

# Dental Foundation Training in Yorkshire and the Humber



## September 2024 Cohort

**This guide is a for Yorkshire and the Humber Foundation Dentists and Therapists**

# Welcome – Dental Dean



I would like to welcome you to the Yorkshire and the Humber's Dental Foundation Training (DFT) Scheme. Having completed your undergraduate studies, you are as a Foundation Dentist being given an opportunity, to build on the clinical skills and knowledge you have acquired in a supported clinical environment. You have successfully completed your studies during the disruption to clinical care the Covid pandemic caused and will recognise the extensive impact it has had across the whole of dentistry.

I am extremely proud of the training that our DFT programme provides and the enthusiastic, committed, and motivated team that support foundation training across the region. As I am sure you will, it is important that you take every opportunity to develop your clinical skills and knowledge and seek to develop other wider skills as a registered professional. The aim of DFT is to help you become a highly professional, ethical, compassionate, and caring independent NHS practitioner.

Each scheme is run by a Training Programme Director (TPD) who is an experienced educator who has intimate knowledge of DFT. They are responsible for the study day programme and will support you, together with your Educational Supervisor (ES), in the transition from undergraduate to independent professional. Jason Atkinson, Associate Dean for Dental Foundation Training, oversees all our schemes to ensure the quality of training but he is also there to support you and offer his experience.

You are now a registered professional in your own right and as such need to abide by the GDC standards. If you have concerns regarding any issues in your practice that you feel may affect the safety of patients, you have a professional responsibility to raise these concerns with your ES. If, however you would find it difficult to raise an issue with your ES you should approach your TPD, Jason as Associate Dean, or myself. Remember you have a statutory duty as a dentist to be open and honest with patients when things go wrong with their treatment that may have the potential to cause harm or distress (Statutory Duty of Candour).

I am sure you will find the year challenging and rewarding and so above all, ensure that you make the most of the opportunities available to you.

Best wishes for the year ahead and your future career

James Spencer  
**Postgraduate Dental Dean**  
**NHSE Yorkshire and Humber**

# Welcome - Associate Dean



Dear Colleagues,

Can I firstly congratulate you on behalf of WTE NHSE Yorkshire and Humber for both successfully completing your undergraduate journey, gaining registration as a Dentist with the GDC and for joining the Dental Foundation Training programs in Yorkshire.

I appreciate that some of you may feel apprehensive about starting the DFT/DTFT program, this may be due to feelings of low confidence and experience, however, within a relatively short period of time your confidence and clinical experience will start to improve as you start working with your training practice teams to deliver care and treatment for the patients you will soon be seeing, with the support and supervision of your Educational Supervisor.

Dental Foundation and Therapy Training however is not just about gaining more clinical experience, to demonstrate your ability to work independently; other skills and behaviours will need to be developed during the next 12 months, to demonstrate what it means to be a Health Care Professional. These skills and behaviours relate to insight, agency, and integrity and have been included within a revised Early Years Program.

Developing insight amongst professionals, relies on the ability to critically reflect and learn from your own experiences, to recognise when you have achieved a good standard of care and importantly know when you need further support and guidance. Increasingly, developing insight also involves looking inwards at your own attitudes, behaviours and responses to challenges that are an inevitable part of life and DFT/DTFT.

Agency relates to the ability to take control, ownership and responsibility for your own learning and development. You are moving from a directed and supportive Dental School environment to a more self-directed and supportive Dental Practice environment. The responsibility for seeking out opportunities for development, maintaining professional records of your own learning within a portfolio and meeting deadlines will rest with yourself; these are key skills to demonstrate your ability to work and behave as an independent dental practitioner.

Finally, integrity, a behaviour expected of all professionals, being honest with colleagues, patients and importantly, yourself.

Finally, although my role is to support you in your transition to become an independent dental practitioner, I cannot stress enough how important it is for you to plan time away from the challenges of being a dentist/therapist; please spend time on yourself, enjoying and perhaps taking up new hobbies, socialise with your friends, family and peers and remember to enjoy the journey!

Best wishes

Jason Atkinson

**Associate Postgraduate Dental Dean for DFT / DTFT and PLVE  
Workforce Training and Education (WTE) Yorkshire and Humber**

# Yorkshire and the Humber DFT/DTFT Team



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TPD for DTFT

**Please ensure that the above email contacts are saved to your email contacts list to avoid emails being filtered into your junk folder**

**Dental Support** – contact for general enquiries, ePortfolio concerns/troubleshooting, BlackBoard issues

**Email:** [England.dentalsupport.yh@nhs.net](mailto:England.dentalsupport.yh@nhs.net)

**Tel:** 0114 3991972



## Working for the NHS

The NHS constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

As a dentist in training within the NHS, you agree to adhere to the values of the NHS constitution in your service to patients and approach to colleagues, click [here](#) for the handbook.

## Workforce Training and Education (WTE NHSE)

WTE is part of NHSE and works with partners to plan, recruit, educate and train the health workforce. Read more about WTE <http://hee.nhs.uk/about/> The seven WTE Dental Deans in England work closely together to co-ordinate NHS education and training at all stages, including Dental Foundation Training.

## WTE working across Yorkshire and the Humber

Workforce Training and Education working across Yorkshire and the Humber (WTE YH) is the local delivery arm of WTE. WTE YH operates in accordance with the standards as defined by WTE as well as the relevant regulatory bodies. The Department of Health is the government body responsible for the strategic leadership of the NHS and social care organisations in England.



## Committee of Postgraduate Dental Deans (COPDEND)

COPDEND comprises all the Postgraduate Dental Deans in the UK. Postgraduate Dental Deans commission and manage the delivery of postgraduate dental education and training for the dental team. They are charged with developing and quality managing training in primary and secondary care so that Dentist in trainings can reach their full potential and meet the future oral healthcare needs in the UK.

COPDEND meets formally at least three times each year and also has regular meetings with the Chief Dental Officer (CDO) England, the GDC and the Chairs of the Specialty Advisory Committees (SACs). COPDEND organises an annual Educators Conference for TPDs and Tutors and additional educational meetings throughout the year.

# Important Information

## What we require from you so that we can issue a Certificate of Satisfactory Completion of Dental Foundation Training & Completion of Dental Therapy Training in August 2025 (August 2026 for JDFCT)

- Attendance at all designated study days
- Completion of the Dental Foundation e-Portfolio
- Completion of all Milestone and APLAN submissions
- Completion of Community Engagement Project
- Completion of all eLearning activities (SCRIPT, eLfh, DentAIM, Oliver McGowan)
- Participation in a minimum of 40 Protected Learning Time in your training practice
- Completion of a minimum of 24 SLE
- Completion of Reflective Logs (to demonstrate critical reflection and insight)
- Completion of two cycles of a Clinical Audit
- Completion of a broad range of NHS clinical activities throughout the year

## Dental Foundation Training – Scheme Reps

All dentists/therapists in training are able to have the opportunity to input into the training schemes as part of the quality management process of the Dental Directorate of WTE YH. Each scheme will have both a Foundation Dentist/Therapist Representative. The role of the Rep is to liaise with your colleagues to bring ideas, suggestions, and comments to the attention of WTE. Being a scheme Rep is a rewarding role and position that is excellent to have on your CV.

Nominations for FD/FTs who are willing to volunteer to be their scheme will be sought at the first study day by your Training Programme Director. If there are more than one volunteer, a vote will then take place to elect the scheme representatives.



## Study Days

Please note that attendance at all study days is mandatory. The scheme specific study day planner will be available soon alongside instructions for BlackBoard. Once notified via email we strongly advise FDs enrol onto all courses (both virtual and F2F) via BlackBoard. Enrolment for courses must be done before the course date. If trainees miss enrolment (before the course date) they will be unable to access the course and attain a CPD certificate. Once live the study day planners will be found [here](#).

Study days should be booked via [Accent Leave Manager](#).



Annual leave cannot be granted by your practice if this means you will be absent from a study day. *Swapping study days with friends in other schemes is not permissible under normal circumstances.* If you have an exceptional reason for needing to change a study day session, please raise this with your TPD at the earliest possible opportunity.

# The Purpose of DFT/DTFT

The purpose of dental foundation training is to enhance clinical, communication, management and professional competence, promote high standards and to introduce the foundation dentist/therapist to general dental practice in a protected environment, while enhancing skills. *At present Dental Therapists are not included within the Performer List regulations.*

This excerpt from The National Health Service (Performers Lists) (England) Regulations 2013 defines Foundation Training as follows:

<http://www.legislation.gov.uk/ukxi/2013/335/made>

“Foundation Training” means a relevant period of employment during which a dental practitioner is employed under a contract of service by an approved trainer to provide a wide range of dental care and treatment and to attend such study days as that contract provides, with the aims and objectives of enhancing clinical and administrative competence and promoting high standards through relevant postgraduate training and in particular to: -

- a) Enable the dental practitioner to practice and improve the dental practitioner’s skills;
- b) Introduce the dental practitioner to all aspects of dental practice in primary care;
- c) Identify the dental practitioner’s personal strengths and weaknesses and balance them through a planned program of training;
- d) Promote oral health of, and quality dental care for, patients;
- e) Develop and implement peer and self-review and reflection, and promote awareness of the need for professional education, training and audit as a continuing process;

Enable the dental practitioner to: -

- i. Make competent and confident professional decisions including decisions for referrals to other services,
- ii. Demonstrate that the dental practitioner is working within the guidelines regarding the ethics and confidentiality of dental practice,
- iii. Implement regulations and guidelines for the delivery of safe practice,
- iv. Know how to obtain appropriate advice on, and practical experience of, legal and financial aspects of practice, and
- v. Demonstrate that the dental practitioner has acquired skill and knowledge in the psychology of care of patients and can work successfully as a member of a practice team.

The assessment of foundation dentists’ competence needs to take place using a robust process that is valid, reliable and feasible within the context of DFT/DTFT. The assessment process needs to support foundation dentists/therapists throughout their training in order to identify their strengths and areas needing improvement, whilst being sufficiently robust to identify those who cannot demonstrate the standards of competence required for independent practice, thus protecting patients.



It is neither feasible nor appropriate to assess every competency within the framework separately by adopting a ‘tick box’ approach. As indicated above, whilst competencies need to be written down separately in order to convey the detail expected, Foundation

Dentists/Therapists are demonstrating several of these areas at the same time during a single patient encounter. In order to be valid, the assessment of DFT/DTFT will be at the level of ‘whole’ performance, rather than attempting to dissect practice into separate parts that would not reflect authentic care in a primary care setting. The curriculum groups these competencies/outcomes into Entrustable Professional Activities (EPAS), where by the end of the program you are expected to meet the required levels of supervision, with the essential EPAs being demonstrated at INDEPENDENCE.

The main tools to inform and review your progress are classed as Supervised Learning Events, with the following types being used:

- DOPS (Direct Observation of Procedural Skills) including simulated DOPS
- CbD (Case-based Discussion)
- Mini-CEX (Mini-clinical evaluation exercise)
- MSF (Multi Sourced Feedback)
- PSQ (Patient Satisfaction Questionnaire)
- DtCT (Developing the Clinical Teacher)
- DENTL (Direct Evaluation of Non-Technical Learning)

### **Satisfactory Completion of Dental Foundation Training (SCDFT)**

Satisfactory Completion of Dental Foundation Training is assessed by means of a Review of Competence Progression (RCP) model based on the Annual Review of Competence Progression (ARCP) process used throughout Dental and Medical Specialty Training. Each EPA has an expected level of supervision you should attain by the end of the program.

Satisfactory completion of Foundation Training is dependent not only upon the assessment process, but also upon working in your Training Practice for 12 months; maintaining and keeping your E-Portfolio up-to-date; attending the Study Days; completing eLearning clinical case-studies and project work during the year.

The main components are:

- Early-Stage Review after first 8 weeks of the training year
- Interim RCP at 6-7 months
- Final RCP at 11 months with defined outcomes

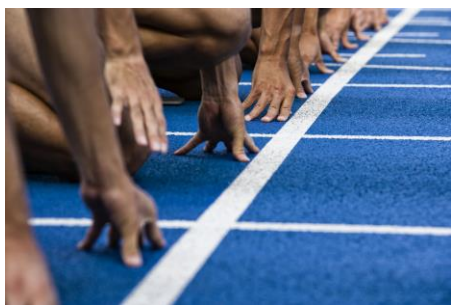
There is a Panel structure to support both Interim and Final Reviews with increasing externality at each stage.

Progress and development and assessments throughout the year will be recorded in an Electronic Professional Development Portfolio (E-Portfolio) which must be maintained regularly throughout the year.

**ESR : w/c 4<sup>th</sup> November (3<sup>rd</sup> Mar 2025 – JDFCT)**  
**IRCP: 6<sup>th</sup> & 7<sup>th</sup> March 2025 (22<sup>nd</sup> August 2025 – JDFCT)**  
**FRCP: 24<sup>th</sup> & 25<sup>th</sup> July 2025 (July 2026 – JDFCT)**



# Getting Started



This handbook will have been sent to you after you have accepted a training place on a WTE YH Dental Foundation Training Scheme. Detailed information with regards to GDC registration, contracts, registration with PCSE, DBS checks and Indemnity can be found in the *National Starter Pack for Foundation Dentists*.

## Overview

### Prior to commencing practice you should have:

- Satisfied yourself and your Educational Supervisor that you can complete the attendance at the practice and study day course for the 365 days as detailed in your contract
- Ensured that you comply with all other terms of the national contract and Directorate Educational Agreement
- received and electronically signed a copy of your contract and Educational Agreement (the contract can only be signed once you are GDC registered). The completed documents should be completed and uploaded to the e-Portfolio as soon as possible and also emailed to [england.dentalsupport.yh@nhs.net](mailto:england.dentalsupport.yh@nhs.net)
- Provided WTE with a non-university email address email notify your TPD and [england.dentalsupport.yh@nhs.net](mailto:england.dentalsupport.yh@nhs.net)
- Register with BlackBoard on our digital study day platform

### By the time your contract commences you must:

- Be fully registered with the General Dental Council.
- Have adequate indemnity cover from a recognised defense society
- Started your application to join the national Performers List, including Disclosure and Barring Service (DBS, formerly CRB) clearance, to enable an NHS performer contract to be set up.



