

Foundation Dentist Induction

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Introductions

- One thing you do not know about Dental Foundation Training (DFT)



Learning Outcomes

- Describe how to achieve the aims and objectives of Dental Foundation Training (DFT)
- Outline the **Contractual Obligations** of ESs/FDs
- Describe the system of **Satisfactory Completion** of DFT
- Understand the **Payment System**

Aim of DFT

- “To meet the needs of **unsupervised** dental practice, by developing the **clinical** skills learned as an **undergraduate** with **administrative** and **practice management** skills to promote high ethical standards and quality of care for patients.”



Objective of DFT

- “To produce a competent, confident, ethical practitioner capable of practicing unsupervised in General Dental Practice”



What is the end product?

At end of training, FD should be able to:

- Demonstrate **clinical** skills, knowledge and values relevant for GDS principals
- Manage **psychological aspects** of patient care
- Work successfully as a member of the practice team
- Make professional decisions with an awareness of their own **strengths and weaknesses**, including making appropriate **referrals**

What is the end product?

- work within relevant guidelines regarding **ethics and confidentiality**
- implement **regulations and guidelines** for delivery of safe practice
- know how to draw on the range of **advice and support** available to GPs
- understand the importance of **CPD** as a lifelong commitment
- demonstrate knowledge & some skills for **practice organisation & management**

How is all of that achieved?

The Seven 'Planks' of DFT:

- The Training Practice
- The Weekly Tutorial
- The Training e-Portfolio
- The Study Days
- Competency-based Assessments
- APLAN
- Satisfactory Completion



1. The Training Practice

- Assessed by NIMDTA
- ES work in same premises minimum 21 hours per week
- Provide adequate administrative & clinical support
- Wide range of NHS work
- FD fully occupied



2. The Weekly Tutorial

- Period of individual tuition between ES & FD
- At least 40
- During normal practice hours
- Minimum of one hour's duration
- Beginning of a session
- Suggest Topics to Your Trainer and Prioritise them
- Tutorials are a Two Way Process
- MUST BE RECORDED IN E-PORTFOLIO



3. The Training e-Portfolio

- <https://dentaleportfolio.hee.nhs.uk>
- Record & Overview of training period
- Portfolio of evidence
- Confidential to FD / ES / Adviser /Assoc PGDD/PGDD
- FD to ensure that the e-portfolio is completed contemporaneously



4. The Study Days

- Approx. 30 per year - Face to Face
- Complement in-practice training
- NIMDTA Events Booking Platform
- Based on Curriculum for UK Dental Foundation Programme Training
- FD required to attend all & ensure that holidays do not lead to absence
- Ensure Patients are Not Booked In on Study Days
- Discuss what you Learned with ES
- You must be in Practice when there is NOT a Study Day
- **MUST BE PUNCTUAL**
- **MUST BE RECORDED IN E-PORTFOLIO**



Simodonts

4 Study Days will be Simodont days: Tuesdays/Wednesdays

- Manual Dexterity Training
- Dental Anatomy
- Cariology Preparations
- Crown Preparations
- Endodontic Access Preparations
- Paediatric Preparations

5. Competency-based Assessments

- Direct Observation of Procedural Skills (DOPS) (x2)
- Generic DOPS X6
- A Dental Evaluation of Performance Tool (ADEPT) (x18)
- Case Based Discussion (CbD) (x10)
- Patient Satisfaction Questionnaires (PSQs) (x20)
- Multi Source Feedback(MSF) (x8)



Direct Observation of Procedural Skills (DOPS)

- Two required - completed within first **two to four** weeks
- **A DOPS is a snapshot assessment at that point in time whereas an ADEPT is about how a FD is progressing compared with the completion level of DFT.**
- Templates in e-portfolio
- 1. New patient examination (to review basic communication skills)
- 2. Simple restoration (to review basic clinical skills)
- Support early identification of concerns

Generic DOPs

- New Child Exam
- ID Block
- Rubber Dam placement
- Extraction
- Endodontic Access Cavity
- Pulp Extirpation

Buddy ADEPTS

- Demonstrate **triangulation** and provide additional multi source feedback towards achieving Satisfactory Completion
- Adviser and other ES
- Can also do **Buddy Case-based Discussion (CbD)**

MSFs and PSQs

- A minimum of 8 Multi-Source Feedback (**MSF**) and 20 Patient Survey Questionnaires (**PSQ**) forms to be submitted by Month 4
- MSFs must include Educational Supervisor(s), FD's Dental Nurse, Receptionist
- Extended arrangements for MSFs in small practices (e.g. MSFs also completed by other FDs in Scheme)
- Repeated if IRCP panel decides this is necessary

6. Anonymous Peer Learning Assessment Network (APLAN)

- FD online upload and distribution of Dental Case Studies X3
- Reviewed anonymously by their peers FDs and ESs
- Feedback generated reviewed by Advisers
- Outcomes used to help target learning



