

FD Induction 2026



Learning outcomes:

At the end of the session you will be able to:

1. List and discuss the key elements of the portfolio
2. Demonstrate an understanding of how the epdp is used to support decisions regarding progress
3. Define your responsibility in completion of tasks
4. Describe the role of your ES, the wider practice team and TPD

Myths and Legends of DFT....



Myths???

The FD of 2026
isn't as good as
that of 2020

Graduates don't
know how to
use amalgam

Graduates can't
extract teeth or
do endo

An FD is a slow
associate

Your ES is your
friend

An FD doesn't
impact on the
workings of the
practice

Prepared for practice and equipped for employment: what do dental foundation ESs think of their trainees?

Fig. 2 FD was prepared for practice and if they could, they would employ them

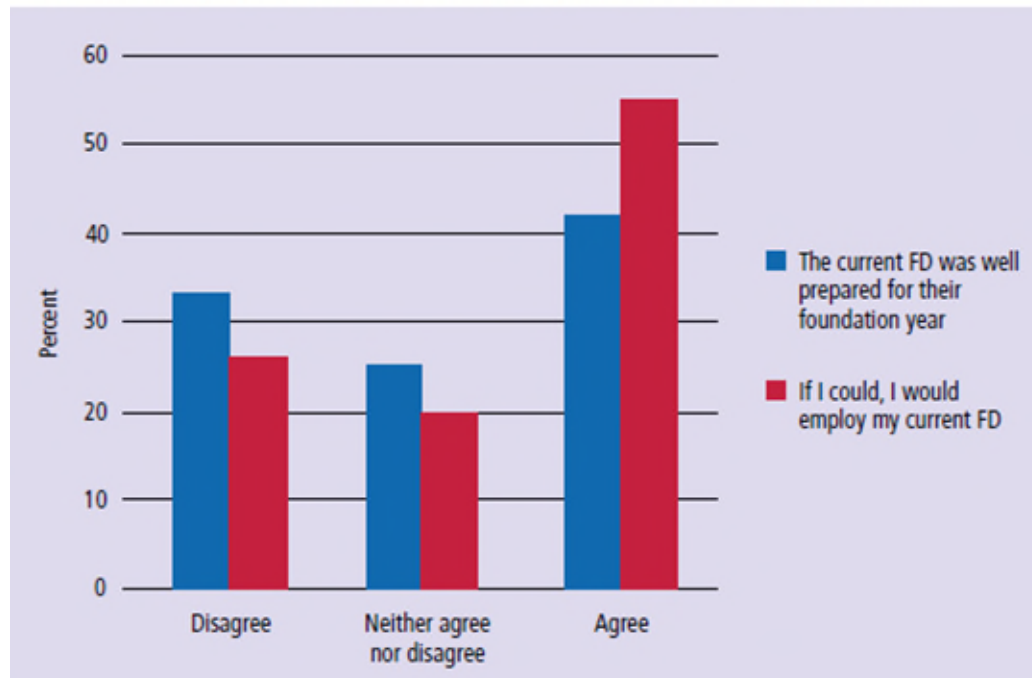
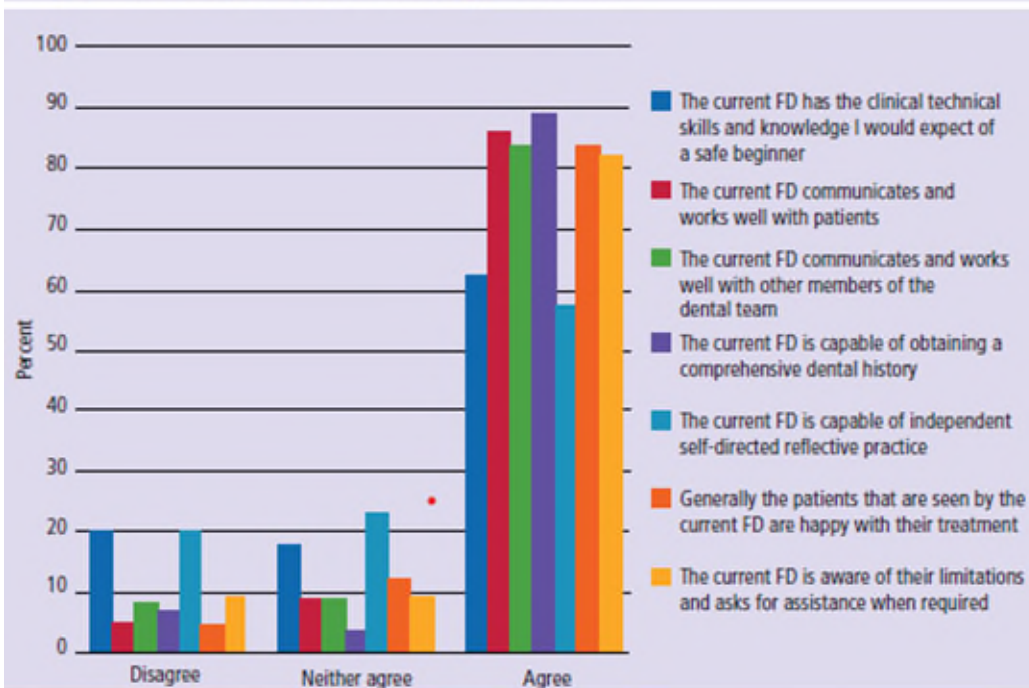