### By the end of your first two weeks in practice you must have:

- Attended the WTE DFT Regional and Scheme Inductions
- Received a formal induction into your training practice
- Become familiar with your e-Portfolio and completed the relevant initial sections (including the Educational Agreement)
- Been introduced to the workings of the practice – this varies between practices, but should form a major part of your first few days in practice

## Study Days

The study day programme is an essential part of Dental Foundation / Therapy Training and therefore holidays must **NOT** be taken during the study day programme. In exceptional circumstances (e.g. illness or family bereavement) the Associate Dean for DFT will need to approve all applications for Exceptional Leave. Please contact your TPD if you believe you have an exceptional circumstance.

Attendance at study days will be recorded via a QR code which will be provided by your facilitators during your study day sessions. A pin will be provided for each course to record accurate attendance. This is applicable to both virtual and F2F sessions.

In the event of illness please contact your TPD at the earliest possible opportunity to notify them of unavoidable absence. Any absence which affects your attendance at study days should be recorded via your QR codes.

Please note the attendance on study days is mandatory for all dentists in training. A record of attendance will be kept, non-attendance could prevent certification of completion of the programme.

## Online event etiquette

When joining an online event, please adhere to the following:

- Use a desktop, laptop or tablet, a mobile phone is not a suitable device
- Enter your full name and GDC number in the chat function of the online meeting and log in five minutes before the session begins
- Be professional with your background
- Be appropriately dressed
- Have your camera on throughout the event
- Have the sound muted whilst the speaker is presenting
- Use the 'chat' or polling functions when asked questions

## Punctuality

For start and end times of study days, please consult your scheme study day planner. Punctuality at events (both face-to-face and virtual) is essential to the smooth running of the programme.



## Study programme evaluation and CPD certificate

On completion of each BlackBoard course, you will be asked to evaluate the training by completing an end of course feedback survey.

Once the evaluation is complete and your attendance at a course has been confirmed a CPD certificate will become available to you. Please note if you do not complete an evaluation form, you will not receive a CPD certificate. A guide on how to download certificates from BlackBoard is available on our [website](#).

The completion of study day evaluations is an important component of the Dental Foundation year which ensures that the course has been appropriate to your needs, and we value your co-operation with this process. The summarised evaluations are considered by the Dental Foundation Training team in curriculum planning and are sent to the speaker concerned so they are aware of how their course was received.

## Dress code

Professional standards of dress are expected at the study days, conferences and when visiting other dental practices as part of the Buddy process.



Unless otherwise advised by the Training Programme Director "smart casual" is the accepted dress code and this should be appropriate for the environment. If you are inappropriately dressed, you may be asked to leave the study day or away day.

The start time for each study day is indicated in the programme. Please remember that this is the time at which the first session will begin and that you will be expected to be present before the start time. Late arrival at a session may mean that you are recorded as being 'not present' for the session.

Politeness and respect for speakers, colleagues, administrative staff and the general public who may be present at the venue is an absolute requirement. Mobile devices such as tablets and laptops may be used to take notes or complete evaluations only. Using these devices for anything else may result in you being asked to leave. It is not acceptable to use mobile phones at all during the educational aspects of the day-release programme and these should be switched off except during break times. Please respect the wishes of speakers who do not want notes taken during their session.

## Speakers

We choose the speakers for the study days with the aim of providing the most relevant experience for dentists in trainings. Please treat all speakers with the respect and courtesy due to a fellow professional. Mobile phones and other electronic devices should be switched off (or set to silent in exceptional circumstances) when taking part in an educational event. If there is a reason why you may need to respond to a call or message during an event, please inform the speaker or your TPD, in advance, that this is a possibility.

## Problem solving

An essential component of a dentist in training's practice life should be the opportunity to discuss any problems with their Educational Supervisor or Training Programme Director. During the year there will be formal sessions of problem solving as indicated in the programme.



Problems of a confidential nature can be discussed with the Training Programme Director in private during study days, or by telephone if the problem is of an urgent nature.

## Health and Wellbeing

As Yorkshire and Humber, we regard Health & Wellbeing as foundational to our performance in the workplace and recognise that many of us are on this journey.

In a fast moving, social media driven culture, anxieties and lack of confidence can sometimes be overwhelming and we look to support any of our workforce team going through this. It's important that we don't bottle this up or ignore our inner emotional state and we aim to provide a safe non-judgemental training journey within Y&H DFT and DTFT.

If you have any health or wellbeing concerns whilst you are in training, we encourage you to talk to your Educational Supervisor and TPD.

There are several other resources available to support your health and wellbeing including:

- <https://www.england.nhs.uk/supporting-our-nhs-people/support-now/staff-mental-health-and-wellbeing-hubs/>
- <https://www.supportfordentalteams.org/>
- NHSE have their own coaching service that all our trainees are able to access
- [https://www.yorksandhumberdeanery.nhs.uk/learner\\_support/coaching](https://www.yorksandhumberdeanery.nhs.uk/learner_support/coaching)
- <https://www.practitionerhealth.nhs.uk/> is also an excellent support service for Dentists who would benefit from support with their mental wellbeing
- Confidential Counselling and Support  
<https://www.yorksandhumberdeanery.nhs.uk/dentistry/health-and-wellbeing>

## Training Programme Director Review

Mandatory Dental Foundation Training with final certification places great responsibilities upon all parties involved, but especially the Educational Supervisor/dentist in training partnership, and problems must be identified early. The TPD has an important part to facilitate the implementation of the requirements of the training agreement and may visit the training practice during the first term to discuss the level of support for your training. TPD visits usually take place between December and February.

## Help and Support

If you have a problem, clinical or non-clinical your Educational Supervisor is there to assist – do use their experience to help, particularly in the first few weeks. Your TPD is also available to give help and advice on any problems throughout the year and can be contacted directly by e-mail or telephone.



The Associate Dean for Dental Foundation Training is also available if problems cannot be resolved at a more local level.

Like most things – the more you put into it the more you will get out. Problems can and will be sorted out quickly if they are identified, so speak to your Educational Supervisor, TPD or Associate Dean for Dental Foundation Training – they are there to help.



## After Dental Foundation/Therapy Training

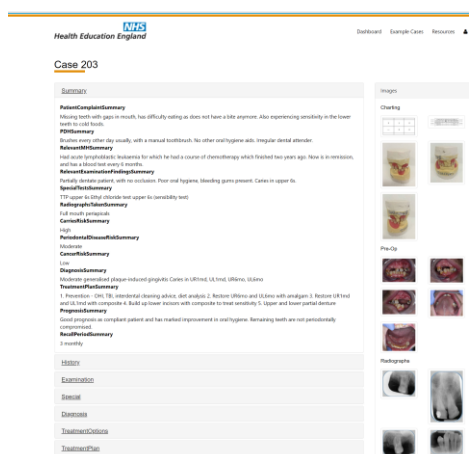
As a registered dentist/therapist, to comply with current GDC regulations on the enhanced CPD scheme, you must be able to demonstrate your participation in Lifelong Learning through Continual Professional Development (CPD). [https://www.gdc-uk.org/docs/default-source/enhanced-cpd-scheme-2018/pdp-examples-final.pdf?sfvrsn=f29d8aa5\\_2](https://www.gdc-uk.org/docs/default-source/enhanced-cpd-scheme-2018/pdp-examples-final.pdf?sfvrsn=f29d8aa5_2)

NHS Primary Care dentists are required to undertake clinical audit and/or peer review as part of their contractual obligations. Some dentists in trainings have benefitted from the company of colleagues on their scheme so much that they have continued to meet as a peer review group after Dental Foundation Training.

# Dental Milestones and APLAN

## Overview

Dental Milestones are essentially Clinical Case Reports that are representations of the clinical records and treatment that the Foundation Dentist has completed for patients under their care during DFT. The purpose of taking part in the Milestone process is to help demonstrate essential clinical skills and provide opportunities for increased sources of feedback, to help formatively with the Foundation Dentists clinical insight, reflection and self-assessment skills, which are essential skills for the continued professional development after DFT.



You will be asked to complete three clinical cases and provide feedback on your peer's cases via APLAN during the DFT year. Foundation Dentists will need to upload their case onto APLAN at specific times, completing feedback on cases that have been assigned to them from Foundation Dentists from different study schemes.

Your TPD will also provide a forum for you to discuss your clinical case during a peer reviewed Milestone Study Day.


Foundation Dentists/Therapists will need to produce and present a PowerPoint of the case that they have uploaded to APLAN, The PowerPoint presentation will demonstrate Clinical Communication to your TPD and peers and provide an opportunity for you to defend and reflect on the specific decisions you made during the treatment that was provided for patients.

You will be invited to join APLAN towards in November.



Please see the FD/FT user guide within APLAN for more detailed information  
[https://aplan.heyh.org.uk/Downloads/User\\_Guide\\_Foundation\\_Dentist.pdf](https://aplan.heyh.org.uk/Downloads/User_Guide_Foundation_Dentist.pdf)

# Dental Milestones 2024/25



Dental Milestones are essentially Clinical Case Reports that are representations of the clinical records and treatment that the Foundation Dentist has completed for patients under their care during DFT. The purpose of taking part in the Milestone process is to help demonstrate essential clinical skills and provide opportunities for increased sources of feedback, to help formatively with the Foundation Dentists clinical insight, reflection and self-assessment skills, which are essential skills for the continued professional development after DFT. The Milestones also provide further evidence towards appropriate treatment being demonstrated in relation to the Early Years Curriculum and Entrustable Professional Activities (EPAs)

## Dental Milestones

You will be asked to complete three clinical cases and provide feedback on your peer's cases via APLAN during the DFT year.

Foundation Dentists will need to upload their case onto APLAN at specific times, completing feedback on cases that have been assigned to them from Foundation Dentists from different study schemes.

Your TPD will also provide a forum for you to discuss your clinical case during a peer reviewed Milestone day. Foundation Dentists will need to produce and present a PowerPoint of the case that they have uploaded to APLAN, for discussion with your peers and Educational Supervisors who will attend this event.

## **Dental Milestones: Cases**

### **Milestone 1: Urgent Dental Care**

#### **EPA 4 Providing Emergency Care**

This case is based on the treatment you provided for a patient and the steps and decisions you made to alleviate their symptoms and prevent their return. Typically, this case would involve a triage process, urgent examination, diagnosis, special tests, treatment options, consent, treatment plan, treatment, prognosis and future options.

Case Submission Date (APLAN)	Feedback on Cases deadline (APLAN)	All Scheme Case Presentation Day to own Study Group
<b>24/1/25</b>	<b>6/2/25</b>	<b>7/2/25</b>

### **Milestone 2: Molar Endodontics**

#### **EPA 2A Restorative and Periodontal**

This case is based on the treatment you have provided a patient and the steps and decisions you made to treat and execute molar endodontics for a patient, including a definitive restoration and other care indicated. Further details and exemplars for this case can be found in separate guidance within APLAN

Case Submission Date (APLAN)	Feedback on Cases deadline (APLAN)	Case Presentation to own Study Group
<b>28/4/2025</b>	<b>12/5/2025</b>	<b>From 15/5/25</b>

### **Milestone 3: Complex Case**

#### **EPA 2B Removal and Replacement of Teeth**

This case is based on the treatment you provided for a patient and the steps and decisions you made to treat a patient who required cast restorations and replacing missing teeth. It demonstrates more complex treatment planning decisions across a multiple of disciplines. Further details and exemplars for this case can be found in separate guidance within APLAN.

Case Submission Date (APLAN)	Feedback on Cases deadline (APLAN)	Case Presentation to own Study Group
<b>23/6/2025</b>	<b>7/7/2025</b>	<b>From 10/7/25</b>



# eLearning and Script

## eLfH

All Foundation Dentists and Therapists need to register for an account with eLfH, you may have already have one from your undergraduate studies. If so, ensure you update your personal and employment details to reflect your new professional status as a qualified dentist.

There is a lot of content to get through on eLfH but the good news is that it can be done in bite sized chunks. With most modules take under 30 mins to complete.

<https://portal.e-lfh.org.uk/Login>



Search for eDen

Dentistry (e-Den)

Select e-Den Learning Paths and complete the following

1. [Yorkshire and humber - Dental foundation trainees](#)  
[Statutory and mandatory content](#) (courses = 21)  
[Dentistry content](#) (course = 7)
2. [Yorkshire and humber - Prevention programme pathway](#)  
[Safeguarding adults](#) (should auto complete as covered above)  
[Safeguarding children](#) (should auto complete as covered above)  
[Children's oral health advice](#) (course = 4)  
[Dementia awareness](#) (course = 1)
3. The Oliver McGowan Mandatory Training on Learning Disability and Autism - available on e-lfh.  
[E-lfh Link \(Please note you may be required to have logged in for this link to direct you to the relevant course\)](#)

All e-lfh modules need to be completed by **IRCP** with certificate upload to your ePortfolio ready for your TPD to check compliance prior to the IRCP panel dates.

## SCRIPT



SCRIPT is an e-learning programme to improve safety and competency among healthcare professionals around prescribing, therapeutics and medicines management.

Medication prescribing errors are those that have specifically occurred during the prescribing process, where there is a failure to order the right drug at the right dose at the right frequency for the right patient. In the UK, medication errors account for 10–20% of all adverse events in the National Health Service (NHS) and preventable harm from medicines is estimated to cost more than £750million each year. A quarter of litigation claims in the NHS also stem from such errors.