APLAN Milestones

- 1. Dental Emergency, Trauma or Simple Treatment Planning Oct 2025
- 2. Molar Endodontic Feb 2026
- 3. Complex Treatment Jun 2026



Top Tips APLAN

- **Plan early** – be on the look out for patients from early in the year
- **Don't use your most complicated patient.** Complex does not equal complicated. Think of a patient with a few different clinical domains which opens up good discussion points
- **Have a couple of cases on the go** – patients are unreliable. If you get in the habit of taking photos for interesting cases you will have a bank of potential cases before you know it
- **Take your time with the clinical photos** – use a mirror and cheek retractors if you have access to them
- **Flip photos** when you take them in the mirror

Top Tips APLAN

- **Add some references** to your report – it gives weight to your clinical decisions.
- **Use the diagnostic pathway** when writing your report – it gives nice structure.
- **Bullet points** can be useful to help stop your report becoming too text heavy.
- Don't forget the patients **age and gender** in your report.
- If you have a potential case in mind **download the template from the APLAN website** as a word document and add to this as you treat the patient – it will make life a lot easier at the end.

Top Tips APLAN

- Use some **tutorial time** with your trainer to help you plan your case.
- Don't be afraid to use a case where you have **made mistakes or something has not gone as well** as you had hoped – this allows you to reflect honestly and shows development.
- **Get patient consent early** and don't forget to get them to sign the necessary forms.
- Remember to get **a baseline charting** for your report before you complete the treatment.

7. Satisfactory Completion - Model of Assessment

- Early Stage Review by 6-8 weeks
- Interim RCP at 6 months
- Final RCP at 11 months
- Nationally Agreed Outcomes
- Ability to extend Training
- Appeals process

Early Stage Review

- At 6-8 weeks
- Enables ESs and Advisers to identify particular individual training issues and needs (educational and pastoral) at an early stage
- Based around ES, FD and Adviser reports
- 1:1 review Adviser and FD
- Specific action plan (if required)



Evidence for RCP Panels

The Panels will review the following evidence at each stage:

- Early Stage Review reports
- Educational Supervisor's reports
- Adviser's reports
- Outcomes of workplace-based assessments
- Foundation dentist clinical activity reports
- Multi-Source Feedback (MSF) summary report
- Patient Satisfaction Questionnaire (PSQ) summary report
- Professionalism and Leadership & Management Domains evidence of learning
- e-Portfolio reflections by Foundation Dentist
- CPD (Study day) and training practice attendance records
- Other submissions required by the Deanery

Blue Guide Recommended Minimum Requirements

Clinical Activity	Recommended
Crowns, inlays, onlays and veneers	12 (at least one of each type, if possible)
Bridges	2 (one conventional if possible)
Acrylic prostheses	12
Co-Cr prostheses	2
Endodontic cases	12 (to include both single-rooted (incisors and/or canines) and multi-rooted endodontic cases (molars and/or premolars))
Difficult extractions	4 (involving bone removal and/or flaps)

IRCP Outcomes at Month 6 include

- **Outcome 1:** Achieving progress and the development of competences at the **expected rate**
- **Outcome 2:** Development of **specific competences** required

FRCP Outcomes at Month 11 include

- **Outcome 6:** Gained all required competences.
Recommendation for **completion of training**
- **Outcome 3:** Inadequate progress by the Foundation
Dentist – **additional training time required.**

Please note that

- The DFT Schemes start on Monday 1st September 2025 and finish on Friday 31st August 2026.
- First day in practice Monday 1st September 2025.
- Patients Monday 8th September 2025.



First 6 Days September 2025

- Monday 1st September: Practice Induction
 - Tuesday 2nd September: Study Day
 - Wed 3rd September: Study Day
 - Thurs 4th September: In-Practice Learning
 - Fri 5th September: Phantom Heads
-
- Mon 8th September: First Day seeing Patients

In-Practice Induction Learning Programme

- Work Book/DentalJuce
- Safety in Practice
- Professional Standards
- Role of Practice Reception
- Radiology/Radiography
- Record Keeping
- Cross Infection Control
- Medical Emergencies

Phantom Heads



Phantom Head Training Programme

- Work Book
- Assess against the standard of a “safe practitioner”
- Identify learning needs to target early in training
- Feedback to FD and upload to ePortfolio
- MOD Amalgam UR7
- DO Composite LL7
- Metal Ceramic Crown UL3

Educational Transition Document (ETD)

- To enable a **meaningful dialogue** between the recent graduate and their ES in order to **support** the graduate's continuing education
- FD passes their ETD to their ES at commencement of DFT.
- ES and FD use the ETD to develop an action plan **(Counts as one tutorial)**
- ES provides feedback on the ETD at 8-10 weeks into training.
- The ES data will be collated by COPDEND and passed to DSC, GDC and NIMDTA