Fig. 3 Positive FD attributes as rated by DFT trainers



Why am I here? Surely I'm a safe practitioner?!



Are you a safe practitioner?

- ▶ Q1 Who decides?
- ▶ Q2 What is assessed?
- ▶ Q3 How is it assessed and how is it documented?



A reimagined curriculum

General
Dental
Council | protecting patients,
regulating the dental team

The First Five Years
Third Edition (Interim) 2008



Early years dental curriculum

Entrustable professional activities



10 EPA

SECTION 2 — EPAS EXPLAINED

The 10 EPAs at a glance

🔍 Tap any EPA to view its detail

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

EPA 5 Assessing and managing patients with complex needs

EPA 6 Promoting oral health in the population

EPA 7 Managing the service

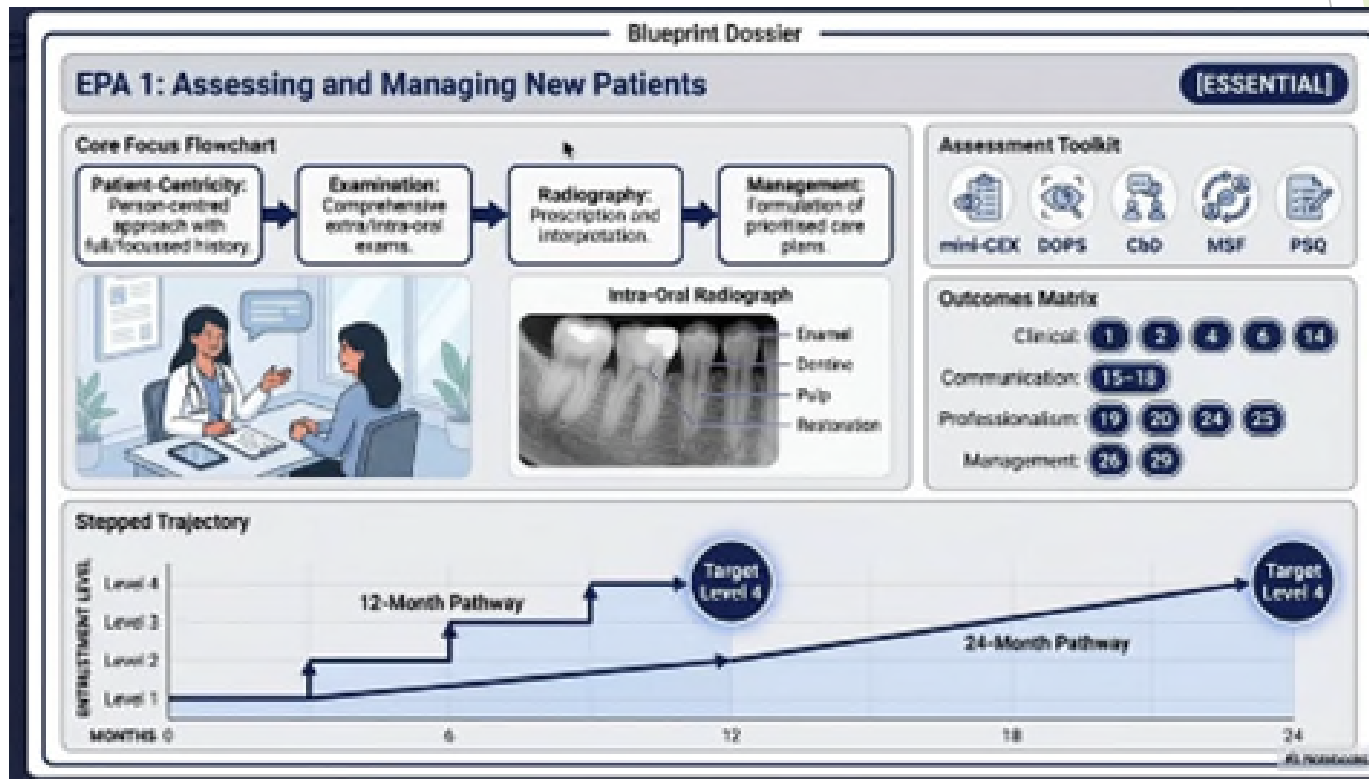
EPA 8 Improving the quality of dental services

