimum **16 respondents**

recommended. Both ESs must be included. Mandatory respondent categories must be met across the combined pool.

• **Option B — Separate MSFs:**

One per setting, minimum 8 respondents each. Standard mandatory respondent categories apply per MSF. Both ESs must be included across the two MSFs.

As ES, ensure you have submitted your own MSF response and verify the trainee's total respondent count and category coverage before the portfolio is submitted.



PSQ (primary care) — confirm minimum 20 forms submitted with reflective summary

By FRCP

Check the portfolio to confirm the primary care PSQ has at least 20 submitted forms and that a reflective summary has been uploaded.

i DCT Additional Requirement — Secondary Care PSQ

Confirm that a separate secondary care PSQ is present in the portfolio with a minimum of 20 responses. The secondary care ES should support the trainee in collecting this PSQ within the secondary care setting. Both PSQs — primary and secondary care — must be present and complete before the panel date.



**Verify minimum 48 SLEs are present — 24 primary care, 24 secondary care**

All EPAs

SLEs must sample across different types of work and both settings. They should collectively cover as many curriculum outcomes as possible across all 10 EPAs. Encourage the wider dental team in both settings to participate in the assessment process as appropriate.

i DCT Additional Requirement — Secondary Care SLE Composition

Review that the 24 secondary care SLEs meet the minimum composition requirements:

- **7 CbD**
 - retrospective case discussions in secondary care settings
- **9 DOPS**
 - procedural skill observations; OMFS placements typically generate more DOPS linked to EPA 2B (surgical extractions, dentoalveolar surgery) and EPA 1
- **2 Mini-CEX**
 - clinical evaluation exercises; most likely linked to EPA 5 and EPA 1 given the secondary care patient cohort
- **1 DtCT**
 - linked to EPA 6 or EPA 9
- **1 DENTL**
 - linked to EPAs 6–9

Paediatric placements will generate additional SLEs linked to EPA 3. EPA 4 contributions can arise from emergency and urgent presentations in secondary care. The RCS Edinburgh e-logbook provides supplementary context but does not replace SLE evidence.

**Review the EPA entrustment log — confirm all 10 EPAs have sufficient supporting evidence**

All 10 EPAs

Review the EPA log on the portfolio to ensure each EPA (1–9, plus the split between 2A and 2B) has sufficient and relevant evidence linked to it to support Level 4 entrustment. For EPAs 5–9, secondary care evidence should form the primary basis of your assessment.

**Confirm at least one DtCT SLE linked to EPA 6 or EPA 9**

EPA 6 / EPA 9

A Developing the Clinical Teacher (DtCT) SLE should be evidenced in the portfolio and linked to EPA 6 or EPA 9. The secondary care placement typically provides the best opportunity for this — teaching sessions, case presentations, and departmental teaching all qualify.

**Confirm DENTL SLEs linked to EPAs 6, 7, 8 or 9**

EPAs 6–9

Direct Evaluation of Non-Technical Learning (DENTL) SLEs should be evidenced and linked to the relevant Enhanced EPAs (6–9). Secondary care environments — hospital departments, community services — provide distinctive opportunities for non-technical skills that primary care may not offer.

✓ CLINICAL EXPERIENCE, PLT & LEARNING NEEDS



Review primary care clinical experience logs against FRCP targets

Before 10 July

Check the trainee's primary care clinical logs against the recommended targets (12 indirect restorations, 12 endodontic cases including 4 molar, 4 complex extractions, 12 acrylic prostheses, 2 Co-Cr, 2 bridges). Discuss any significant shortfalls and support the trainee to address these before FRCP.



Confirm RCS Edinburgh e-logbook has been uploaded and is current

DCT — 10 July

Verify the secondary care e-logbook is uploaded to the portfolio, complete to the submission date, and clearly formatted. Panel members will review this manually — an incomplete or missing logbook may affect the panel's ability to assess secondary care clinical activity.



Sign off completed Protected Learning Time tutorials (minimum 35)

Ongoing

Ensure all completed tutorials are signed off with PMLD. Tutorials remaining after the FRCP must also be attended and evaluated for the Certificate of Satisfactory Completion to be issued. PLT is a DFT (primary care) requirement; there is no separate PLT requirement in secondary care.



Review all open learning needs — sign off those complete or flag outstanding ones

Review Required

Any learning needs the panel deems essential and unsigned may delay satisfactory completion. Review all learning needs with the trainee across both settings and ensure those met are signed off; any that remain open should have clear documented rationale.

i DCT Additional Requirement — Secondary Care Learning Needs Verification

Confirm that the portfolio contains the required minimum number of secondary care learning needs, all evidenced as satisfied by FRCP:

4 high priority, 3 medium priority, 3 low priority

. Each learning need should reference the relevant EPA and document the achievement mechanism. As secondary care ES, you are well-placed to verify these have been appropriately addressed.