3 Agreements

- FD's Contract
- Educational Agreement between NIMDTA and ES
- Educational Agreement between NIMDTA and FD



FD's Contract

Complete:

- Names & Addresses of ES & FD
 - 10. When salary is paid
 - 24. Who to notify if absent from work
 - 25. Who to supply doctor's cert to if appropriate
 - Attach Practice's Disciplinary and Grievance Procedures
 - Sign & Date
-
- Upload to NIMDTA/e-portfolio



FD's Contract

- Please read and understand
- Notice – 1 month
- Holidays
- Sickness



FD's Holidays

- 5.6 weeks=28 Days (includes Practice's Public Holidays)
- Agree with ES Beforehand with plenty of notice
- No more than 3 days in first 8 weeks
- No Holidays on a Study Day
- No additional leave for marriage etc.
- Ensure Patients are Not Booked In
- **Non Working Days Log**



FD Sickness

- FD to inform Practice & NIMDTA by 9am
 - Unauthorised absence not paid
 - **Full pay 1 month / half pay 2 months**
 - SSP thereafter if eligible (£118.75 pw)
 - FD can self certify up to 7 days then doctor's certificate
 - ES to inform PGDD if FD > 10 days cumulative sickness
 - Then reviewed for possible extension or termination of training
-
- **Non Working Days Log**



FD's working week in practice

- 35 hours per week (8am-8pm; Mon-Sat; Max 6 days pw incl study days; max 8 hours per day)
- Study Day = 7 hours
- 28 days paid holiday
- Private Treatment (no additional payment)
- Out of Hours work (NOT allowed)
- Domiciliary Visits (accompanied by trainer)
- "Moonlighting" (NOT allowed)



What ESs Expect of Their FDs

- Imagine YOU are the Trainer
- Tell me one thing you would expect of your FD



Ideal FD (According to FDs)

- Punctual
- Adequate Treatment / Good Clinical Skills
- Courteous / Respectful to: Trainer / Staff / Patients /Practice
- Willing to Learn
- Reliable

Ideal FD (According to FDs)

- Professional
 - Ethical
 - Team worker
 - Know Limits
 - Show Initiative
 - Dedication
 - Approachable
 - Confidence – right amount of
 - Good Communicator
-
- Arrive 9.30-9.45 for 10.00 start study day
 - 4-6 weeks notice-holidays

Ideal FD (According to FDs)

- Know when to ask for help
- Well Presented
- Inquisitive
- Know Practice Protocols
- Enthusiastic
- Give Feedback
- Confidentiality

How to Really Ruin Your ES's Year

- Be rude to patients and staff
- Be over confident
- Lie, hide problems, falsify records
- Be unreliable: absenteeism unpunctual
- Be unprofessional
- Money- not discussing it with patients
- Badmouthing the practice
- Hangovers
- Social Media



Social Media

- Blogs, internet forums, content communities and social networking sites such as Twitter, YouTube, Facebook, LinkedIn, GDUK, Instagram and Pinterest etc.
- 'You must not post any information or comments about **patients** on social networking or blogging sites. If you use professional social media to discuss anonymised cases for the purpose of discussing best practice you must be careful that the patient or patients **cannot be identified.**'

Social Media

- You must treat **colleagues** fairly and with respect, in all situations and all forms of interaction and communication. You must not bully, harass, or unfairly discriminate against them.
- Social media has blurred the boundaries between public and private life, and your online image can impact on your professional life. You should not post any information, including **personal views, or photographs and videos**, which could damage public confidence in you as a dental professional.

Social Media

- Keep your profile private - limit access to friends only and don't accept requests from patients to become a friend
- Be professional in your comments, especially about patients or colleagues
- Be cautious about posting anything that may bring the profession into disrepute
- Be aware that anything you upload on to a social networking site may be distributed further than you intended.

Basics

- Dress Code
- Punctuality
- Courteous to Staff / Patients
- Treatments to the Best of Your Ability
- Show Willingness to Learn
- Loyalty to the Practice