EPA 9 Developing self and others

Core EPAs 1-4 Primary clinical core — L4 expected by FRCP for DFT

Enhanced EPAs 5-9 Wider professional practice — L3-L4 depending on pathway

EPA 1



EPA 2A



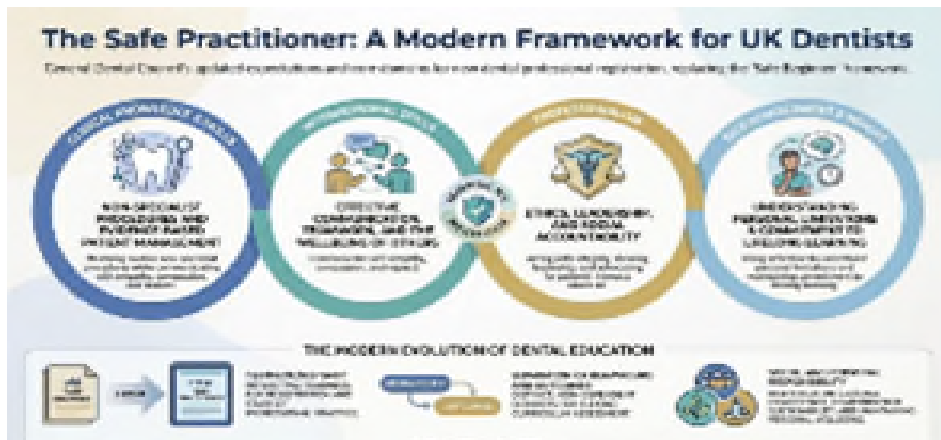
Q1 Who assesses if you are safe?

1. Yourself
2. ES(s)
3. TPD
4. Patients
5. Dental team
6. NIMDTA/National panel

Levels of supervision during DFT

- ▶ Level 1: Direct supervision- in the room
- ▶ Level 2: Reactive supervision- immediately available
- ▶ Level 3: Distant supervision-clear escalation route
- ▶ Level 4: Unsupervised- ES remains responsible clinician

Q2 What will be assessed?



FOUR CORE DOMAINS

Clinical - Communication - Professionalism - Self-Management.
Replaced 'Safe Beginner' (Nov 2020).

CLINICAL TO PROFESSIONAL BALANCE

Ethics, leadership and accountability rank equal to clinical skill.

PATIENT-CENTRED APPROACH

Empathy, teamwork and continuous growth — core, not optional.

A FLEXIBLE STANDARD

Outcomes over rigid behaviours — flexible by design, safe at registration.

Q How is it assessed?

Structured learning events



SLEs of DFT

1. Phantom heads skills **
2. MSFx1
3. PSQsx1
4. CbDx4
5. Mini-Cex x6
6. DOPS x12
7. 1 buddy DOPS
8. 1 adviser DOPS
9. APLAN*

- ▶ Each SLE will link to an EPA to determine the level of supervision required
- ▶ EPA1-4 level 4 by FRCP
- ▶ EPA5-9 level 3-4 depending on pathway

Likely trajectory with case complexity input:

