

To: • Educational Supervisors and  
Foundation Dentists

WTE NHS England  
Blenheim House  
Leeds

cc. • TPD and APD

6 December 2023

Dear Colleagues,

## **IRCP Guidance**

Please find below a guide detailing the clinical experience recommendations and various assessments that should be completed by IRCP.

IRCP panels will convene on the 29<sup>th</sup> February and 1<sup>st</sup> March 2024.

Please ensure the ES Report, with FD Comments have been completed **before Monday 19<sup>th</sup> February 2024** to enable your TPD time to review your portfolios, the following portfolio information should be present prior to your TPD review and the IRCP panel dates.

## **Portfolio Information**

### **Patient Structured Questionnaires – December/January (completed by IRCP)**

There are various methods for collating patient feedback, please start this process in December and follow the portfolio instructions for whichever method is most suitable to your practice environment.

### **Second MSF – January/February (completed by IRCP)**

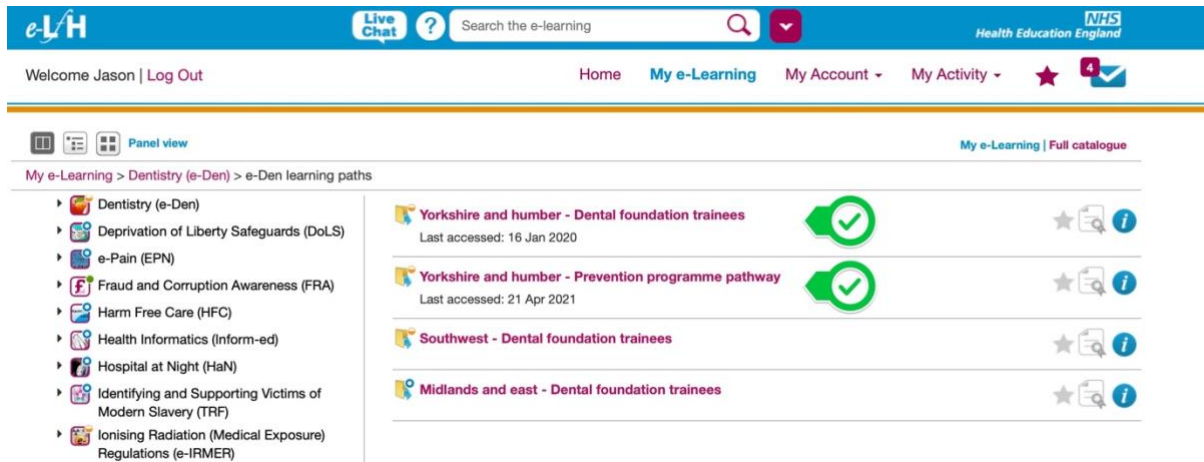
Please send invites for the second MSF in January, your TPD will need to open a second MSF to initiate this process, if you do not have access to your second MSF please contact your TPD.

### **Buddy Dental Case Based Discussion Assessments (completed by IRCP)**

FDs are expected to receive assessments from buddy ES's, the DCbD should include cases that involve a demonstration of treatment planning skills.

## E-Learning

Completion of SCRIPT Modules (evidenced within Portfolio)  
Completion of e-lfh Yorkshire and Humberside modules (x2)



## ES IRCP Report

The ES report provides an essential evidence-based summary of the progress the FD is making during DFT. There are two components of the ES report, the standard report, and the supplemental report.

For IRCP purposes, the supplemental report should only be completed for IRCP in the following scenarios:

1. Your FD had reported developmental areas raised at ESR
2. Your FD has developmental areas raised since ESR

For all other circumstances the standard ES IRCP report will be sufficient. Once the ES report has been completed the **FD should provide comments**, before the report is reviewed by your TPD.

## IRCP Outcomes

The IRCP (Interim Review of Competency Progression) panels will be sitting 29<sup>th</sup> February 2024 and 1<sup>st</sup> March 2024.

The purpose of this formative RCP process is to give guidance on areas for you to focus on for the remaining part of the DFT year. It will also recognise the progress you have made so far.