Record Keeping

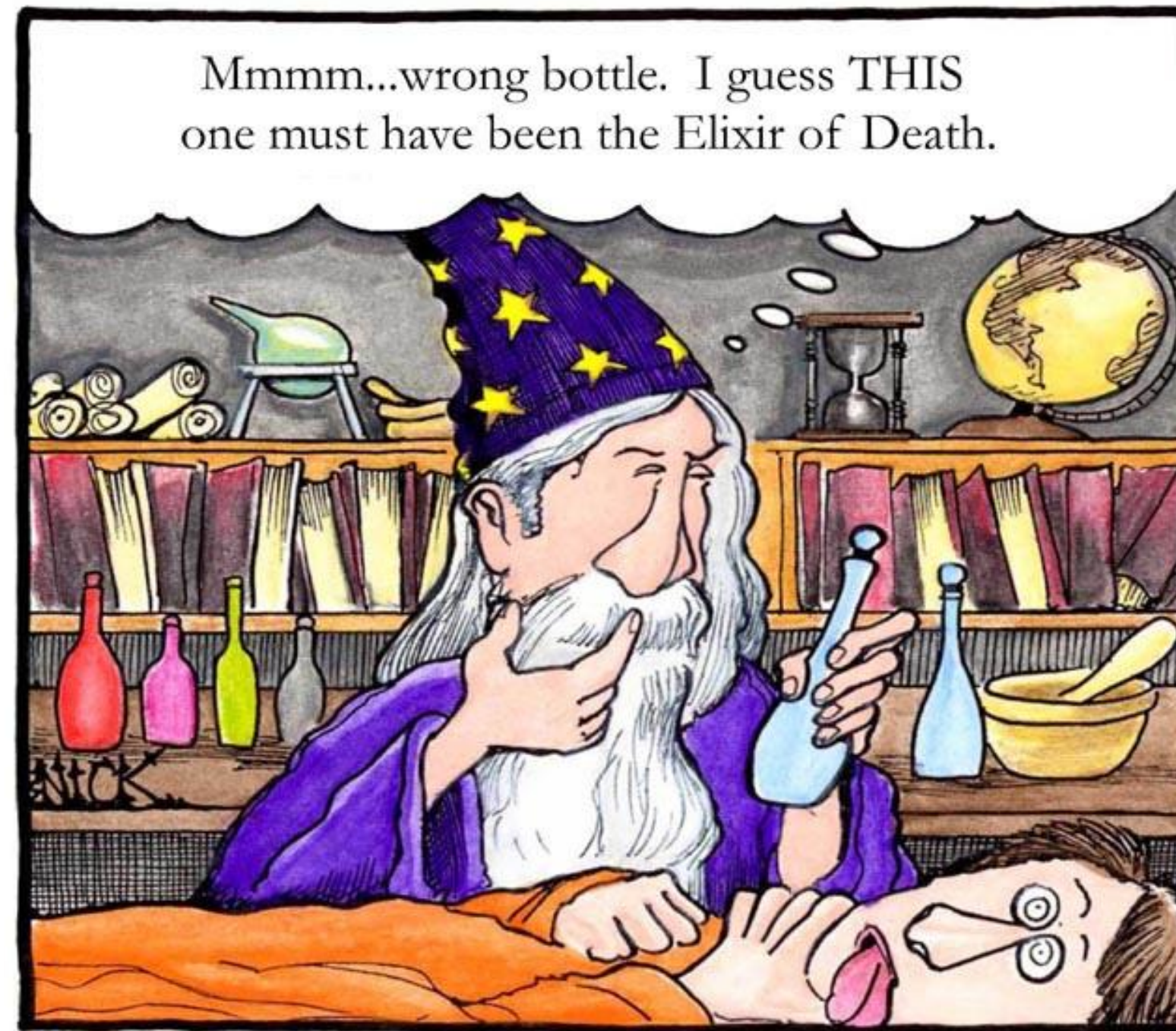
- Legible
- Contemporaneous
- Accurate
- Importance of Medical History
- Confidentiality



Know Your Limitations

- Open Door Policy
- Know when to Stop Digging
- Don't be Afraid to Ask – Before/During/After Treatment
- Expect your ES to Check your Work