- ▶ L1 start
- ▶ L2 ESR
- ▶ L3 IRCP
- ▶ L4 FRCP

SLEs are FD led

- ▶ You take control of your learning
- ▶ You invite assessors (exception is PSQ)
- ▶ Early months- ES supervision will be dictated by observations and past knowledge
- ▶ You are responsible for reviewing your progress against EPAs and sourcing appropriate SLEs to evidence progress

DOPS- Direct Observation of a Procedural Skill

- ▶ Minimum 12 DOPS must be completed by June 27
- ▶ DOPS are formative tools
- ▶ No score
- ▶ Feedback is critical
- ▶ Identifies learning needs- open LN logs

DOPS (12)

► Must include:

1. Examination
2. Endodontic access
3. Endodontic obturation
4. Jaw Registration
5. Class II plastic restoration (must have caries be in occlusion and have adjacent tooth minimum one composite)
6. Class II plastic restoration (must have caries be in occlusion and have adjacent tooth minimum one amalgam)
7. Crown preparation
8. Extraction of a non- periodontally involved tooth

Mini-Cex (6minimum)

- ▶ A mini-CEX is focussed on the clinical interaction, history taking, decision making and communication during the appointment rather than the delivery of a clinical procedure e.g:
- ▶ Emergency Patient in Pain
- ▶ Communicating with an anxious patient
- ▶ Radiograph reporting and communicating to the patient
- ▶ Delivery of tailored health promotion advice
- ▶ History taking
- ▶ Explanation of the need for referral and discussion of the referral process

Ad hoc ESR- safe practitioner?

- ▶ Completed at week 8, meet Adviser 3rd/4th Nov, 3 way meeting ES, Adviser and FD 24th Nov
- ▶ Enables FDs, ESs and TPDs to identify particular individual training issues and needs at an early stage
- ▶ Based around observation in first weeks
- ▶ Minimum 5 SLEs inform report
- ▶ Review of development needs logs
- ▶ Specific action plan if required with time-frame
- ▶ Informs IRCP

Revisit Level of supervision

- ▶ Level 1: Direct supervision- in the room
- ▶ Level 2: Reactive supervision- immediately available
- ▶ Level 3: Distant supervision-clear escalation route
- ▶ Level 4: Unsupervised- ES remains responsible clinician

DOPS & Mini-cex Crimes!

-
1. Retro assessment
 2. Remote assessment
 3. Long distance assessment
 4. Patient-less assessment
 5. One encounter written up as >1 assessment



SLEs

- ▶ What do you have control of in an assessment?
- ▶ Variety
- ▶ Complexity
- ▶ Done for you not to you!



Red Flag

SLEs not taking place

SLEs not written up
contemporaneously

SLEs not spaced apart

Insufficient information about the
encounter

Insufficient feedback provided

Not reflecting on feedback provided

Low quality DOPS, mini-cex

Case based discussion CbD (4 minimum)

- ▶ Earliest start is December
- ▶ D-CbD involves the ES assessing their FD's performance in terms of clinical judgement, decision making, application of knowledge.
- ▶ Spaced to demonstrate progress
- ▶ You select number of cases (3) in advance and ES will decide which to focus discussion on
- ▶ You need to be proactive in identifying suitable cases
- ▶ Critical incidents and 'problem' cases are ideal

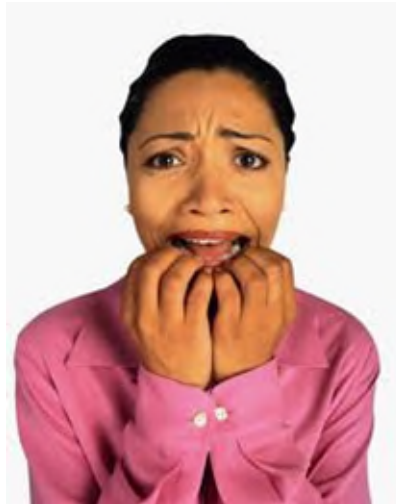
MSF-completed electronically in December (minimum 1 cycle)

- ▶ Team members rate the performance of the FD across several areas of competence, including communication, professionalism, team-working and organisation.
- ▶ Each assessor should have been working with the FD on a regular basis, and have seen them practice first hand.
- ▶ This is an assessment of performance, not popularity.
- ▶ A minimum of 8 assessors must be used-must include ES, FD's dental nurse, receptionist. Others to include: other dental nurses, dentists in practice, reception staff, could include 1 technician
- ▶ NB the more feedback, the more useful the process
- ▶ Anonymous
- ▶ The report is published on epdp by ES
- ▶ Repeated if IRCP panel decides this is necessary

Patient satisfaction questionnaires- PSQs (minimum 1 cycle)

- ▶ Completed in January
- ▶ Completed electronically
- ▶ Compulsory element of training
- ▶ Reception will facilitate PSQs NB You have **NO** role in the process
- ▶ It is essential that a minimum of 20 PSQs are required for a reliable result
- ▶ ***Results Report in epdp***
- ▶ Can be repeated if IRCP panel decides this is necessary

Afraid of SLEs?