As a result of the EQUIP study, in 2010 Health Education West Midlands and the Humber (or then the Strategic Health Authority) commissioned the Universities of Birmingham, Warwick and Keele to develop an online eLearning programme to improve prescribing competency of trainee doctors and dentists. The overall aims of the project were to:

- Encourage safe, effective, and rational prescribing by developing learning modules that reflect current prescribing practice in the NHS.
- Improve the prescribing knowledge and skills of newly qualified doctors/dentists during the formative years of their professional development, in order to reduce medication errors and improve patient safety.

SCRIPT was created in 2011 by a team of clinical pharmacists and clinical pharmacologists working in both education and healthcare.

### Key Info

- Please access SCRIPT via the ePortfolio direct link on your home page
- Once completed – please check completion status on the ePortfolio.
- If status update is not correct (it has been an issue for some FD in previous cohorts), please upload module completion certificates to the FD uploads section of the ePortfolio
- All 7 modules need completing by Dental Trauma and Dental Emergencies Day 2 on **19<sup>th</sup> November 2024**

## Medical Emergency Course for FDs, JDFCTs and FTs

### Step 1

Dental Acute Illness Management (DentAIM) online programme via Athena (**LEEDS university platform**)

- Enrolment and provision of candidate logins and instruction issued to FDs by **02/09/2024**
- This login is unique to this course and is **different** to your NHSE BlackBoard login
- Candidates to complete DentAIM asynchronously on **3/09/2024. This work is assessed.**



### Step 2

ABCDE interactive lecture via ATHENA (University of Leeds) BB Collaborate

**On 09/09/2024 Attendance is recorded.**

### Step 3 – Face-to-face simulation for 6 candidates per session

**Check your study day planner for specific information as you will only attend one of the face-to-face session.**

**Please note you will only receive a CPD certificate for the simulation session, but this covers the full CPD hours of the programme.**

**Matthew Milbourn TPD for SY7 leads the on this workstream**

# Blackboard Learn



Blackboard Learn is a Learning Management System which is used within Schools to delivery and support teaching and training.

Our aim is to develop and support a learning environment for the 21st Century that improves on existing methods and outcomes, and by diversifying its delivery methods makes learning more accessible and equitable.

Blackboard Learn was created 'Mobile First' meaning it has been specifically designed to work seamlessly with your mobile device or tablet. You can download the Blackboard App for your mobile and tablet devices through the Apple App Store and Google Play App Store

Guidance on Blackbaord

[https://www.yorksandhumberdeanery.nhs.uk/sites/default/files/blackboard\\_account\\_creation\\_enrolment\\_guide\\_2024.pdf](https://www.yorksandhumberdeanery.nhs.uk/sites/default/files/blackboard_account_creation_enrolment_guide_2024.pdf)

Please note that some Blackboard accounts may have been created using an out-of-date email address. If this is the case, please inform your School Administrator who will be able to update these details on the Trainee Information System (TIS).

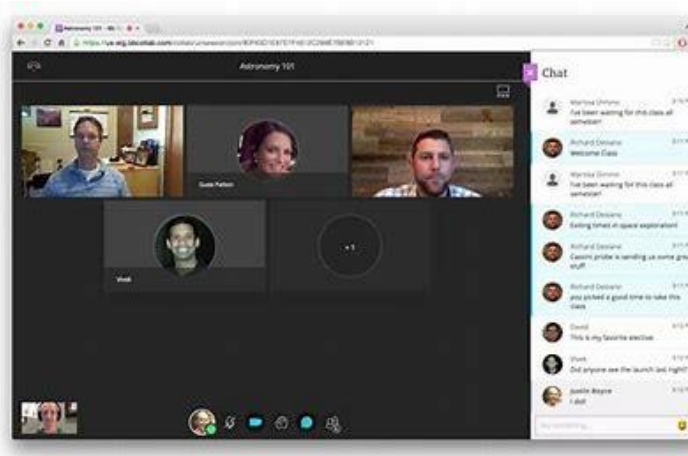
If you experience any issues accessing your School's Blackboard platform or require further support, please email [england.dentalsupport.yh@nhs.net](mailto:england.dentalsupport.yh@nhs.net).

**Completion certificates for Study Days hosted on Blackboard will be available through the Blackboard program and should be downloaded for your own records.**

**Please note access to your BlackBoard DFT Study Days will close at the end of your contracted training year. After this date you will no longer have access to the course and you will be unable to download certificates.**

## Collaborate

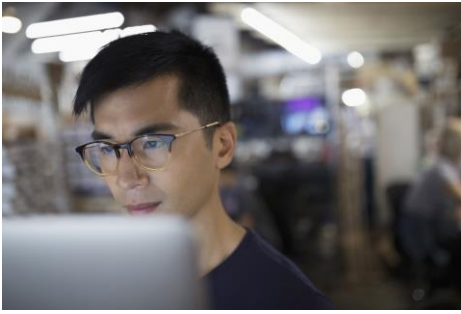
Collaborate is the Video Conferencing solution that is provided by Blackboard. When you first join a Collaborate session, you may be asked to test your audio and video settings. We would recommend that you join your Collaborate sessions early in order to ensure it is set up correctly and in time for you to join your teaching or training session.



Please note that as Collaborate is a browser-based platform, your overall experience is based on your internet connection. This may mean that your audio and video experience is affected if your internet connection is poor.



## Code of Conduct for Remote Teaching and Learning



Education is an important part of your training. A great deal of time and effort is put into producing and delivering medical education. The time released for teaching sessions (from a one-hour journal club/lunchtime teaching to multi-day courses and conferences) are an important part of your development as a doctor and assist in fulfilling your learning curriculum.

**Thank you for agreeing to support everyone's educational development and making the most of these virtual learning opportunities by adhering to these principles. Engagement will lead to a more rewarding experience for everyone.**

It is important that you maximise training and education opportunities and are also respectful of others. It's important to recognise that participating virtually is different to joining teaching in person, and with that brings both positive impact and at times the risk of negative impact. For all junior doctors and dentists who are part of programmes within Health Education England, we ask that you observe the following principles when attending and participating in virtual educational activities:

**When you have been released to attend teaching then it is mandatory that you attend, as it forms part of your educational and employment contracts. Both employers and trainees should respect the requirement for teaching. Despite teaching sessions occurring virtually, study leave should be approved for these study days and trainees are not expected to attend virtual teaching days whilst at work, after night shifts or on days off as this is protected study leave (unless exceptional circumstances highlighted by a trainee's request and no impact on safety at work). Where there are missed opportunities, trainees should consider reporting this through the educational exception reporting process within their training provider (e.g. Trust).**

Remote teaching sessions should be afforded the same priority and focus as face-to-face sessions.

**Trainees should respect the facilitators and other participants throughout the session. That respect is shown by following the following principles.**

Trainees should prepare appropriately for virtual educational activities by ensuring they have access to the relevant platform, checking they can access the platform well in advance, including resolving any access issues with IT/admin in good time. This includes video access. If there are issues with accessing a web camera, then trainees should inform the facilitator prior to the teaching event. They should ensure they are familiar with the key functionality, including how to "raise their hand".

Punctuality is vital, and trainees are expected to log into the session promptly. We recommend you aim to log in 10-15 minutes before the session starts in case you experience any technology or internet issues on the day.

The nature of the content means that trainees should access the session from a private location where they will not be disturbed. It is important the location you select has adequate internet connectivity. If trainees have issues with access to private IT equipment or adequate internet, then please contact your local employer's learning space (GP and community placements) or Trusts' local learning centre to help arrange appropriate private learning facilities for you to undertake your teaching sessions at your place of work.

Children should not be present during the session, and adequate arrangements for childcare should be made, as they would be for any other working day. This is to ensure you and the other participants can focus on the teaching but also because some content, images and discussions are not suitable for children to be present.

Confidentiality should be maintained throughout, and trainees should not access the sessions from public spaces. Confidentiality extends to discussions between participants so that a safe, confidential and supportive environment exists to allow trainees to learn from one another and to share experiences and thoughts openly.

Trainees should participate / engage in the session as fully as possible.

Please mute your microphone when not talking, so background sound is minimised. Please also use the raise hand functionality and chat as required and interact appropriately throughout the session.

Cameras should remain on throughout the session unless requested otherwise by the facilitator. Class registers are taken by teachers at different stages of teaching sessions and confirmation of your presence can only be done if you are visibly seen via camera link.



Please be present and give virtual education activities your full attention by not completing other tasks whilst at home or tasks on the computer/laptop as these activities impacts on your learning. This is distracting for the teacher and other participants and as this is protected study leave work, emails or other administrative work should not be completed during this time.

Please dress appropriately as you would for a face-to-face session.

Regular breaks will be scheduled throughout teaching sessions, so please do not eat meals during the teaching session. This can be distracting for other participants and may prevent you focusing on the teaching.

Trainees and facilitators should be mindful when screen sharing, particularly if all the screen is shared. This is to avoid breaches of confidentiality or privacy, because if the whole screen is shared participants will be able to see everything which appears on your screen.

Copyright material should not be used in any presentation, nor should materials used in the session be plagiarised.

# Core Clinical Modules

## Overview

Core clinical modules is the umbrella term we use to describe a clinical resource available to you during DFT/DTFT. Our clinical teaching has evolved to maximise the educational aspect of your training as you work towards independent practice. The modules are designed to help you develop your existing knowledge, build on your experience, challenge your understanding and reflect on your performance. They include elements of non-linear learning, where you can use the material as a reference and support when learning needs are highlighted or clinical cases require, and if indicated linear learning where you will receive more formal feedback and teaching.

## Core Clinical Modules

Core clinical modules are found on Blackboard, our Virtual Learning Environment. Many of you will have used Blackboard before, but please take time to familiarise yourself with it, as NHSE have set it up in a different way than you may have been used to.

On the Blackboard site, the Core clinical modules course is clearly labelled. The courses mainly cover Direct Restorations, Indirect Restorations and Endodontics, though they have expanded to cover other areas as well. When you access the course, the different areas and material will be clearly labelled with an explanation for each section.

## Practical Hands-On sessions

These sessions support the core clinical modules and will allow you to ask questions and discuss cases related to Direct Restorations, Indirect Restorations and Endodontics and Occlusion.

## Other Material

There are also lectures uploaded in the classic format, similar to study days that we have previously held. These may also be useful as they cover topics in more depth and may suit your learning style. These are particularly useful to refer to before clinical cases, reflect on after clinical cases or to help address learning needs raised.

If you encounter any issues, please contact your TPD or **Mark McAlister** who leads on the CCM sessions email : [mark.mcalister1@nhs.net](mailto:mark.mcalister1@nhs.net)

## Clinical Skills Assessment (CSA)

All Foundation Dentists and Therapists are expected to complete a phantom head exercise in practice, working within your dental surgery with your dental nurse.

The purpose of this assessment is three-fold

1. To acclimatise you to the use of high-speed handpieces after a period of non-clinical activity
2. To acclimatise you to working in your own surgery, performing simulated clinical treatments, with your dental nurse and the materials available to you.
3. To provide some basic checks on your operative skills and provide any support or early feedback if required.

Throughout the training program you will access to simulation in your practice, which you can use to practice techniques and utilise the Core Clinical Module materials as guidance, repetition of skills is an important component of gaining operative confidence in a procedure before providing this to real patients.

Guidance on the CSA can be found by following the below SWAY link



### Clinical Skills Assessment (CSA) Guidance (2024)

If your practice does not have a Phantom Head, please contact your TPD to arrange for this to be delivered, 3D printed teeth will be delivered to FD/FTs at individual induction days or sent...

[Go to this Sway](#)



# Community Projects and Engagement

All Foundation Dentists/Therapists are expected to participate in a least one community project. The following projects are events which are dependent on your attendance. Once your attendance is confirmed if you are unable to make your agreed date due to exceptional circumstances, it is expected you will arrange cover via another Foundation Dentist and notify Dental Support. Not doing so would be in breach of the Professional Standards that is expected in our training programmes.

## Community and Volunteer Opportunities

There is a strong history of volunteer opportunities for Dental Foundation Training in the Yorkshire and Humber region. This has continued to grow and develop, not only providing opportunities for the Foundation trainees to become involved in this type of work but more importantly, delivering care opportunities to some of the region's most vulnerable groups.



## Dentaid/In Practice Sessions



The association with Dentaid, where a mobile dental surgery is positioned at various locations regionally offering point of care facilities for some of most vulnerable in society, mainly by way of dental extraction and relief from acute dental pain and infection. In the 2021/2022 a nationally reported school project in association with Dentaid was established in Calderdale, West Yorkshire. This gave a couple of

Foundation Dentists excellent experience in taking the clinical lead opportunity which allowed many of Y&H region's Foundation Trainees the opportunity to become involved in providing clinical care for hundreds of children in the school who otherwise would not have received treatment.



There are some very rewarding volunteer opportunities to become involved with that will broaden the Trainee's experience, help the most vulnerable in our communities, and also add something interesting to the CV.

**Andy Harrison** TPD for SY6 leads the Community and Volunteering Opportunity offering for DFT in Yorkshire and the Humber

## Bevan

Bevan House is a flagship medical practice based in Bradford which provides a range of integrated medical and social care to refugees, asylum seekers and unregistered patients. It is a medical outreach centre where FDs support the practice by providing dental education, basic prevention and screening following a medical examination for those refugees and asylum seekers just entering the country.

**Ian Wilson** TPD for JDFCT leads the Bevan Outreach Project

## Refugee and Asylum Seekers

North Yorkshire DFT practice support the access to emergency care and treatment for Refugees and Asylum seekers, taking part in this project will provide FDs with experience in working with translation services, understanding the many challenges this vulnerable group experiences and importantly provide dental treatment to some of the most vulnerable patients in our communities.

## Teeth Team

Teeth Team is an opportunity for FDs to become involved in Oral Health promotion and supervised brushing within primary schools in North Yorkshire. This evidence-based approach is designed to tackle the considerable problems children and families face with oral disease in our most vulnerable communities.