If you do make mistakes then please own up to them



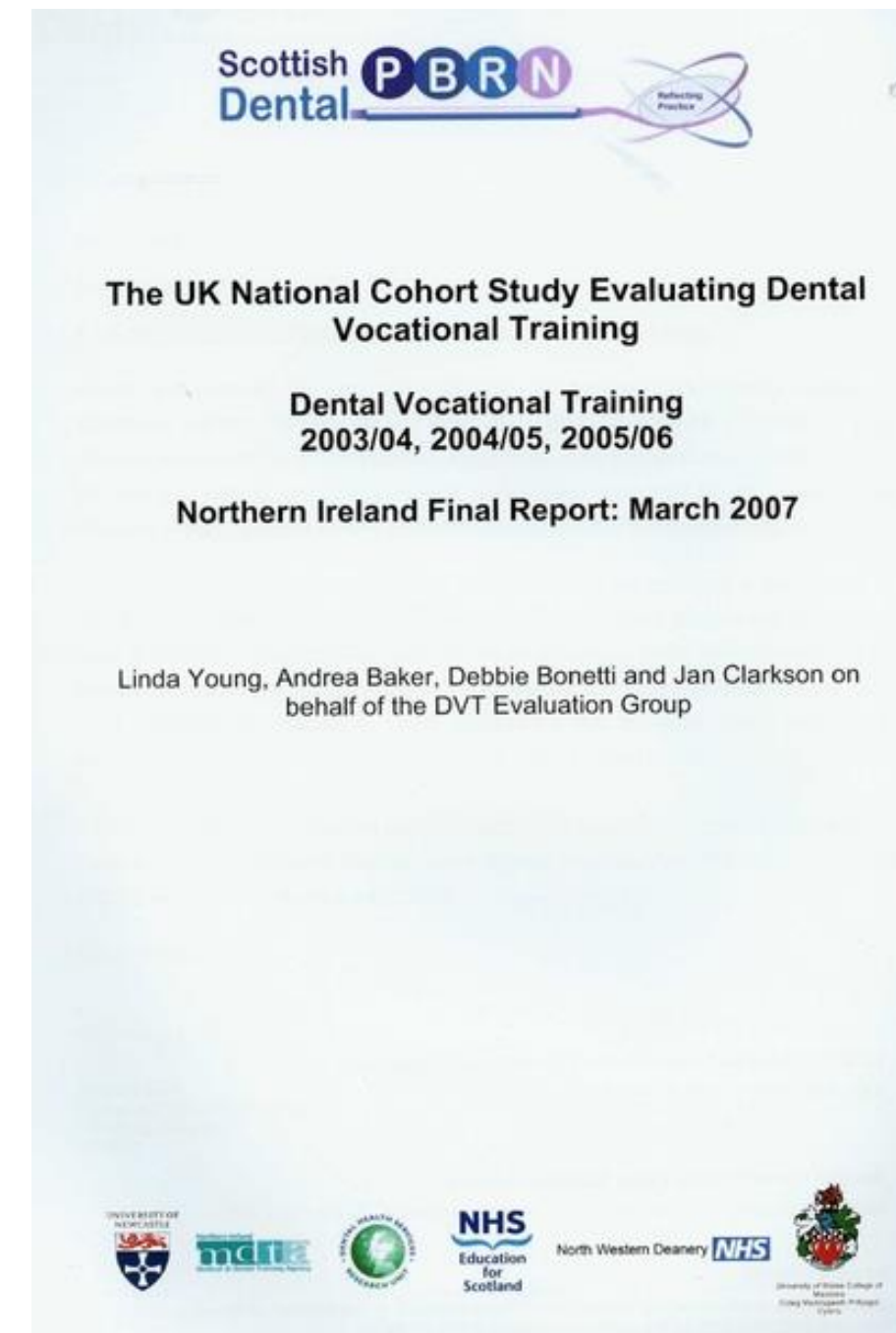
How training should be done



Above All

- Be Realistic About Your Clinical Abilities

The UK National Cohort Study Evaluating Dental Vocational Training



How confident are you that you can:

- 1. Perform a surgical extraction?
- 2. Place a single surface amalgam filling?
- 3. Place a preventative fissure sealant?
- 4. Treat a child with a # permanent incisor?
- 5. Give an uncooperative child a local anaesthetic?
- 6. Complete a molar root canal treatment?



How confident are you that you can:

- 7. Perform an apicectomy?
- 8. Design a partial denture with 4-8 teeth?
- 9. Perform a simple scale and polish?
- 10. Diagnose a medical emergency?
- 11. Deal with a patient who has a suddenly obstructed airway?
- 12. Deal with a patient who experiences a vasovagal collapse?



How confident are you that you can:

- 13. Manage an extremely anxious patient?
- 14. Manage a situation where the patient requests an inappropriate treatment?
- 15. Work without conferring with another dentist?
- 16. Ask for help when you need to?
- 17. Write a referral letter?
- 18. Prescribe a GDS prescription?



Clinical Confidence Beginning of Training Year

- **Confident** in 9 areas
- Neutral in 7 areas
- Not Confident in 2 areas

What is expected of the FDs?

- Take up placement, abide by terms of contract
- Work in practice for agreed hours
- Not work for additional monies inside or outside practice
- Identify strengths and weaknesses with ES and agree PDP
- Seek help and advice on clinical and admin matters



What is expected of the FDs?

- Be professional, observe GDC standards
- Inform PGDD and Practice of any change in your circumstances
- Draw ES's attention to any problems encountered immediately
- Attend all Tutorials
- Attend all Study Day Courses
- Ensure a wide range of practice and be fully occupied



What is expected of the FDs?

- Undertake educational studies advised by Adviser and ES
- Ensure progress is monitored and developed and keep e-PDP up to date
- Participate in WBA's, case studies, coursework, clinical audits questionnaires etc
- Be a full and committed member of the practice team



What is expected of the FDs?

- Have professional indemnity
- Participate in Satisfactory Completion Process
- Adviser to be made aware of any problems within the training environment immediately



And now...

It's time for caffeine!