Don't be!!!!

- ▶ They are unavoidable
- ▶ All the SLEs conducted during DFT are formative
- ▶ They are a vehicle for evidenced, reliable feedback
- ▶ Assessments are done FOR you, not TO you!!!

Audit 1-record keeping (Nov 26) (2-radiographs- March 27)

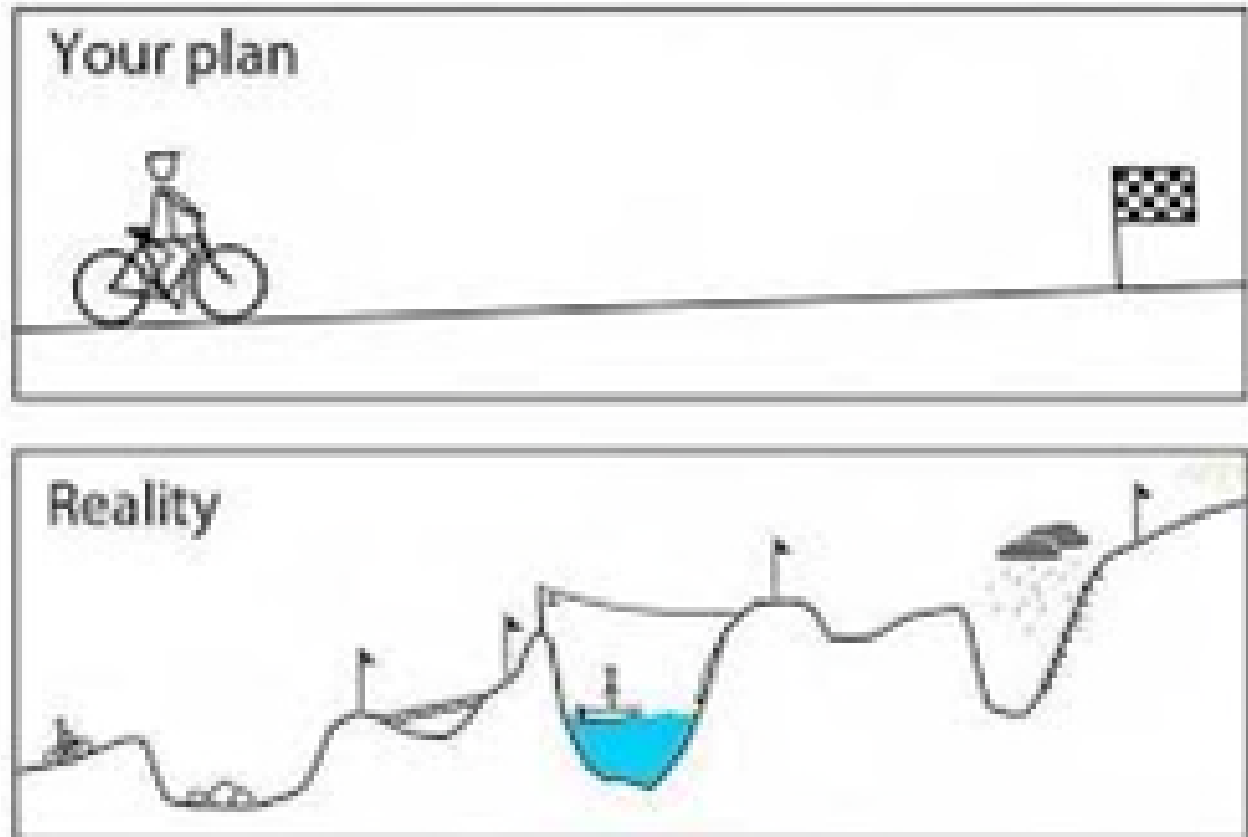
- ▶ Carried out by FD in November- record keeping
- ▶ FD selects 10 of their own completed record cards
- ▶ FD audits against headings in the template
- ▶ FD reports on strengths and areas for improvement
- ▶ ES checks a minimum of 3 of the records against the FD's assessment
- ▶ Action plan is produced if required- can be repeated

Outcomes:

- ▶ 31 outcomes: 14 clinical, 4 communication, 6 management and leadership, 7 professionalism
- ▶ Those 4 domains seen in almost every EPA



Reality Check!!