**Simon Hearnshaw** TPD for NY1 leads the Refugee Project and Teeth Team projects.

## Community Health Care Workers Project

Foundation Dentists will be working within their local communities, supporting health care workers provide preventative advice to vulnerable patient groups and patients who traditionally struggle to access dental care. This can involve being part of local campaigns, designed to promote oral health care amongst nursing mothers and young children.

## Raised in Yorkshire

This is a schools-based approach to sustainable student-led oral health education, this involves both teaching opportunities for FDs to train 6<sup>th</sup> formers and school-based field work, to measure the impact of oral health measures for children. Importantly this opportunity provides young adults from disadvantaged schools a chance to consider a career in health care.

**Jason Atkinson** APD for DFT and DTFT leads both the HCW and RiY Projects

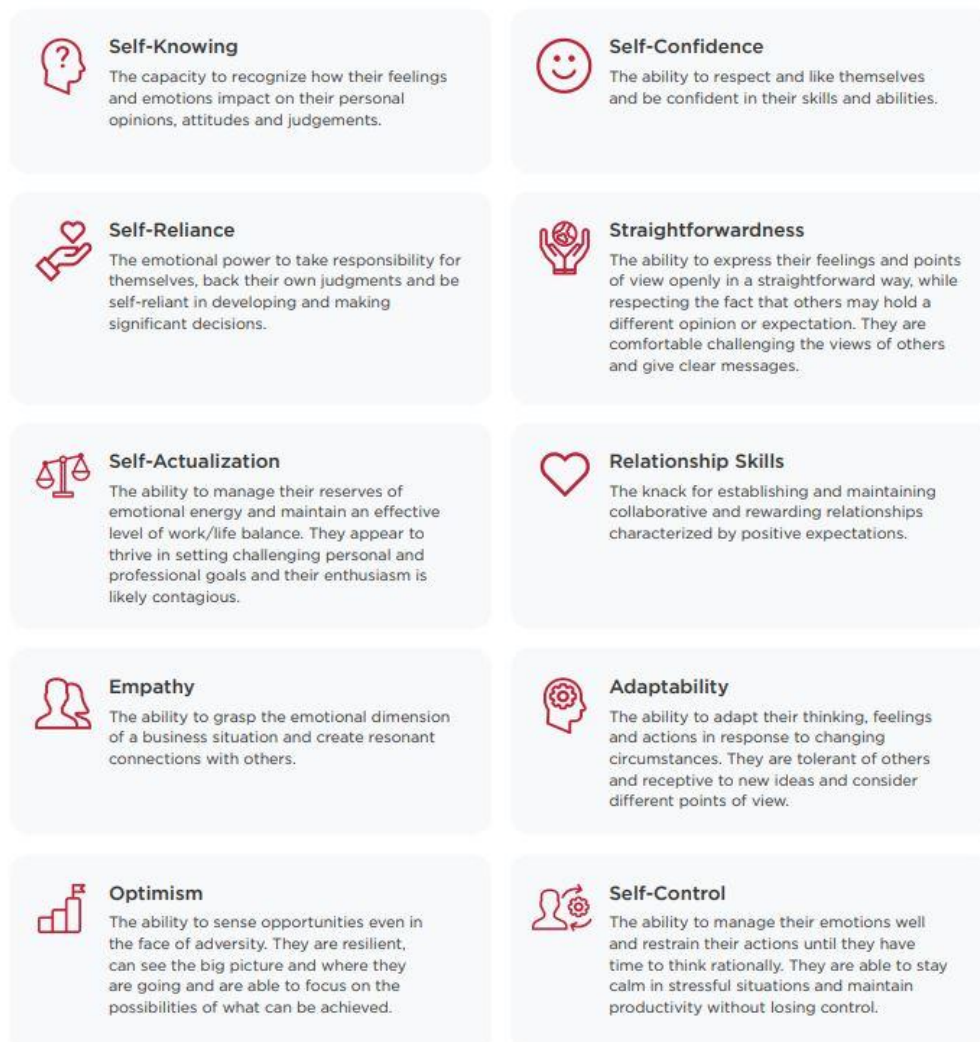
# Emotional Intelligence within Dental Foundation Training

## Introduction

Dental professionals today will not only need to have excellent clinical skills but also skills in leadership. One of the foundations of any leader is their ability to manage emotions in themselves and in others, and to recognize the impact that they have on those around them and their community. (Fig1)

Building their Emotional Intelligence Capital is a key component of the challenge that is being demanded by our students and Dental Professionals.

*Fig 1*



Bringing Emotional Intelligence Capital into Dental Foundation training will help us to do this in a robust, evidence-based process to equip both FDs, ESs and TPDs.

## Rationale behind Emotional Intelligence Capital



To be an effective leader and team member we need the skills to manage our emotions well and influence the emotions of other people toward positive outcomes. Health Education England YH Foundation Dentists will gain a solid understanding of emotional intelligence and its relationship to key challenges such as leadership, communication, cultural transformation and diversity and inclusion. In a rapidly changing landscape within Dentistry this must be a priority.

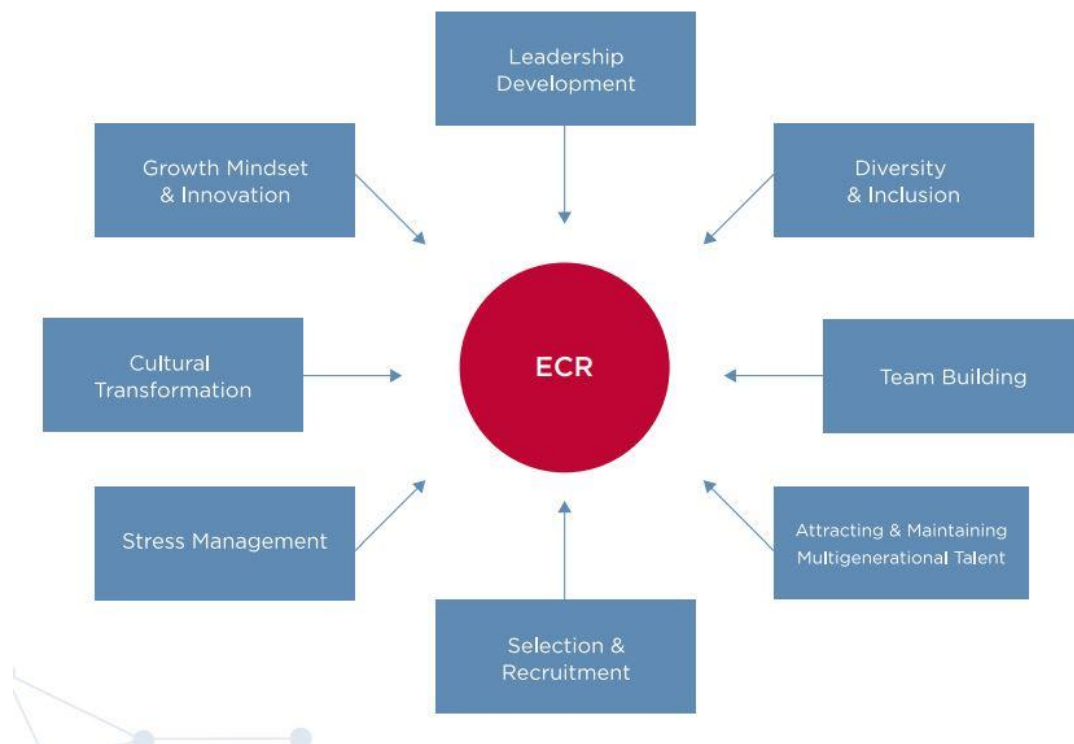
Current Dental Professionals demand flexible working arrangements. They want flexibility in both their working hours and the location that they work from. Millennials as an example are the first generation to grow up fully immersed in technology with flexibility at their fingertips. In addition, they are unconvinced that it is worth sacrificing their personal lives for their jobs, so they greatly value a strong work-life balance. Organisations need to be led by emotionally intelligent leaders who are Adaptable and who understand the need for Self-Actualisation & Awareness.

## Benefits of ECR to DFT

Running alongside the current Dental Foundation curriculum, having the opportunity to produce Emotional Capital reports (ECR) for our FDs, ESs and TPDs will.

- Provide a baseline understanding for FDs and ESs of their Emotional intelligence and how this can affect their role in the workplace [see diagram below]
- Assist the ES with a framework of how to effectively mentor/coach the ES in practice and secondary care
- Provide framework to assist those FDs who may struggle throughout DFT
- Provide coaching solutions if there are performance issues due to relational conflict, stress or mental health.
- Provide the FD with evidence of EQ awareness and development into their next career opportunity.
- Provide the ESs with evidence of EQ awareness and development as part of their appraisal and re-approval process
- Provide an additional evidence-based approach to the quality and innovation of DFT within Health Education England YH





As well as the above benefits

**This Emotional Intelligence Capital process will help Health Education England YH to build great teams that can:-**

- Increase the ability to influence others for positive change
- Resolve conflicts and increase cooperation
- Develop growth mindset and innovation
- Increase adaptability to take advantage of a changing marketplace
- Understands how to manage multigenerational talent

**Ian Wilson** TPD for JDFCT leads the Emotional Intelligence Programme and is supported by **Tony Kilcoyne** TPD for WY3



# Clinical Experience and Activity Logs

Keeping your portfolio update is an essential for the smooth running of the DFT year. In this next section you will find check lists and resources that will help you keep on top of ePortfolio tasks.

NHS Dental Services is part of the NHS Business Services Authority. They responsible for processing NHS dental claims and paying NHS Dentists. The NHSBSA manage the NHS contracts through a system called Compass. More information can be found by following this link <https://www.nhsbsa.nhs.uk/information-foundation-dentists>

**Compass gives you access to:**

## Pay statements

Whilst you're a Foundation Dentist you're salaried and employed by your lead employer. You'll find details of your monthly pay and pension contributions on your pay statement. These will be paid to you by your employer who'll provide you with a payslip.

You may also be reimbursed for travel and subsistence by your employer. These details will also be included in your statement.

Your NHS COMPASS statement also includes a summary of processed claims. This will list details of all the patients you have seen, together with the band of treatment claimed. You can view a short video to find out how to view your pay statement. Please liaise with your Practice Manager to review this information regularly.

<https://www.youtube.com/watch?v=vZv6qPB4GM8>

## Activity

During your training year, you have an estimated number of Units of Dental Activity (UDA) that you're expected to achieve. You'll be required to record these figures monthly in your e-portfolio and also upload documentary proof of these figures from Compass.

Although the information is included in your Monthly Pay Statement you should not upload the details of the patients and treatments you've provided. You can find a more suitable record of UDAs achieved in the Activity Actuals report. You can view a short video to find out how to access the Activity Actuals report

[https://www.youtube.com/watch?v=tYnj\\_mKQzpo](https://www.youtube.com/watch?v=tYnj_mKQzpo)

## Reports

Twice a year, NHS Dental Services provides an FD report for you and your trainer. This report provides you with a breakdown of the clinical data set, the number of claims for the various treatments and, where recorded, the number of teeth treated.

It also gives a breakdown of activity by adult and child and analysis of patients treated by age. You can view a short video to find out how to access these reports.

<https://www.youtube.com/watch?v=ifmeek3LXtc>



# Entrustable Professional Activities

**Please see detailed descriptions for each EPA at the end of this handbook**

*A description of professional practice, that can be fully entrusted to a trainee once they have demonstrated the necessary competence to execute the described activity unsupervised.*

*The Early Years Curriculum is based on the DFT Curriculum and refreshes the Learning Outcomes of that program into relevant EPAs. EPA's are high-level outcomes, with FDs/FTs who meet the necessary supervision levels for each EPA at the end of the program equating to the Learning Outcomes for each EPA having also been met.*

***Please see the DTFT Portfolio based on adapted and relevant EPAs***

*During the training programs, evidence is collected and held within the dental portfolio which support the ES opinion on whether the FD/FT has met the necessary supervision level for completion of the program for each EPA. This evidence includes, as a minimum*

- *Supervised Learning Events (DOPS, mini-CEX, DCD, DENTL etc), MSF and PSQ*
- *Clinical Experience Logs*
- *Reflective Logs*
- *Ad-hoc ES Reports*

Each EPA is linked to learning outcomes, which described the core capabilities and behaviours the FD/FT is expected to be able to perform. **The Early Years Curriculum provides a more comprehensive description of these, it is recommended that all FDs/FTs and JDFCTs familiarise themselves with this document**

The entrustable professional activities below describe the units of professional activity required for successful completion of the Early Years Dental Training programme, the key relevant programme outcomes that will need to be achieved, the level of entrustment required for each activity at various stages of the programme, and the sources of evidence to support such judgements.

For those on the Foundation-only (12m) pathway, all *essential* EPAs should be met at the highest level of entrustment (**'unsupervised'**) demonstrating competence to practice independently. If are any incomplete *essential* EPAs that have not been met at this required level of entrustment, then an extension to training will be required. Further development of any incomplete *enhanced* EPAs for those on Foundation-only (12m) pathway would need to be obtained through continuing professional development activities, work-based supervision or mentorship.

Early Years Dentists on the 24 month pathway will need to achieve all - both *essential* and *enhanced* – EPAs at the highest level ('unsupervised') of entrustment.