The Roles of an ES

- Mentor
- Counsellor
- Employer
- Friend
- Teacher
- Colleague/minder/fixer/shoulder to cry on

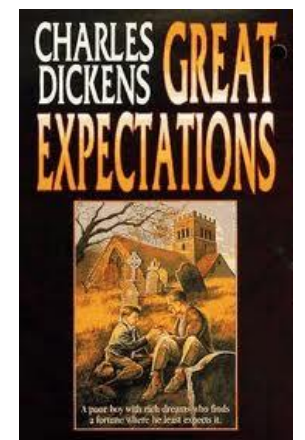


Not Ideal ES / FD Relationship?



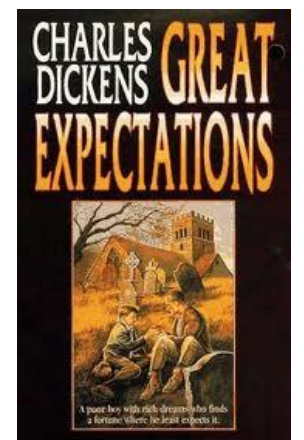
What is expected of the ESs?

- FD employed under national contract
- FD registered
- Copy of contract sent to NIMDTA
- Work permit-provide relevant documentation
- Don't amend contract without PGDD permission
- Provide lead contact at practice to PGDD
- Work clinically in same premises as FD 3+ days
- Adequate administrative support and F/T suitably experienced dental nurse



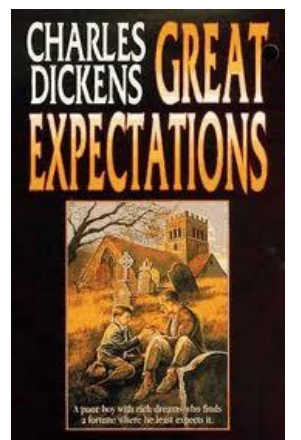
What is expected of the ESs?

- Identify FD's strengths and weaknesses and suitable development plan
- Provide clinical and admin help to FD when requested
- Regular Tutorials
- Allow and require FD to attend study programme
- FD treated with dignity and respect/free from bullying/harassment/discrimination/victimisation
- Satisfactory facilities incl handpieces/ instruments/ reference material



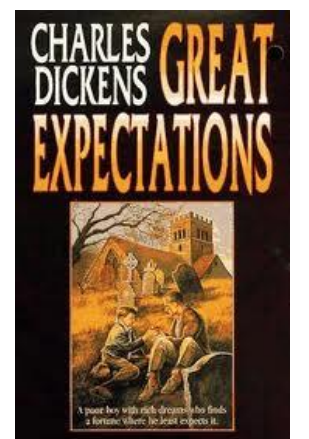
What is expected of the ESs?

- Wide range of NHS experience to complete competencies
- Assess and monitor FD's progress and liaise with adviser
- E-portfolio completed on time
- Attend ES training including equality and diversity
- FD not to work additional hours for additional monies
- Attend ES meetings and end of scheme review (14 sessions per year)
- Set time aside for adviser visits



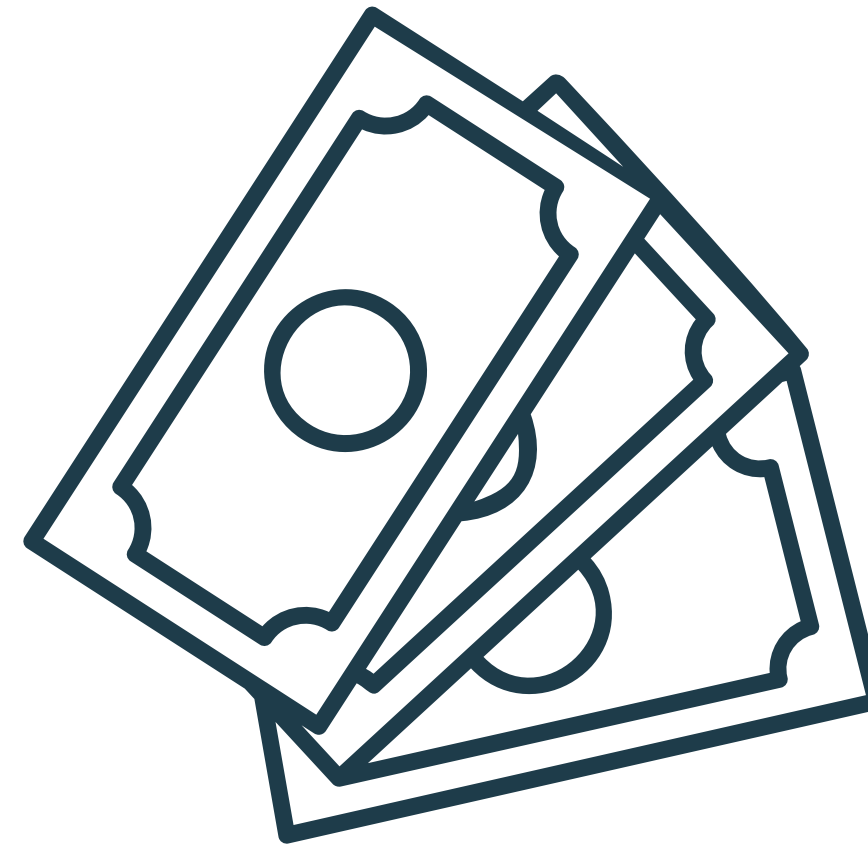
What is expected of the ESs?