Confirm QI / Audit (primary care) — two cycles completed, uploaded with rationale and impact

EPA 8

Confirm and endorse the trainee's primary care quality improvement project in the portfolio. Ensure both cycles are documented with clear rationale and evidence of impact.

i DCT Additional Requirement — Secondary Care QI Lead Sign-Off

Confirm that the secondary care QI report has been completed (two separate audit cycles in secondary care), signed off by a named QI lead in the secondary care department, and uploaded to the portfolio. This is a distinct requirement from the primary care QI project; both must be present and complete. As secondary care ES, you should confirm the QI lead sign-off has been obtained and the report is uploaded.



Ensure significant events, complaints and sickness are reported in the ES structured report

By FRCP

All significant events, complaints, sickness absence and annual leave across both primary and secondary care settings must be reported in the joint ES structured report. Panels will take account of this evidence when reaching their recommendations.



IRCP recommendations — confirm all have been addressed and evidenced across both settings

Before FRCP

Review the IRCP panel report and confirm each recommendation has been completed and evidenced in the portfolio. Where any recommendation has not been met, ensure a clear explanation is provided.



SECONDARY CARE DOCUMENTATION — ES CONFIRMATION

i DCT Requirement

As ES (primary care or secondary care), please confirm the following secondary care documentation items are present and complete in the portfolio before the submission date. The secondary care ES is best placed to lead on these checks.

**Minimum 4 Clinical Supervisor Reports present and uploaded to the portfolio**

DCT — 10 July

Reports must be from named clinical supervisors in secondary care, completed using the defined template, and uploaded progressively throughout the programme. Confirm all 4 are present in the portfolio ahead of submission. Each report should be reviewed in discussion with the secondary care Educational Supervisor, and any learning needs identified as a result should be documented within the trainee's portfolio.

**Taster Session reflection present and linked to secondary care induction**

DCT

Confirm a specific reflection linked to the trainee's Taster Session (the introductory induction period at the start of the secondary care placement) is recorded in the portfolio. This is a named, stand-alone requirement.

**Presentations uploaded and linked to the relevant Enhanced EPA**

DCT

Confirm any presentations the trainee has given during the secondary care placement are uploaded and mapped to the appropriate EPA (typically EPAs 6, 7, 8 or 9).

**Research experience uploaded and linked to the relevant EPA**

DCT

Confirm any research experience from secondary care is uploaded and appropriately linked (typically EPA 8 or EPA 9).

**Minimum 6 secondary care reflections recorded in the portfolio**

DCT

Confirm that at least 6 reflections linked to secondary care experience are present, in addition to the Taster Session reflection. These should evidence learning and development across secondary care EPAs.

**8 DCT study days confirmed, attended and certificates uploaded**

DCT — 10 July

Confirm all 8 DCT-specific study days have been attended, reflectively evaluated, and certificates uploaded to the portfolio.

**Secondary care QI report signed off by QI lead and uploaded to portfolio**

DCT — 10 July

Confirm the secondary care QI report (two audit cycles) has been signed off by the named QI lead in the secondary care department and is present in the portfolio. This sign-off is a formal requirement distinct from the primary care QI endorsement.

Sufficient evidence must be available in the portfolio to allow both Educational Supervisors to confirm the entrustment level for each EPA and to give the FRCP panel confidence that it supports satisfactory completion of both the DFT and DCT components. Evidence must reflect sufficient depth and breadth of clinical experience, protected learning time, reflections, and SLEs of the appropriate type across both primary and secondary care settings.

A key distinction of the 24-month JDFCT programme is that

— including the Enhanced EPAs 5–9 — target

at FRCP. In the 12-month DFT programme, EPAs 5–9 target Levels 2–3. The secondary care (DCT) component is the primary evidence base for reaching Level 4 in EPAs 5–9. The primary care component continues to lead on EPAs 1–4. Cross-pollination of evidence across EPAs is recognised and expected — a single SLE may contribute evidence to multiple EPAs.

EPA	Title	Type	Level at FRCP	Evidence Required	Key Notes for Portfolio
EPA 1	Assessing & Managing New Patients	Essential	Level 4	Mini-CEX CbD Refl. Log PSQ DOPS Clin. Log MSF	History-taking, full clinical examination, radiographic prescription & interpretation, management planning. Must demonstrate person-centred, compassionate approach. Mini-CEX in secondary care contributes to this EPA. Secondary care: Mini-CEX and DOPS linked to EPA 1 from OMFS and specialist settings count toward secondary care SLE requirements.

EPA	Title	Type	Level at FRCP	Evidence Required	Key Notes for Portfolio
EPA 2A	Routine Care: Periodontal & Restorative	Essential	Level 4	Mini-CEX DOPS CbD Clin. Log Refl. Log MSF PSQ	Periodontal management, restorative work, non-surgical RCT including multi-rooted teeth. Milestone 2 (molar endodontic case) must be uploaded. Evidence primarily from primary care.
EPA 2B	Routine Care: Removal & Replacement	Essential	Level 4	Mini-CEX DOPS CbD Clin. Log Refl. Log MSF PSQ e-Logbook	Extractions including 3rd molars, multi-rooted teeth, complex extractions (min. 1 as SLE). Prosthetics. Milestone 3 (complex case) must be uploaded. Secondary care: OMFS placements provide strong EPA 2B evidence — surgical extractions, dentoalveolar surgery, and implant exposure cases. DOPS and CbD in secondary care frequently link to this EPA. The RCS Edinburgh e-logbook provides supplementary procedural evidence.