The EPAs for Early Years Dental Training are:

## **Essential**

EPA 1 Assessing and managing new patients

EPA 2A Providing routine dental care: periodontal and restorative

EPA 2B Providing routine dental care: removal and replacement of teeth

EPA 3 Assessing and managing children and young people

EPA 4 Providing emergency care

## **Enhanced**

EPA 5 Assessing and managing patients with complex needs

EPA 6 Promoting oral health in the population

EPA 7 Managing the service

EPA 8 Improving the quality of dental services

EPA 9 Developing self and others

## **Overview of outcomes (covered through EPAs 1-9)**

### **Clinical**

1. Clinical assessment
2. Treatment planning
3. Oral health promotion
4. Prescribing and therapeutics
5. Periodontal disease
6. Non-surgical management of head and neck pathology
7. Restoration of teeth
8. Removal of teeth
9. Replacement of teeth
10. Malocclusion and management of developing dentition
11. Dental emergencies
12. Complex needs
13. Medical emergencies
14. Patient safety

### **Communication**

1. Person-centred practice
2. Informed consent and capacity
3. Challenging communication situations
4. Written communication

### **Professionalism**

1. Ethics and integrity
2. Scope of practice
3. Personal and professional development
4. Scholarship
5. Teaching and learning
6. Interactions with colleagues
7. Social justice and health equity

### **Management and Leadership**

1. Self-management
2. Practice or departmental management
3. Clinical leadership
4. Legislation and regulation
5. Quality improvement
6. Environmental sustainability

## **Supervision Levels for EPAs (Levels of Entrustment)**

### *Levels of entrustment*

Entrustment decisions are made with reference to levels of oversight ranging from hands-on supervision to independent practice. Decisions about the level of entrustment are made on the basis of information about the Early Years dentist obtained from various sources of assessment and should reflect the expected scope of practice. This curriculum defines four such levels:

#### **1. Direct**

The learner requires proactive supervision present in the room that allows for supervisor intervention if necessary.

#### **2. Reactive**

The learner requires a supervisor nearby (e.g. in the next room) and quickly available to provide advice, support or intervention as required.

#### **3. Distant**

The learner requires a supervisor available to provide advice and guidance at a distance (e.g. by telephone).

#### **4. Unsupervised**

The learner is trusted to carry out the EPA, within scope of practice, without the need for supervision.

### *Essential or Enhanced*

Early Dental Years Training has to accommodate dentists in postgraduate training on both a 24 month and a 12 month (Foundation-only) pathway. This requires that EPAs are of two types:

#### **Essential**

These must be achieved at the highest level of entrustment at the end of the Early Years Dental Training programme - whether on a 12m or 24m pathway.

#### **Enhanced**

These should all be achieved at the end of the 24m programme, although some may also be achieved at lower levels of entrustment if undertaking the 12m Foundation-only pathway.

## Essential EPAs

The FD/FT/JDFCT should be able to perform essential EPA's **unsupervised** at the end of training program, Foundation Dentists have up to two-years to reach this supervision level (via an extension to the program, determined at FRCP), it is **normally expected that the majority of Foundation Dentists will met this level of supervision after 1 year (2 years for JDFCT)**.

The Final Review of Competency Progression (FRCP) will review portfolio evidence to determine if the FD/JDFCT has met the supervision levels necessary to meet the requirements for Satisfactory Completion of DFT (SCDFT). SCDFT enables dentists to obtain full inclusion on the NHSE Dental Performer List.

EPA	Evidence to support entrustment decisions	Expected Level of Entrustment at end of program
1 NP Assess/Manage	Mini-CEX, DOPS, CBD, Clinical Experience, Reflective log, MSF, PSQ.	Independent
2a Perio and Restorative		
2b XLA and Replacement		
3 Assess/Manage Child		
4 Emergency Care		

Please review Early Years Curriculum for more detailed guidance on each EPA and linked outcomes for each EPA. It is the responsibility of the FD/FT/JDFCT to ensure adequate evidence is completed and available on the portfolio for each EPA/

## Enhanced EPAs

These should all be achieved at the end of the 24month JDFCT program, although some may be achieved at lower levels for the 12month DFT/DTFT program.

EPA	Evidence to support entrustment decisions	Expected Level of Entrustment at end of program
5 Complex Needs	Mini-CEX, DOPS, CBD, Clinical Experience, Reflective log, MSF, PSQ.	Reactive (Independent JDFCT)
6 Population Oral Health	DtCT, DENTL, CBD, Clinical Experience, Reflective log, MSF, PSQ.	Distant (Independent JDFCT)
7 Managing the service	DENTL, Reflective Log, MSF.	Distant (Independent JDFCT)
8 Improving Quality	DENTL, Audit, Reflective Log, MSF.	Distant (Independent JDFCT)
9 Developing self & others	DtCT, DENTL, Reflective Log, MSF, Emotional Intelligence Program	Distant (Independent JDFCT)

# Supervised Learning Events

Supervised Learning Events (SLE) are completed by the Educational Supervisor (ES) or nominated Clinical Supervisor (CS) during the DFT/DTFT program. SLE are formative encounters, providing the FD/FT with feedback on the procedure or case and where appropriate create linked Learning/Development Needs.

Each SLE completed should be linked with the relevant EPA (Entrustable Professional Activity), with a series of SLEs expected to be provided for each EPA to support the Supervision Levels a FD/FT is working under and towards.

All SLEs may contribute to the evidence gathered for different EPAs. For example completing an SLE for a patient who requires an Urgent Appointment, will not only be linked to EPA 4 Providing Emergency Care, but if an extraction or endodontic access is completed, then the SLE will also be linked to EPA 2A or EPA 2B. If the patient additionally has complex needs then EPA 5 may also be included.

As SLEs are completed, triangulation of outcomes will be evidenced across all of the EPAs helping the FD/FT to provide evidence towards supervision levels, levels of entrustment and the outcomes of the program.

The completion of SLE's are FD/FT led, you are responsible for inviting their ES or CS to complete an SLE, being aware of the need to ensure that each EPA and associated Learning Outcomes receive an appropriate number of SLEs.

The Educational Supervisor should provide guidance to the FD/FT on gaps in evidence they would need to confirm towards assigning and recommending Supervision levels for each EPA, during the DFT/DTFT program and ultimately a Final Review of Competency Progression.

## Descriptions of SLE

- Direct Observation of Procedural Skills (DOPS)

DOPS are an **observation** by the ES/CS of a **clinical procedure** completed by the FD/FT as part of a patient encounter. They are useful to ascertain certain clinical capabilities that form part of a Clinical Encounter, rather than the ES/CS observing the entire clinical encounter. Pragmatically, DOPS can be utilised to assess various clinical procedures as part of a patient encounter (eg for a patient attending an endodontic procedure, DOPS on Access / Rubber Dam / Obturation could be completed), rather than the ES observing the entire Endodontic procedure.

DOPS also form part of early assessments completed at the start of the DFT/DTFT program to ascertain appropriate and safe levels of supervision, this will be discussed further in this guide.

The DOPS Under Simulation is a similar observation but completed during a simulated exercise.

- Mini-clinical evaluation exercise (mini-CEX)

The mini-CEX are an **observation** by the ES/CS of an **entire clinical encounter**, performed by the FD/FT on patients. They are useful to provide an holistic overview of performance, where both technical clinical skills and supporting non-technical skills, such as communication, leadership and professional behaviours can be observed. The mini-CEX can be linked to new patient encounters, management of children, providing emergency dental care and simple restorations. They are also useful to support the development of FD/FT should the need arise to view more complex and time-consuming procedures, where the mini-CEX could be part of assigned Protected Learning Time.

- Direct Evaluation of Non-technical learning (DENTL)\*

The DENTL is an **observation** of 'non-technical skills' linked to the FD/FT chairing a practice meeting, leading a team, carrying out service improvement or sustainability projects. Other opportunities for completing a DENTL may be opportunistic in nature, linked to the FD/FT publishing a research article or presenting research at a local/regional or national event.

TPDs will also complete DENTL SLES during the DFT/DTFT program linked to study day activities, professional behaviours and milestone presentation days.

**For the JDFCT program one DENTL SLE (as a minimum) is expected and will normally be completed within the secondary care (DCT) environment.**

- Developing the Clinical Teacher (DtCT)\*

The DtCT is an **observation** of teaching practice by the FD/FT, normally linked to community engagement projects, such as school visits. It provides an opportunity for feedback on both teaching practice and facilitating learning and could be utilised when the FD/FT has to deploy behavioural change conversations that are provided for challenging patients.

Similar to the DENTL SLE, during the DFT/DTFT one-year program there may be opportunities to complete the DtCT if the FD/FT has been asked to formally provide a teaching opportunity for their peers, which may be completed by a TPD.

**For the JDFCT program one DtCT SLE (as a minimum) is expected and will normally be completed within the secondary care (DCT) environment.**

- Case Based Discussion (CBD)

The CBD is linked to clinical reasoning/knowledge, utilising patient records, clinical photography and radiographs to ascertain the **clinical knowledge and reasoning** the FD/FT displays, the CBD may be linked to one particular patient encounter, or be structured around radiographic interpretation for several patients. CBD can be utilised to pose 'what if...' questions, to explore different scenarios based around clinical decision making.

- Multi-source Feedback (MSF)

MSF is completed by team members in the workplace environment, providing feedback on non-technical skills, communication, team working and professional behaviours, these should be completed at two intervals, at an early stage in the DFT/DTFT program and prior to IRCP, at the mid-point in training. Further MSF may be requested by TPDs or IRCP Panels.

One MSF is required prior to ESR, with a further MSF prior to IRCP

**For JDFCT a third will be requested in Year 2.**



- Patient Satisfaction Questionnaire (PSQ)

Feedback from a minimum of 20 patients is required, with patients normally invited by the workplaces reception team, to avoid any potential bias if FD/FT led, a reflection is required by the FD/FT on the feedback received.

\*There is no absolute requirement for the DENTL or DtCT SLEs to be completed during the one-year DFT/DTFT program, however they will provide important informing other EPAs and should, if the opportunity arise be completed and are recommended.

**For JDFCT at least one DENTL and one DtCT should be completed over the course of the program.**

### **Numbers of SLE**

It is the FD/FT responsibility to ensure that all EPAs have adequate SLEs to evidence entrustment (supervision) levels over the course of the program, they should be varied a cover a range of clinical activities and non-clinical activities linked to each EPA.

For the one year program (DFT and DTFT) a minimum of 24 SLEs (DOPS/mini-CEX/CBD/DENTL/DtCT) should be completed.

For the JDFCT program a minimum of 48 SLES (DOPS/mini-CEX/CBD/DENTL/DtCT) should be completed over the course of two years, with an even split between workplace environments.

## Portfolio Requirements

Engagement in your portfolio is vital to provide evidence for completion of the DFT/DTFT program, helping you keep track of your own progress and learning/development needs and provide evidence that you have the necessary skills to meet the requirements of the GDC to take responsibility for and manage your own learning.

**This forms part of the evidence that contributes towards EPA 9 – Developing self and others.**

**Your practice will provide you with one session (3.5 hours) per month to allow you time to both keep your portfolio up-to-date and complete any non-clinical work associated with the study day program. You should be at work during these periods.**

## Regular Portfolio Tasks during the DFT/DTFT/JDFCT Programs

**It is the responsibility of the FD/FT/JDFCT to ensure that they maintain their portfolios and regularly update the portfolio in relation to the following areas, at least on a monthly basis.**

**Clinical Experience Log-** *Ensure you keep accurate daily figures to complete at the end of the month – see monthly clinical experience log section*

**Reflective Logs** – Provide evidence of reflective practice and opportunities to record learning through experience (there is no set number for completion, but panels will expect evidence of reflective practice at IRCP/FRCP)

**Study days logs-** ensure completed after each study day within 4 weeks of the course

**Protected Learning Time Logs** – completed for each once a week (it is expected you will have 40 protected learning time episodes with your ES over the course of the program)

**Non-Working Days Log** – to be completed when relevant

*FD's must contact their TPD if sickness prevents attendance at a study day*

**Learning / Developmental needs-** *add remember to prioritise and complete in appropriate time frames. Add from within other part of the portfolio as well as independently.*

## Months 1 and 2 DFT/DTFT (Months 1 to 5 JDFCT)

Completed	Portfolio Task
	Learning Agreement to complete and uploaded ready for viewing
	<b>DentAIM</b> (completed by 6/9/24)
	2 x Simulation Learning exercise (Clinical Skills Assessment) <ul style="list-style-type: none"> <li>- Amalgam (+ <b>DOPS Simulated and DENTL SLEs</b>)</li> <li>- Composite (+ <b>DOPS Simulated and DENTL SLEs</b>)</li> </ul>
	<b>ES Induction Meeting</b> and review University ETD ( <b>upload ETD to Portfolio</b> )
	<b>Induction Checklist</b> with ES and Practice Team
	Pre-DFT Clinical Experience Review and develop an early Personal Development Plan with the creation of <b>Learning/Development Needs</b>
	<b>Completion of suggested SLEs in relation to Essential EPAs</b>
	<b>EPA 1</b> Assessing and Managing New Patients <b>mini-CEX</b> NP Exam <b>CBD</b> Clinical Records/Radiographs/Diagnosis and Treatment Planning
	<b>EPA 2a</b> Routine Dental Care Restorative & Perio <b>Mini-CEX</b> Simple Restoration involving caries (+/- ID Block) <b>DOPS</b> Endo Access / Pulp Extirpation and Rubber Dam (+/- ID Block)
	<b>EPA 2b</b> Routine Dental Care Extractions and Prosthodontics <b>Mini-CEX</b> Simple Extraction (+/- ID Block) <b>DOPS</b> Impression taking techniques
	<b>EPA 3</b> Assessing and Managing Children <b>Mini-CEX</b> Child Examination including orthodontic assessment (mixed dentition)
	<b>EPA 4</b> Emergency Care <b>Mini-CEX</b> Emergency Appointment (alleviating patient pain)
	<b>SCRIPT</b> (needs completion by 19/11/24 and evidence uploaded to portfolio)
	<b>eLFH online learning</b> (completed by IRCP and evidence uploaded to portfolio)
	<b>First MSF</b> Early Stage Review (completed and published) Launch w/c 21/10/24 (Launch w/c 9/12/24 JDFCT)
	<b>EPA 5 – 9</b> Start to gather evidence towards supervision levels.
	<b>Completion and update Regular Portfolio Tasks</b>

## Months 3 to 6 (Months 6 to 11 JDFCT)

Completed	Portfolio Task
	<b>Ad hoc ES Report</b> <i>Early Stage Review</i> Complete any outstanding SLEs
	<b>Completion and update Regular Portfolio Tasks &amp; Record Card Review</b>
	<b>Submit Milestone 1 (Urgent Dental Care) on APLAN by 24/1/25 – DFT only</b> <b>Please see specific guidance for DTFT and JDFCT</b>
	<b>SLEs (mini-CEX,DOPS,CBD,DENTL,DtCT)</b> Completed regularly to provide appropriate evidence to support supervision levels for each <b>EPA (1 to 9)</b>
	<b>PSQ</b> Launched beginning of January (June JDFCT) Your portfolio will need to be linked to a reception team member Reception team members can create an account from the ePortfolio login page by clicking on the link “ <i>Register Team Member Account</i> ”
	<b>Second MSF</b> – please launch w/c 03/02/25 (Launch w/c 07/07/25 JDFCT)
	<b>SCRIPT</b> (needs completion by 19/11/24 and evidence uploaded to portfolio)
	<b>eLFH online learning</b> (completed by IRCP and evidence uploaded to portfolio)
	<b>BSA UDA COMPASS activity</b> (uploaded to portfolio prior to IRCP)
	<b>IRCP ES Report</b> (completed prior to IRCP with FD/FT/JDFCT Comments)

## IRCP Clinical requirements

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)
Surgical extraction (observed)	1 or more (section of tooth and 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

## IRCP EPA Expected Supervision Levels

### *Levels of entrustment*

Entrustment decisions are made with reference to levels of oversight ranging from hands-on supervision to independent practice. Decisions about the level of entrustment are made on the basis of information about the Early Years dentist obtained from various sources of assessment and should reflect the expected scope of practice. This curriculum defines four such levels:

#### 1. Direct

The learner requires proactive supervision present in the room that allows for supervisor intervention if necessary.