- Participate in Satisfactory Completion Process
- Provide email addresses
- Inform PGDD immediately if circumstances change
- Inform PGDD immediately if FD has >10 days sickness
- Inform PGDD immediately if investigation by any NHS body, GDC or RQIA



FD's Pay

- FDs are assistants
- NHS superannuation scheme
- NI deducted at the not Contracted Out rate
- BSO reimburses salary plus employer's NI contribution
- Payslips mandatory



FD's Pay

Determination IV of SDR PP64-69

E.g. Tax code 1257L M1

• Monthly salary:	£3323.00
• Employee's NI:	-182.00
• Superannuation:	-325.65
• (Net pay for income tax):	- £2997.35
• Income Tax:	<u>-389.80</u>

Take Home Pay **£2425.55**

(Later on - Student Loan Deductions approx. £100 per month)

- Payslips Mandatory
- S/A= 9.8%



FD's Continuing Professional Development Allowance (CPDA)

- Claimed by ES on behalf of FD (assistant)
- Retained by ES (e.g. day course)
- Pay to FD (Tax & NI due) (e.g. night course)
- FD Time Off In Lieu (e.g. night course)
- Please agree with FD beforehand
- Use BSO CPDA Form

Continuing Professional Development (CPD)

- Book Courses Online on NIMDTA Booking Events platform
- Must book yourself on MFDS Course or any other course outside of the DFT Study Programme

Forms used in DFT Schemes

1. Study Programme Attendance Register

- Must be signed on the day
- TIME MUST BE RECORDED
- If not signed you were not there (implications for completion of DFT)
- If not signed on time you cannot be paid expenses
- Usually more than one per day(AM/PM)

2.Evaluation Form

- Complete online Evaluation Form on NIMDTA Booking Events platform
- Must be completed before expenses paid
- Please fill in Comments positive or negative

3.BSO Claim Form

BUSINESS SERVICES ORGANISATION
2 Franklin Street
BELFAST
BT2 8DQ

**APPLICATION FOR
TRAVEL AND SUBSISTENCE ON FOUNDATION TRAINING PROGRAMME**

PART 1 - PARTICULARS OF FOUNDATION DENTIST
(Please complete this section in BLOCK CAPITALS)

Surname Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Other Names (in full) DS No. GDC No.

Practice Address

Home Address

Post Code

Post Code

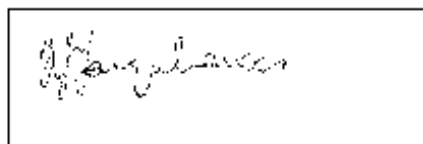
PART 2 - PARTICULARS OF COURSE

Name of Centre (Venue):	Boardroom, NIMDTA	Title of Course:	An Update on Orthodontics for FDs		
Date of Course:	Tues 11 April 2017	Course Organiser:	NIMDTA		
Length of Course: from	1.00 pm	To	6.00 pm	No. of Hours	5 hours

PART 3 - CERTIFICATE OF ATTENDANCE

I certify that the Foundation Dentist attended the course and was present for hours

Signature of Dental
Foundation Adviser



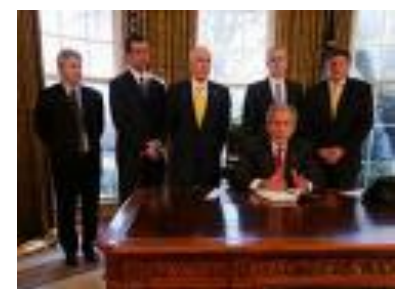
Date

3.BSO Claim Form

- Print and complete -
- Use for Travel & Subsistence on Study Days
- Complete parts 1,2,3,4 (Must sign part 4) then send to BSO.
- **Mileage**
 - 24p per mile from home or practice whichever is the shorter distance
- **Meals** (if not already supplied)
 - 5-10 hours up to £5.00
 - >10 hours up to £15.00
 - **Must attach receipts**

Our Obligations as Advisers

- Organisational Role
- Monitoring Role
- Supporting Role
- What can we do for you?