APLAN

- ▶ Anonymous peer learning assessment network
- ▶ Submit a case at 3 staging points and present work: Nov, Feb, June
- ▶ Milestone 1- dental emergency, trauma or simple treatment planning
- ▶ Milestone 2: molar endo & restn
- ▶ Milestone 3: complex treatment

- ▶ Case assessed by other FDs, ESs and TPDs anonymously
- ▶ Showcase **your** clinical work
- ▶ Receive feedback from more colleagues
- ▶ Help you and others benchmark performance

APLAN

TPD DASHBOARD

Dashboard

In time FD will evaluate the feedback they have received, the asterisk will be replaced with a 'score'

Case Report										
Milestone 2 Submission deadline: 12/01/2018										
Numbers in brackets are review feedback scores. An asterisk denotes no review feedback given.										
Case	Trainee	Review 1	Review 2	Review 3	Review 4	Review 5	Review 6	Review 7		TPD Score
300		2 *	1 *	2 *	3 *	2 *	1 *	2 *	Compare All	
249		2 *	3 *	2 *	2 *	1 *			Compare All	
252		2 *	3 *	2 *	2 *	2 *	2 *		Compare All	
240		2 *	3 *	1 *	3 *				Compare All	
251		2 *	1 *	3 *	3 *				Compare All	
227		4 *	3 *	3 *	0 *				Compare All	
239		2 *	2 *	3 *	3 *				Compare All	
287		3 *	2 *						Compare All	
248		3 *	2 *	3 *					Compare All	
296		3 *	3 *	2 *					Compare All	
244		3 *	3 *	3 *	3 *	2 *			Compare All	
238		2 *	4 *	3 *	3 *				Compare All	
217		3 *	4 *	3 *	4 *	3 *	3 *		Compare All	

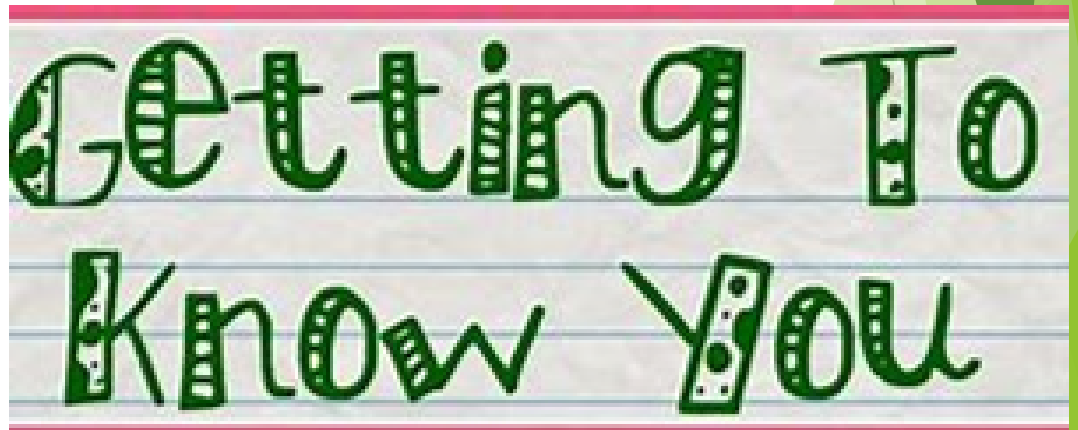
Click 'Compare All' to open the TPD Review / Feedback Screen

Time for a Break!



What should Thursday 3rd Sept look like?