#### 2. Reactive

The learner requires a supervisor nearby (e.g. in the next room) and quickly available to provide advice, support or intervention as required.

#### 3. Distant

The learner requires a supervisor available to provide advice and guidance at a distance (e.g. by telephone).

#### 4. Unsupervised

The learner is trusted to carry out the EPA, within scope of practice, without the need for supervision.

### *Essential or Enhanced*

Early Dental Years Training has to accommodate dentists in postgraduate training on both a 24 month and a 12 month (Foundation-only) pathway. This requires that EPAs are of two types:

#### **Essential**

These must be achieved at the highest level of entrustment at the end of the Early Years Dental Training programme - whether on a 12m or 24m pathway.

#### **Enhanced**

These should all be achieved at the end of the 24m programme, although some may also be achieved at lower levels of entrustment if undertaking the 12m Foundation-only pathway.

<b>EPA</b>	<b>DFT/DTFT Supervision Level</b>	<b>JDFCT Supervision Level</b>
<b>1</b> NP Assess/Manage. (Essential)	<b>Reactive</b>	<b>Reactive</b>
<b>2a</b> Perio and Restorative. (Essential)	<b>Reactive</b>	<b>Reactive</b>
<b>2b</b> XLA and Replacement. (Essential)	<b>Reactive</b>	<b>Reactive</b>
<b>3</b> Assess/Manage Child. (Essential)	<b>Reactive</b>	<b>Reactive</b>
<b>4</b> Emergency Care. (Essential)	<b>Reactive</b>	<b>Reactive</b>
<b>5</b> Complex Needs (Enhanced)	<b>Direct</b>	<b>Reactive</b>
<b>6</b> Population Oral Health. (Enhanced)	<b>Reactive</b>	<b>Distant</b>
<b>7</b> Managing the service. (Enhanced)	<b>Reactive</b>	<b>Distant</b>
<b>8</b> Improving Quality (Enhanced)	<b>Reactive</b>	<b>Distant</b>
<b>9</b> Developing self & others. (Enhanced)	<b>Reactive</b>	<b>Distant</b>

## Months 7 to 11 (months 12 to 23 for JDFCT)

Completed	Portfolio Task
	<b>SLEs (mini-CEX,DOPS,CBD,DENTL,DtCT)</b> Completed regularly to provide appropriate evidence to support supervision levels for each <b>EPA (1 to 9)</b> and <b>review with ES if there are gaps in evidence</b>
	<i><b>Review IRCP requirments/recommendations with ES and TPD/APD if indicated</b></i> Work towards meeting any IRCP panel report requirements prior to FRCP, or sooner if recommended.
	<b>Completion and update Regular Portfolio Tasks</b>
	<b>Submit Milestone 2 (Molar Endodontics) on APLAN by 28/4/25 – DFT only</b> <b>JDFCT Submit in January 2026</b>
	<b>Submit Milestone 3 (Complex Case) on APLAN by 23/6/25 – DFT only</b> <b>JDFCT Submit in June 2026</b>
	Review progress against FRCP “Recommended Minimum Clinical Requirements” with ES – alert TPD if concerns arise (suggested this completed month 9 ( month 18 for JDFCT)
	<b>BSA UDA COMPASS activity</b> (uploaded to portfolio prior to IRCP)
	<b>FRCP ES Report</b> (completed prior to FRCP with FD/FT/JDFCT Comments)



## FRCP Requirements

### Complete Complex treatments and clinical activity logs - activity should include (including IRCP recommendations):

- Twelve indirect restorations (e.g. crowns, inlays, onlays and veneers). To include at least one of each type, if possible
- Two bridges. To include one conventional bridge, if possible
- Twelve acrylic prostheses
- Two Co-Cr prostheses
- Twelve endodontic cases – to include both single-rooted (incisors and/or canines) and multi-rooted endodontic cases (molars and/or premolars)
- Four extractions of special difficulty (which may involve bone removal and/or flaps): one undertaken as ADEPT with ES by the end of Month 4

Assessment	Minimum Requirement	Notes
<b>Significant Events</b>	Reporting required in e-portfolio and ESs' Structured Reports	<ul style="list-style-type: none"> <li>• Panels will take account of the evidence and its relevance to Satisfactory Completion in reaching their recommendations</li> </ul>
<b>Complaints</b>	Reporting required in e-portfolio and ESs' Structured Reports	<ul style="list-style-type: none"> <li>• Panels will take account of the evidence and its relevance to Satisfactory Completion in reaching their recommendations</li> </ul>
<b>Sickness absence</b>	Reporting required in e-portfolio and ESs' Structured Reports	<ul style="list-style-type: none"> <li>• Panels will take account of the evidence and its relevance to Satisfactory Completion in reaching their recommendations</li> </ul>
<b>Annual leave</b>	Reporting required in e-portfolio and ESs' Structured Reports	<ul style="list-style-type: none"> <li>• Annual leave should be taken in accordance with the national FD Contract and any NHSE Local Office/Deanery requirements</li> </ul>
<b>Clinical Audit</b>	Delivered as a presentation during Audit Day 2 scheme study day	<ul style="list-style-type: none"> <li>• Two audit cycles to be completed</li> </ul>
<b>MSF(s)</b>	Completed by ESR and IRCP (and prior to FRCP if required)	<ul style="list-style-type: none"> <li>• Must include ES(s), FD's Dental Nurse, Practice Receptionist</li> <li>• Repeated in Months 8 or 9 if required by Interim Panel</li> </ul>
<b>PSQ(s)</b>	Completed by IRCP (and prior to FRCP if required)	<ul style="list-style-type: none"> <li>• Minimum of 20 submitted forms required</li> <li>• Repeated in Months 8 or 9 if required by Interim Panel</li> </ul>
<b>Study Day attendance</b>	All NHSE Local Office/Deanery Study Days (or approved alternatives) attended, recorded and evaluated reflectively	<ul style="list-style-type: none"> <li>• Normally 30 Study Days in 12 months period</li> <li>• Study Days held after Final RCP recommendation must be attended and evaluated for Certificate of Satisfactory Completion of DFT to be issued</li> </ul>
<b>Educational Supervisor Protected Learning time Programme</b>	All Tutorials required by NHSE Local Office/Deanery completed, recorded and evaluated reflectively	<ul style="list-style-type: none"> <li>• Normally 40 Tutorials in 12 months period</li> <li>• Tutorials scheduled after Final RCP recommendation must be attended and evaluated for Certificate of Satisfactory Completion of DFT to be issued</li> </ul>

EPA	DFT/DTFT FRCP Entrustment Level	JDFCT FRCP Entrustment Level
1 NP Assess/Manage. (Essential)	Independent	Independent
2a Perio and Restorative. (Essential)		
2b XLA and Replacement. (Essential)		
3 Assess/Manage Child. (Essential)		
4 Emergency Care. (Essential)		
5 Complex Needs (Enhanced)	Reactive	Independent
6 Population Oral Health. (Enhanced)	Distant	
7 Managing the service. (Enhanced)		
8 Improving Quality (Enhanced)		
9 Developing self & others. (Enhanced)		

## Final month of program

<b>Completed</b>	<b>Portfolio Task</b>
	<b>Completion and update Regular Portfolio Tasks</b>
	<b>Ensure all Study Day CPD certificates have been downloaded to support own PDP and GDC CPD evidence</b>
	<b>Download Completion Certificate and confirm with PCSE change in performer number status (removing restrictions linked to DFT program) for DFT/JDFCT only</b>

# Monthly Clinical Experience Log

Please photocopy or print additional copies

Month =

	Procedure	Tally
DNA numbers		
Number of unbooked clinical hours		
Holidays		
Sick Days		
Patient examination & diagnosis		
	Examinations	
	Radiographs	
	Impressions	
	Photography	
Treatment planning and patient management		
	Adult (routine)	
	Children (routine)	
	Children in pain	
	Adults in pain	
	Patients with complex Medical Histories	
	Remote Consultation and/or Triage	
	Relevant AAA treatment	

	Endodontic Access (for drainage etc)	
<b>Health promotion/disease prevention</b>		
	Diet analysis	
	Fissure sealants	
	Fluoride varnish	
<b>Medical and dental emergencies</b>		
	BLS/Medical emergencies training	
	Dental trauma	
<b>Anaesthesia, pain &amp; anxiety control</b>		
	Local anaesthesia	
	Anxious patients	
	IV sedation	
	Inhalational sedation	
<b>Periodontal therapy &amp; management soft tissue</b>		
	6 point periodontal chart	
	Detailed oral hygiene instruction	
	Simple scale	
	RSD	
<b>Hard &amp; soft tissue surgery</b>		
	Extraction of permanent teeth	
	Extraction of deciduous teeth	
	Extraction of buried roots	
	Surgical extractions involving suturing	
<b>Non-surgical Management</b>		
	Prescribing (antimicrobials)	
	Prescribing (other)	
	Referrals	
	Denture alterations / repairs	
<b>Restoration of teeth</b>		
	Rubber dam placement	

	Amalgam restorations	
	Anterior composite restorations	
	Posterior composite restorations	
	GIC	
	Sealant restoration	
	Replacement restoration	
	SS crowns on deciduous teeth	
	RCT incisor / canine	
	RCT premolar	
	RCT molar	
	Pulpotomies of deciduous teeth	
	Veneers	
	Crowns - conventional	
	Other indirect restorations	
	Posts	
	Amalgam cores	
	Bridge - resin retained	
	Bridge - conventional	
<b>Replacement of teeth</b>		
	Acrylic complete dentures	
	Acrylic partial dentures	
	Cobalt-chrome partial dentures	
	Denture reline	
	Additions to dentures	

# NHS and Foundation Training Acronyms

The list below is by no means exhaustive, but I hope a useful starting point

<b>A/L</b>	Annual Leave	Statutory holiday entitlement during employment.
<b>APD</b>	Associate Postgraduate Dean	APDs are responsible for the management of the specialty training programmes, whilst providing additional support and practical advice to the Medical Directorate.
<b>CBD</b>	Case based discussion	An SLE linked to clinical reasoning/knowledge, utilising patient records, clinical photography and radiographs to ascertain the clinical knowledge and reasoning
<b>CCG</b>	Clinical Commissioning Group	Created following the Health & Social Care Act of 2012, CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. As of April 1st, 2020, there are 135 CCGs in England. They are membership bodies, with local GP practices as the members. Responsible for approximately 2/3 of total NHS England budget. Average population is about a quarter of a million people. These are being replaced by ICSs
<b>COPDEND</b>	Committee of Postgraduate Dental Deans and Directors	<a href="https://www.copdend.org/">https://www.copdend.org/</a>
<b>CPD</b>	Continual Personal Development/Continuing Professional Development	Personal and Professional development helps staff manage their own learning and growth throughout their career. Continuous learning helps open new career opportunities, keeps skills and knowledge up to date and ensures safe and legal practice.
<b>DBS</b>	Disclosure and Barring Service	The <i>Disclosure and Barring Service</i> (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA)
<b>DCT</b>	Dental Core Training	DCT is that period of postgraduate development which extends from the end of Dental Foundation Training (DFT)/ Dental Vocational Training (VT) to the start of specialty training, specialist practice, generalist practice or many other possible career options. As such, it is a training period that has multiple endpoints and a varied duration of from one to three years.
<b>DFT</b>	Dental Foundation Training	In order to practice in the UK, newly qualified dentists are required to complete a year of Dental Foundation training. During this year Dental Foundation trainees are permitted to practice on NHS patients at an approved dental practice. Trainees are also required to attend a specified number of study days over the 12 months to further expand their knowledge and experience. Trainees are mentored by their Educational Supervisor,