There are three possible outcomes for this IRCP.

Outcome 1 : Achieving Progress at the expected rate

Outcome 2 : Areas of development or experience required before completion

Outcome 5 : Incomplete evidence presented

When the panels sit, they will only have the information within the portfolio to base recommendations on, if areas are incomplete then you are likely to receive an Outcome 5 which could raise a possible professionalism/engagement concern. To help you prepare, the table below details the minimum requirements. Please pay particular attention to recording your own learning needs.

## Portfolio Summary Requirements

Portfolio Item	Requirements for IRCP
ADEPT	Minimum of 9 ADEPTS* (+ learning needs) (See attached guide for clinical coverage)
DCbD	Minimum of 6 DCbD ( inc. Buddy DCbD)* (+ learning needs) (see attached guide for clinical coverage)
Learning Agreement and relevant and indicated Learning needs created.	Completed
Induction to Practice	Completed
Pre-DFT Clinical Experience	Completed with any relevant learning needs documented within the portfolio
DOPS/Simulation	Completed (see Clinical Recommendations)
ESR (Early Stage Review)	Completed with any relevant learning needs documented within the portfolio
Clinical Experience Log	Up to date
Complex Treatment Log	Up to date (please ensure complex log matches clinical experience log)
Reflective Log	At least 6 reflections should be recorded, with any learning needs identified being reflected within the portfolio and relevant PMLD
Study Day Log	Up to date with PMLD evidence
Tutorial Logs	Minimum of 20 recorded with PMLD evidence
PSQ (Patient Questionnaires)	Responses summarised and uploaded to the epdp with ES comments within IRCP report
MSF x2 (one before ESR and one before IRCP)	Completed with comments from ES within IRCP report
Record Keeping Audit	Completed with any appropriate learning needs identified and recorded
Adverse Incident Reports	Completed where indicated with appropriate learning needs/reflection and outcomes
Patient Complaints	Completed where indicated with appropriate learning needs/reflection and outcomes
Clinical Activity Log	Month by month record of UDAs completed based on practice software and BSA data ** 300 UDA's are the 'recommended' activity.
Interim ES Report	Completed by IRCP in conjunction with timescales defined by your TPD, this report will also include your own comments on your progress so far.
e-Learning	SCRIPT Completion certificates for all Modules completed + any further e-learning completed

- \* If ADEPTS/DCbD indicate areas for development then a learning need should be identified within the portfolio and a plan for the ADEPT/DCbD to be repeated to evidence satisfactory progress.
- \*\* BSA data should be uploaded from COMPASS, please follow this link ([https://youtu.be/tYnj\\_mKQzpo](https://youtu.be/tYnj_mKQzpo)) for an explanation of the format of this report, please choose to export the report as a PDF and use the contract year 2023/24 (IMPORTANT : please download this [report w/c 19<sup>th</sup> February 2024](#), to ensure the figures are as up to date as possible)

## Clinical Experience Recommendations

Clinical Requirements	
Crowns/Onlays (Cast Restorations)	3 or more from any type
Dentures	4 or more from any type
Completed endodontic procedures	4 (one a multi-rooted tooth – ideally a molar)
Difficult Extraction (observed)	1 or more (difficult extraction including division of roots), observed by ES as an ADEPT
Restorations	40 or more restorations (not including GIC) - to include minimum of 5 paediatric restorations (not including GIC)
Stainless Steel crown placement (non AGP) for Paediatric patient	1 or more
Routine extractions	20 or more with at least 75% of these as adult extractions
Recommended UDAs and patient consultations	300 or more
Clinical DOPS requirements	
Direct Observed Procedures (DOPs )	New patient Examination (Adult and Child)
	ID Block
	Placement of rubber dam
	Simple Restoration
	Extraction (Simple)
	Endodontic Access
	Pulp Extirpation
	Preparation of tooth for crown / onlay
	Triage (optional)
ADEPT	Surgical / Root division extraction

If you have any questions or require clarification on the IRCP process and information within this guidance, please contact your TPD

Yours sincerely,

**Jason**

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WTE NHSE Yorkshire and Humber