- ▶ NO PATIENTS
- ▶ In practice learning document to support practice induction
- ▶ Practice induction



Friday 4th Sept

- ▶ Phantom head clinical skills baseline assessment
- ▶ Upload to the epdp under FD uploads
- ▶ Continue with practice induction



MONDAY 7th Sept

- ▶ First patients booked
- ▶ Maximum 4 patients booked for FD
- ▶ May start SLEs

Moving beyond 7th Sept ES and FD should review appropriate numbers booked- slow and supportive start. Important to check appt book in advance-

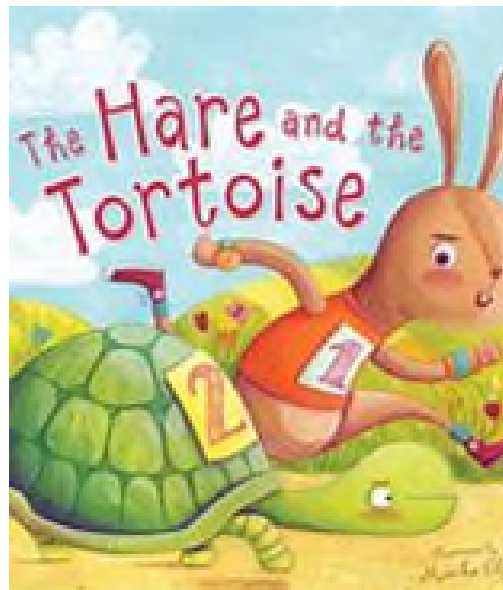
DO NOT want filled with exams in advance!

- ▶ How many patients will you see?
- ▶ How much time will I have to complete Rx?
- ▶ When will I have my first SLE?
- ▶ What does my ES expect of me?

Realistic Sept, Oct appt timings

- ▶ Exam & treatment planning- 1h **
- ▶ Plastics- 1h
- ▶ S+P- 30min
- ▶ RCT -each stage 1h
- ▶ Ext- 30min
- ▶ Cr prep and imp- 1.5h
- ▶ Reg- 45min

Slow and steady wins the race.....



What does my ES expect of me?

- ▶ Honesty
- ▶ Professionalism
- ▶ Hard working
- ▶ Receptive to feedback
- ▶ Respectful to staff and patients
- ▶ Developing clinical skills

‘It’s ok that they aren’t very good but it’s not ok to be lazy’



What can you expect of your ES?

- ▶ Availability
- ▶ Support
- ▶ Teaching
- ▶ Opportunities



Portfolio

Who uses the portfolio?

- ▶ FD
- ▶ ES
- ▶ TPD
- ▶ APGDD, PGDD
- ▶ IRCP and FRCP panels
- ▶ Future employers

a contemporaneous

- ▶ Portfolio is your property -access remains post-training
- ▶ Portfolio is document- poor quality entries may impact your IRCP/ FRCP
- ▶ Must reflect 10 EPAs
- ▶ Evidences your learning journey



When do you reflect?

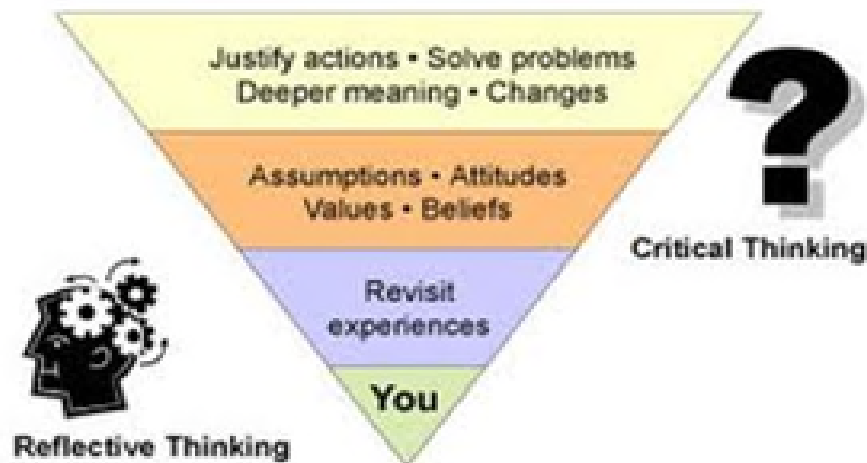
**I never make the
same mistake twice.**

**I make it five or
six times just
to be sure.**



Reflection (12)

- ▶ x1/ month
- ▶ “opportunity to review an experience so that this informs the next time the same activity is performed”



Monitoring

- ▶ Clinical experience log- activity
- ▶ Reflections
- ▶ SLE logs
- ▶ SE log
- ▶ Learning needs