		who is based at the practice and who has been specially selected by the regional Department of Postgraduate Dental Education as an experienced practitioner.
<b>DTFT</b>	Dental Therapy Foundation Training	The WTE NHSE program providing Therapists with an equivalence to the support available within DFT.
<b>DtCT</b>	Developing the Clinical Teacher	An SLE - observation of teaching practice by the FD/FT, normally linked to community engagement projects, such as school visits.
<b>DENTL</b>	Direct evaluation of non-technical learning	An SLE - observation of 'non-technical skills' linked to the FD/FT chairing a practice meeting, leading a team, carrying out service improvement or sustainability projects, or completed by a Dental Nurse during an ES led SLE
<b>DOPS</b>	Direct observation of procedural skills	An SLE - Utilised to assess various clinical procedures as part of an patient encounter encounter or as part of simulated encounter
<b>EPA</b>	Entrustable Professional Activities	Describe units of professional practice that should be demonstrated at the appropriate entrustment level by the end of the program.
<b>ESR</b>	Early-Stage Review	The first 8 weeks of the DFT year
<b>FAQs</b>	Frequently Asked Questions	Listed questions and answers that are commonly asked on a specific topic or subject.
<b>FRCP</b>	Final Review of Competency Progression (relates to DFT and IRCP)	<p>The Final RCP takes place after ten months in practice. Its purpose is too;</p> <ul style="list-style-type: none"> <li>• Confirm whether the foundation dentist, has completed, or will complete within the training year, the necessary requirements for Satisfactory Completion.</li> <li>• Ensure that any items identified at Interim RCP have been followed through.</li> <li>• Recommend any additional activity to be completed before the end of the programme.</li> </ul> <p>Make an Outcome recommendation</p>
<b>GDPR</b>	General Data Protection Regulation	<p>A new regulation that will replace the current Data Protection Directive (1995) and will come into effect from 25th May 2018.</p> <p>GDPR protects fundamental rights and freedom of natural person, their 'Right to the protection of Personal Data'</p>
<b>GDC</b>	General Dental Council	The General Dental (GDC) is a public body that maintains the official register of dental registrants within the UK. The GDC sets standards for dental schools and is responsible for "protecting, promoting and maintaining the health and safety of the public".
<b>GMC</b>	General Medical Council	The General Medical Council (GMC) is a public body that maintains the official register of medical practitioners within the UK. The GMC sets standards for medical schools and is responsible for "protecting, promoting and maintaining the health and safety of the public".
<b>HEI</b>	Higher Education Institution	Higher Education Institution refers to universities, colleges and other various professional schools that

		provide professional preparation in such fields as law, theology, medicine, business, music and art.
<b>ICS</b>	Integrated Care Systems	Integrated Care Systems (ICS) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.
<b>IG</b>	Information Governance	The way in which the NHS handles all of its information, in particular the personal and sensitive information relating to patients and employees.
<b>IPP</b>	Interim People Plan	The Interim People Plan sets out the vision for people who work for the NHS to enable them to deliver the NHS Long Term Plan.
<b>IRCP</b>	Interim Review of Competency Progression (relates to DFT and FRCP)	Takes place after 6 months in practice. Progress and performance are reviewed by a panel that looks at all information and evidence contained in the individuals ePortfolio
<b>LETB</b>	Local Education and Training Board	Learning Education & Training Boards (LETBs) are the 13 regional structures in the health education and training system of the NHS in England, established in 2013. They are statutory committees of WTE. LETBs have three main functions: <ul style="list-style-type: none"> <li>- to identify and agree the local needs for education and training - to deliver the right people and skills to meet future service needs</li> <li>- to plan and commission high quality education and training in its region in order to secure future workforce supply and improve patient outcomes</li> </ul> support national workforce priorities set by Health Education England
<b>LTP</b>	Long Term Plan	As medicine advances, health needs change and society develops, the NHS has to continually move forward so that in 10 years' time we have a service fit for the future. The NHS Long Term Plan is drawn up by frontline staff, patients' groups, and national experts to be ambitious but realistic.
<b>LTFT</b>	Less Than Full Time	Less than full time (LTFT) is an option for trainees to work less hours (part time) and requires doctors in training to complete an application form.
<b>MH</b>	Mental Health	A person's condition with regard to their psychological and emotional well-being.
<b>Mini-CEX</b>	Mini-clinical evaluation exercise	An SLE and observation of entire clinical encounter with a patient, providing holistic feedback on the encounter.
<b>MSF</b>	Multi-source feedback	completed by team members in the workplace environment, providing feedback on non-technical skills, communication, team working and professional behaviours
<b>NETS</b>	National Education and Training Survey	The National Education and Training Survey (NETS) offers all students and trainees the opportunity to have their say on their clinical placement experience. The number of learners who took part in the NETS 2020 is up 20%, compared to 2019, with nearly 37,000 respondents.

<b>NHS</b>	National Health Service	A publicly funded national healthcare system in the United Kingdom. Funded primarily by taxation, providing free or low-cost healthcare
<b>NHSE</b>	NHS England	NHS England lead the NHS in England to deliver high quality services for all. Health Education England merged with NHS England in April 2023.
<b>OH</b>	Occupational Health	Providing a range of occupational health support to managers and employees including: - <ul style="list-style-type: none"> <li>• Pre-placement health screening</li> <li>• Short term and long-term sickness absence support</li> <li>• Workstation/workplace assessments</li> <li>• Case Management <ul style="list-style-type: none"> <li>- The major role of the Occupational Health Service is to provide independent advice to managers on the health of employees</li> </ul> </li> </ul>
<b>PSQ</b>	Patient Satisfaction Questionnaire	Feedback capture from patients on their experience with the clinician
<b>PCN</b>	Primary Care Network	Primary Care Networks (PCNs) are a group of services that include GP practices, community groups, mental health, social care, pharmacy, hospital, and voluntary services in their local areas. They build on existing primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for the local population.
<b>PDP</b>	Personal Development Plan	A plan for employees to ensure they are clear as to what their objectives are for the future and how they will achieve them. The development plan is updated annually usually with an appraisal. A PDP is expected for all FDs/JDFCTs at FRCP.
<b>PGMDE</b>	Postgraduate Medical and Dental Education	Postgraduate Medical and Dental training is available for all doctors and dentists in England. The teams that do this work in NHSE used to be deaneries and are now part of our local teams. They may also be referred to as the PGMDE or Healthcare Education Teams (HET).
<b>PHE</b>	Public Health England	Public Health England (PHE) was an executive agency of the Department of Health and Social Care (DHSC) which aimed to protect and improve health and wellbeing and reduce health inequalities On 1 April 2021, Public Health England was replaced by the UK Health Security Agency, a new body created to deal with the threat of infectious diseases by combining PHE with the NHS Test and Trace operation. PHE will continue to have transitional existence until 1 October 2021.
<b>PSW</b>	Professional Support & Wellbeing	The PSW offers support such as counselling, coaching and exam support to doctors in training if they experience challenges during their training. NHSE YH are in the process of setting up a PSW. Counselling can be access via add link and Support also can be accessed via NHS Practitioner Health.
<b>QF</b>	Quality Framework	A published document that outlines the purpose of the NHSE Quality Framework. The Quality Framework enables NHSE to:

		<ul style="list-style-type: none"> <li>- Ensure we have a clear focus on the quality of work-based placements to ensure we enable staff to develop the right skills, values and behaviours to deliver high quality, safe patient care.</li> <li>- Embed a shared definition, measurement and benchmarks of quality across England to support quality improvement.</li> <li>- Systematically review our quality activities with local partners, to ensure a proportionate and effective approach.</li> <li>- Establish clear quality governance arrangements, consistent quality management and quality improvement processes across England.</li> </ul> <p>Set the national and local ambition for quality in education and training in order to drive innovation and quality improvement.</p>
<b>QI</b>	Quality Improvement	A tangible change to an aspect of quality.
<b>SBS</b>	Shared Business Services	Is a joint venture company in the United Kingdom between the Department of Health (DoH) and the French IT services company Sopra Steria. It provides back-office services to NHS trust such as payroll, pensions, human resources, recruitment and registration authority services.
<b>SOP</b>	Standard Operating Procedure	A SOP is a set of step-by-step instructions compiled by an organisation to help employees carry out complex routine operations. SOPs aim to achieve efficiency, quality output and uniformity of performance.
<b>TBC</b>	To be confirmed	TBC is written in announcements about future events to indicate that details of the event are not yet certain and will be confirmed at a later date.
<b>TCS</b>	Terms and Conditions	The current NHS grading and pay system for NHS staff, except for doctors, dentists, apprentices, and some senior managers.
<b>TIS</b>	Trainee Information System	TIS is a national solution to support the management and administration of medical trainees. The primary product has been developed in-house, TIS Core Services (TCS). TCS interacts with a series of other products, some internal, some external to produce an overall solution for the stakeholders. Stakeholders currently include NHSE Local Office Programme Teams, along with external trust users.
<b>TPD</b>	Training Programme Director	A speciality training programme director (TPD) is a member of the Speciality Training Committee (STC) who is managerially responsible to the Postgraduate Dean for the delivery of training in that speciality according to the standards set by the GDC and relevant Royal College or Faculty

# EPA Appendix (Descriptions/Entrustment and Evidence)

## EPA 1

### Assessing and Managing the New Adult Patient



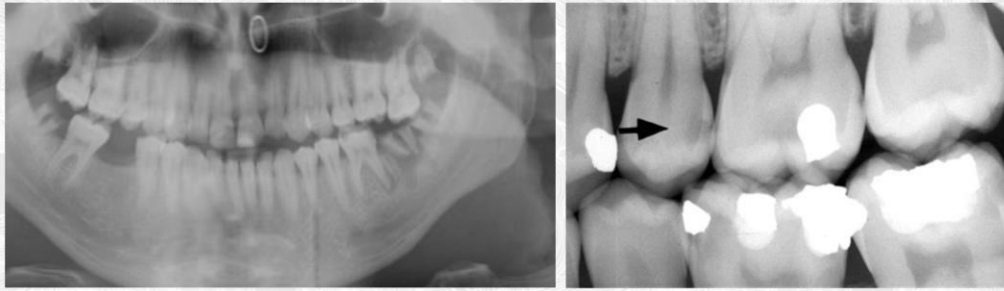
The Early Years Dentist adopts a person-centred and compassionate approach to practice with all patients, treating them with dignity and respect. They are able to establish capacity and seek informed consent from patients, ensuring they are fully informed in decision making about their care. The Early Years dentist is able to efficiently take a full and focussed history that informs and underpins their treatment planning with patients. They are able to conduct a full clinical extra- and intra- oral examination, identifying signs of oral pathology, including cancer. They can undertake a basic clinical examination (BP, pulse, respiration and temperature) if contextually relevant. They are able to appropriately prescribe, perform and interpret radiographic imaging in line with diagnostic need and national guidelines. They select and where appropriate perform diagnostic tests and procedures, interpreting findings accurately. They draw on all of the elicited information above to develop comprehensive and prioritised management plans that are documented in line with local and national guidance.

**Please review learning outcomes linked to this EPA**



## EPA 2a

### Providing routine dental care : periodontal and restorative



The Early Years dentist is able provide routine periodontal and restorative care in accordance with treatment plans created and agreed with their patients. They demonstrate a person-centred approach, working well with the wider dental team to deliver timely and appropriate care. They are able to recognise and manage all common variants of periodontal disease, supporting behavioural change and ensuring patients have access to appropriate preventative and management options, including appropriate referral. The Early Years dentist is able to effectively evaluate the restorative prognosis for individual teeth, identifying conditions that may require treatment or onward referral. They are able to safely restore carious teeth to form, function and appearance, using a wide range of restorative materials and well matched restorative techniques. They are able to perform non-surgical root canal treatment and retreatment on single and multi-rooted teeth with mild curvature of the canal. They work safely and efficiently within their scope of practice and with appropriate help seeking behaviours. They manage their time and resources effectively.

**Please review learning outcomes linked to this EPA**

**This EPA will be updated to reflect the scope of practice of a Therapist and be made available.**

## EPA 2b

### Providing routine dental care : removal and replacement of teeth



The Early Years dentist is able provide routine dental care involving the removal and replacement of teeth in accordance with treatment plans created and agreed with their patients. They demonstrate a person-centred approach, working well with the wider dental team to deliver timely and appropriate care. The Early Years dentist is able to safely and effectively extract primary and permanent erupted teeth, including erupted uncomplicated third molars. They can manage and extract multi-rooted teeth and extract where appropriate buried roots. They can manage common complications associated with extractions and prescribe appropriately. They make appropriate use of referral pathways for patients requiring sedation or general anaesthesia or more complex surgical treatments. The Early Years dentist is able to appraise options for the replacement of teeth, including the provision of prostheses and preventive and supportive care for patients with dental implants. They work safely and efficiently, within their scope of practice, with appropriate help seeking behaviours and managing their time and resources effectively.

### EPA 3

## Assessing and Managing Children and young people



The Early Years dentist demonstrates person-centred practice with children, young people and their parent(s) or guardian(s). They are able to establish capacity, seek informed consent and know when to maintain confidentiality. They are able to draw on a range of approaches to prevent and manage anxiety where relevant. They are able to adapt their prescribing, ensuring the appropriate selection, use and dosage of drugs approved for use in children and young people. The Early Years dentist is able to assess periodontal health and offer specific guidance and preventative treatment as relevant. They are able to assess skeletal, dental and occlusal relationships in primary, mixed and permanent dentition, identifying conditions which may require active management and treatment (including onward referral). They effectively monitor patients receiving orthodontic treatment, relieving trauma and discomfort.