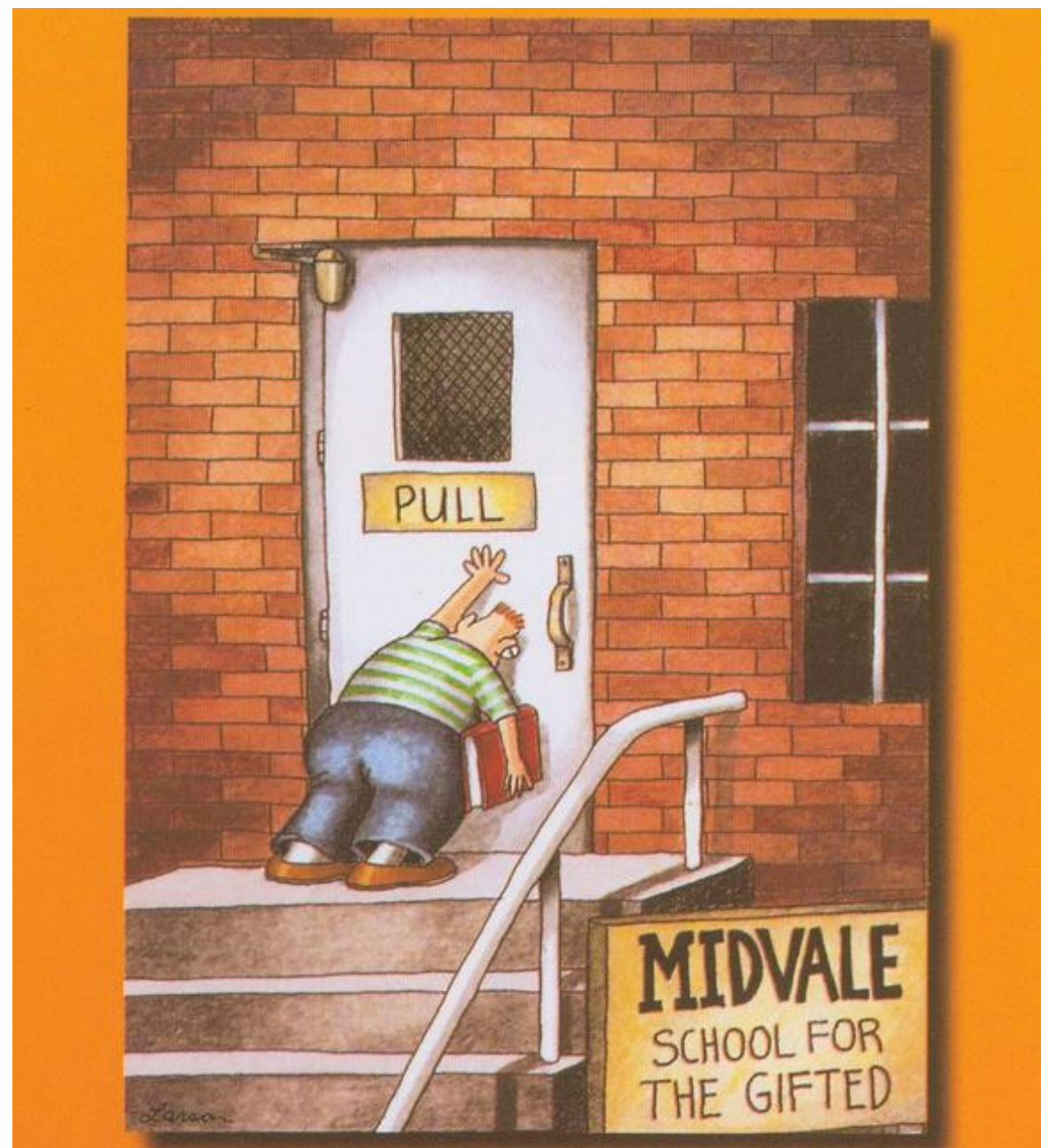


How to help your Adviser

- Be punctual
- Complete your online evaluation sheets
- Keep up to date with your expense claims
- **Keep your e-Portfolio up to date**
- Complete your APLAN Cases on time
- If you have problems in practice, personal or with the scheme let your Adviser know as soon as possible



Problem FD?



Complaints and Problems

- Complaints from patients, staff
- Problems with patients, staff
- Discuss with Trainer as Soon as Possible
- Discuss with Adviser as necessary
- Try to Have a Life Outside Dentistry



Support for FDs

- Support from NIMDTA Advisers, PDD & Admin
- Meet with fellow FDs at study days
- FD Rep on CDFT(NI)
- Professional Support and Wellbeing (PSW)



Election of FD Rep

- Functions of CDFT(NI)
- Role & Responsibility of FD Rep
- Next Meeting: 14 October 2025
- CDFTNI 3 meetings per year – Oct, Feb, June
- NIMDTA/QUB Liaison CTTEE – Dec, June

Any questions?