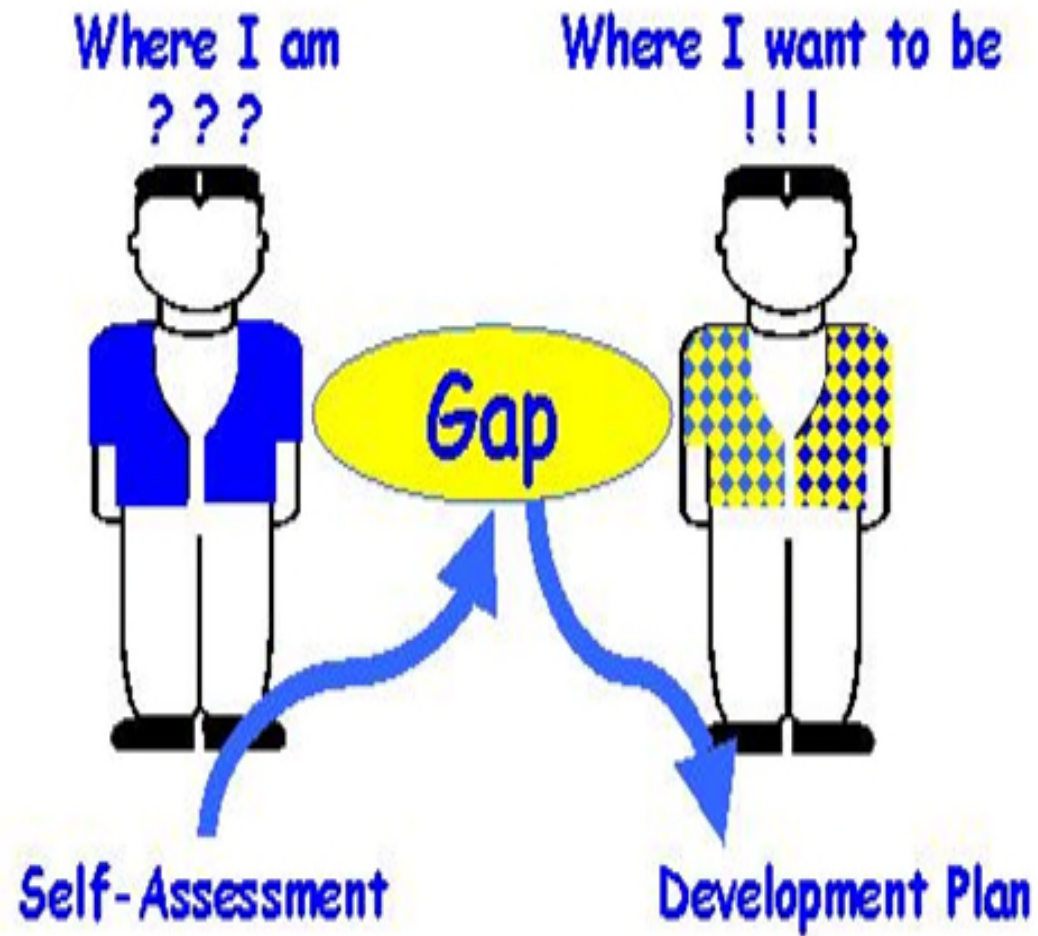


Role of your ES:

- ▶ Assessor
- ▶ Assistant planner
- ▶ Teacher
- ▶ Role model
- ▶ Mentor
- ▶ Colleague
- ▶ Employer
- ▶ Clinician

Role of your TPD

- ▶ Oversees your training year
- ▶ Signposts you and your ES to resources
- ▶ Supports you and your ES in optimising the likelihood of an enjoyable **and** productive year
- ▶ Provides triangulation in SLEs
- ▶ Contributes to panel decisions about your progress



Protected learning time (40)

- ▶ ‘Tutorials’
- ▶ 1h duration during protected time
- ▶ Who decides content?
- ▶ What should I know in advance of tutorial?
- ▶ What do I need to do afterwards

The success story!!



1. Who uses the portfolio?
2. What are the functions of the portfolio?
3. What is a Mini-Cex, DOPS, PSQs, MSF?
4. Who completes MSF?
5. What happens if you miss SLEs?

**YES, I DO
know it all!**

I just can't remember
it all at once.