EPA	Title	Type	Level at FRCP	Evidence Required	Key Notes for Portfolio
EPA 3	Assessing & Managing Children & Young People	Essential	Level 4	Mini-CEX CbD Refl. Log PSQ DOPS Clin. Log MSF	Paediatric assessment, anxiety management, prescribing for children, orthodontic monitoring, stainless steel crown. Capacity and consent with parents/guardians. Secondary care: Paediatric placements in secondary care contribute directly to EPA 3. DOPS and Mini-CEX in paediatric settings are strong evidence and count toward secondary care SLE requirements.
EPA 4	Providing Emergency Care	Essential	Level 4	Mini-CEX CbD Refl. Log DOPS Clin. Log MSF	Dental & medical emergencies, BLS, pharmacological management, timely referral. Milestone 1 (urgent dental care) must be evidenced within SLEs. Emergency and urgent presentations in secondary care also contribute. Secondary care: Emergency presentations in OMFS and urgent care in secondary care settings contribute cross-pollinating evidence for EPA 4. CbD and DOPS from these episodes can be tagged accordingly.

EPA	Title	Type	Level at FRCP	Evidence Required	Key Notes for Portfolio
EPA 5	Patients with Complex Needs	Enhanced	• Level 4	Mini-CEX CbD Refl. Log PSQ DOPS Clin. Log MSF e-Logbook	Frail, medically complex or end-of-life patients; cross-disciplinary working; risk–benefit balancing; reducing polypharmacy harm. Level 4 requires independent competence — secondary care is the cornerstone evidence source for this EPA. Secondary care is the primary evidence source for EPA 5. DOPS and Mini-CEX on medically complex patients, patients requiring surgical or specialist intervention, or patients with significant comorbidities in OMFS or specialist settings provide the strongest clinical evidence. The secondary care PSQ is particularly relevant here. The RCS Edinburgh e-logbook supplements SLE evidence.

EPA	Title	Type	Level at FRCP	Evidence Required	Key Notes for Portfolio
EPA 6	Promoting Oral Health in the Population	Enhanced	• Level 4	DtCT CbD MSF DENTL Refl. Log PSQ	Community oral health, health inequalities, preventative education, behavioural change. DtCT and DENTL SLEs required. Level 4 requires independent competence in population oral health activity. Secondary care provides distinctive opportunities for oral health promotion work beyond what is available in primary care — teaching sessions, community engagement, and health inequalities work within a hospital or community dental context. Presentations uploaded to the portfolio contribute evidence here.

EPA	Title	Type	Level at FRCP	Evidence Required	Key Notes for Portfolio
					Clinical priorities, patient throughput, team roles, HR knowledge, compassionate leadership, governance. Evidenced through DENTL, MSF and reflections. Level 4 requires independent service management capability.
EPA 7	Managing the Service	Enhanced	• Level 4	DENTL Refl. Log MSF	Secondary care offers service management evidence not available in primary care — hospital governance, departmental clinical priorities, patient pathway management, and team leadership in a hospital department. DENTL SLEs in secondary care are particularly valuable for EPA 7 at Level 4.

EPA	Title	Type	Level at FRCP	Evidence Required	Key Notes for Portfolio
EPA 8	Improving the Quality of Dental Services	Enhanced	• Level 4	DENTL Refl. Log	MSF
					QI activity is the primary evidence: two-cycle audit or QI project in primary care AND separate two-cycle audit with QI report in secondary care (signed off by QI lead). Research experience and presentations also contribute. Level 4 requires independent QI capability. The separate secondary care QI report (signed off by a named QI lead) is the cornerstone evidence for EPA 8 at Level 4. QI projects with secondary care relevance — patient pathway improvement in OMFS, infection control audits, hospital-specific quality activity — provide unique evidence not available in primary care. Research experience should also be uploaded and linked here.

EPA	Title	Type	Level at FRCP	Evidence Required	Key Notes for Portfolio
					Own learning needs, reflective practice, supporting others, teaching. DtCT and DENTL SLEs required. Level 4 requires independent capability to support others' development, not only one's own.
EPA 9	Developing Self and Others	Enhanced	• Level 4	DtCT DENTL Refl. Log MSF	Teaching sessions in a secondary care department, presenting at hospital meetings, supporting junior colleagues or students, and contributing to departmental teaching programmes are primary evidence sources for EPA 9 at Level 4. The DtCT SLE should reflect a teaching opportunity in secondary care where possible. Research experience also contributes to this EPA.