Please review learning outcomes linked to this EPA

### EPA 4 Providing Emergency Care



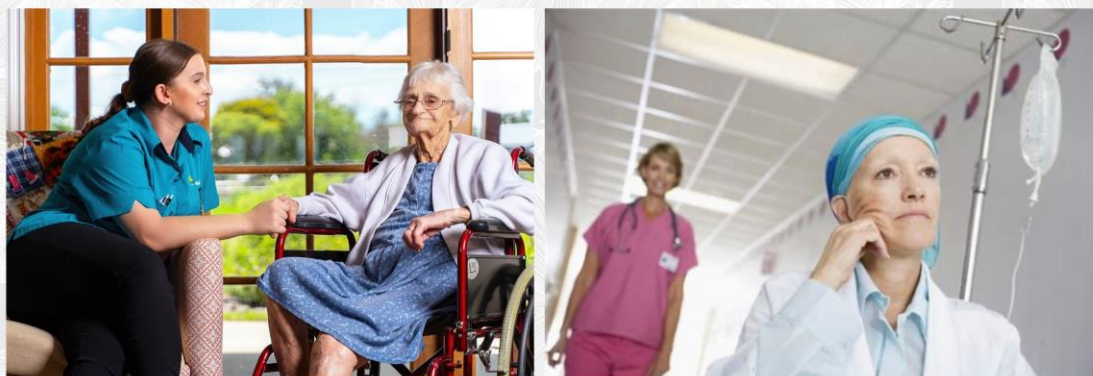
The Early Years dentist is able to recognise and appropriately prioritise patients requiring immediate assessment and treatment. They are able to recognise and effectively manage common dental emergencies, including those resulting from treatment complications and failure, infection, allergic response or trauma and associated pain and discomfort. They are also able to recognise the onset of common medical emergencies (such as anaphylaxis, cardiac arrest and fits) and have demonstrated that they know how to provide basic treatment, including basic life support, facilitating a team response. They are able to prescribe and/or administer appropriate pharmacological agents, with an awareness of potential drug interactions and side effects (including how to prevent and /or manage). In all cases, they are able to take appropriate action, working within their scope of practice, seeking help when needed and making timely and appropriate onward referral when required.

Please review learning outcomes linked to this EPA



## EPA 5 (Reactive Supervision Level)

### Assessing and managing patients with complex needs

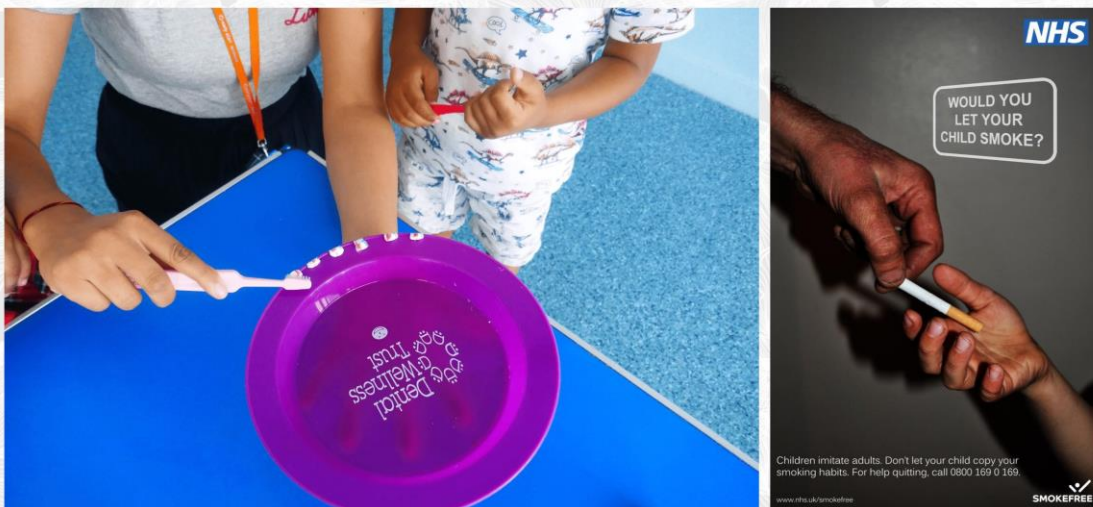


The Early Years dentist works collaboratively across disciplinary and organisational boundaries to ensure joined-up, holistic and person-centred care for people with complex needs. They ensure that patients have capacity to make decisions about their care and that informed consent is in place for all interventions, recording this carefully and in keeping with local and national guidelines. They are able to adjust their communication to meet needs, treating every patient and their families with compassion, dignity and respect. The Early Years dentist is able to adopt an approach to treatment planning and care that carefully balances risk and benefit for people who are frail, medically unwell or approaching the end of their life. The Early Years dentist safely and effectively manages patients with complex needs, routinely taking steps to reduce harm from over-investigation, multiple interventions and polypharmacy.

Please review learning outcomes linked to this EPA

## EPA 6 (Distant Supervision Level)

### Promoting Oral Health in the population



The Early Years dentist is able to reflect and act upon their role in supporting the oral health of the communities they serve, as well as the individuals they work with on a daily basis. They demonstrate a commitment to health improvement, seeking to improve oral health and reduce oral health inequalities across the lifespan, which may include contributing to the design and delivery of dental care pathways. They demonstrate the ability to work collaboratively and in partnership with relevant public sector, voluntary and community organisations to raise awareness of strategies that improve oral health. This includes the adoption of a person-centred, evidence-based approach to preventative education and instruction in self-care methods. The Early Years dentist is able to purposefully draw upon a range of strategies that support behavioural change linked to lifestyle choices that impact on oral health, such as smoking, drug and alcohol consumption. Underpinning this activity is a sound appreciation of the relationship between socio-economic factors and oral health inequalities, including risk factors for dental disease and general and oral health.

Please review learning outcomes linked to this EPA



## EPA 7 Managing the service (Distant Supervision Level)



The Early Years dentist focusses on clinical priorities, managing time and resources efficiently, ably managing the throughput of patients in the clinical settings in which they work using supporting information technology. They model high levels of professionalism and foster this in others and consistently act in ways that are respectful, co-operative, inclusive and non-discriminatory. They have a developed understanding of the roles, responsibilities and scope of practice of all members of the dental team, and delegate appropriately and effectively. They are familiar with human resource management strategies and relevant legislation, the financial mechanisms and flows, and governance arrangements and regulations that relate to their working environment. The Early Years dentist demonstrates inclusive and compassionate leadership, facilitating effective teamwork and person-centred care. They are forward thinking, recognising opportunities to develop and innovate practice in order to reduce inequalities and improve oral health outcomes for individuals and populations.

Please review learning outcomes linked to this EPA

## EPA 8 (Distant Supervision Level) Improving the quality of dental services



The Early Years dentist is aware of the factors that influence the delivery of safe, timely, effective, efficient, equitable and person-centred care and the actions that may be taken to improve everyday practice. They demonstrate the ability to adapt and change practice in light of new information and evidence, embracing the quadruple aim of healthcare improvement, to improve population health outcomes, enhance experience of care, reduce per capita cost (including environmental cost) and ensure that staff and colleagues can derive joy and meaning from their work. The Early Years dentist is able to work well with others collecting, analysing and interpreting routine and elicited data that sheds light on the performance of the dental team, department or organisation. They are able to meaningfully participate in quality improvement activity, including quality improvement projects, audit and significant event review. They appreciate the ways in which they can influence change and lead developments in practice within and beyond the settings in which they work.

Please review learning outcomes linked to this EPA



## EPA 9 (Distant Supervision Level) Developing self and others



The Early Years Dentist identifies and actively responds to their own learning needs, embracing opportunities to develop their practice, evidencing this in meaningful ways throughout their training. They work within their scope of practice, demonstrating appropriate help seeking behaviours. They have an appreciation of the ways learning can be facilitated in the workplace and are able to support the development of learners and team-members, working within their scope of practice. They are able to act as a mentor and to offer timely and useful feedback when invited to do so. They are able to plan and deliver teaching sessions designed to meet the needs of one or more learners. They model inclusive and respectful practice, actively encouraging high levels of professionalism throughout the dental team and demonstrate the attributes of a reflective practitioner in all aspects of their work.

**Please review learning outcomes linked to this EPA**

# EPA 1

## **Evidence to support entrustment decisions**

Mini-CEX, DOPS, CBD, Clinical Experience, Reflective log, MSF, PSQ.

## **Expected level of entrustment end of program**

Independent

## **Linked Learning Outcomes**

### **Clinical**

Clinical Assessment, Treatment Planning, Prevention & Therapeutics, Non-surgical management of the head and neck, Patient safety

### **Communication**

Person-centred practice, informed consent & capacity, Challenging communication situations, written communication.

### **Professionalism**

Ethics and integrity, scope of practice, interactions with colleagues, social justice and health equity.

### **Management & Leadership**

Self-management, legislation and regulation

# EPA 2a

## **Evidence to support entrustment decisions**

Mini-CEX, DOPS, CBD, Clinical Experience, Reflective log, MSF, PSQ.

## **Expected level of entrustment end of program**

Independent

## **Linked Learning Outcomes**

### **Clinical**

Clinical Assessment, Treatment Planning, Prevention & Therapeutics, Non-surgical management of the head and neck, OH promotion, Periodontal disease, Restoration of teeth, Patient safety

### **Communication**

Person-centred practice, informed consent & capacity, Challenging communication situations, written communication.

### **Professionalism**

Ethics and integrity, scope of practice, interactions with colleagues.

### **Management & Leadership**

Self-management, legislation and regulation, Clinical Leadership, Environmental and sustainability



# EPA 2b

## **Evidence to support entrustment decisions**

Mini-CEX, DOPS, CBD, Clinical Experience, Reflective log, MSF, PSQ.

## **Expected level of entrustment end of program**

Independent

## **Linked Learning Outcomes**

### **Clinical**

Clinical Assessment, Treatment Planning, Prevention & Therapeutics, Non-surgical management of the head and neck, Removal & replacement of teeth, Patient safety

### **Communication**

Person-centred practice, informed consent & capacity, Challenging communication situations, written communication.

### **Professionalism**

Ethics and integrity, scope of practice, interactions with colleagues.

### **Management & Leadership**

Self-management, legislation and regulation, Clinical Leadership, Environmental and sustainability

# EPA 3

## **Evidence to support entrustment decisions**

Mini-CEX, DOPS, CBD, Clinical Experience, Reflective log, MSF, PSQ.

## **Expected level of entrustment end of program**

Independent

## **Linked Learning Outcomes**

### **Clinical**

Clinical Assessment, Treatment Planning, Prevention & Therapeutics, Non-surgical management of the head and neck, OH promotion, Malocclusion and managing the developing dentition. Patient safety

### **Communication**

Person-centred practice, informed consent & capacity, Challenging communication situations, written communication.

### **Professionalism**

Ethics and integrity, scope of practice, interactions with colleagues.

### **Management & Leadership**

Self-management, legislation and regulation



# EPA 4

## **Evidence to support entrustment decisions**

Mini-CEX, DOPS, CBD, Clinical Experience, Reflective log, MSF, PSQ.

## **Expected level of entrustment end of program**

Independent

## **Linked Learning Outcomes**

### **Clinical**

Clinical Assessment, Non- surgical management of the head and neck, prescribing & therapeutics, Periodontal disease, Removal of teeth, Dental Emergencies. Patient safety

### **Communication**

Person-centred practice, informed consent & capacity, Challenging communication situations, written communication.

### **Professionalism**

Ethics and integrity, scope of practice, interactions with colleagues.

### **Management & Leadership**

Self-management, Clinical leadership, legislation and regulation

# EPA 5

## **Evidence to support entrustment decisions**

Mini-CEX, DOPS, CBD, Clinical Experience, Reflective log, MSF, PSQ.

## **Expected level of entrustment end of program**

Reactive (DFT) Independent (JDFCT)

## **Linked Learning Outcomes**

### **Clinical**

Treatment planning, oral health promotion, complex needs, medical emergencies, Patient safety

### **Communication**

Person-centred practice, informed consent & capacity, Challenging communication situations, written communication.

### **Professionalism**

Ethics and integrity, scope of practice, interactions with colleagues.

### **Management & Leadership**

Self-management, Clinical leadership, legislation and regulation

# EPA 6

## Evidence to support entrustment decisions

DtCT, DENTL, CBD, Clinical Experience, Reflective log, MSF, PSQ.

## Expected level of entrustment end of program

Distant (DFT) Independent (JDFCT)

## Linked Learning Outcomes

### Clinical

Clinical assessment, Treatment planning, oral health promotion, periodontal disease, non-surgical management of the head & neck, Complex needs, Patient safety

### Communication

Person-centred practice.

### Professionalism

Ethics and integrity, interactions with colleagues, personal and professional development, scholarship, teaching & learning, interactions with colleagues, social justice and health equity.

### Management & Leadership

Self-management, Clinical leadership, legislation and regulation, practice or departmental management, Quality improvement, Sustainability

# EPA 7

## **Evidence to support entrustment decisions**

DENTL, Reflective Log, MSF.

## **Expected level of entrustment end of program**

Distant (DFT) Independent (JDFCT)

## **Linked Learning Outcomes**

### **Clinical**

Oral health promotion, Patient Safety.

### **Communication**

Person-centred practice, challenging communication situations, written communication.

### **Professionalism**

Ethics and integrity, interactions with colleagues, personal and professional development, interactions with colleagues, social justice and health equity.

### **Management & Leadership**

Self-management, Clinical leadership, legislation and regulation, practice or departmental management, Quality improvement, Sustainability



# EPA 8

## Evidence to support entrustment decisions

DENTL, Reflective Log, MSF, Audit.

## Expected level of entrustment end of program

Distant (DFT) Independent (JDFCT)

## Linked Learning Outcomes

### Clinical

Patient Safety.

### Communication

Person-centred practice.

### Professionalism

Ethics and integrity, scope of practice, interactions with colleagues, personal and professional development, interactions with colleagues, social justice and health equity.

### Management & Leadership

Self-management, Clinical leadership, legislation and regulation, practice or departmental management, Quality improvement, Sustainability

# EPA 9

## Evidence to support entrustment decisions

DtCT, DENTL, Reflective Log, MSF, Emotional Intelligence Program

## Expected level of entrustment end of program

Distant (DFT) Independent (JDFCT)

## Linked Learning Outcomes

### Clinical

### Communication

Challenging communication situations, written communication

### Professionalism

Ethics and integrity, scope of practice, interactions with colleagues, personal and professional development, interactions with colleagues, social justice and health equity. Teaching and learning

### Management & Leadership

Self-management

