

Role of Assessment in Dental Foundation Training

KEGAN LEWIS

AIMS

To provide insight into reasonable expectation of a ‘safe practitioner’ and the pathway required for a foundation dentist to satisfactorily complete foundation training.

To provide information on the role of assessment in dental foundation training and the methods used to ensure standards are achieved and maintained.

Learning Objectives

At the end of this session the learner should be able to

Explain the requirements and progression pathway for satisfactory completion of Foundation Training

Describe the key characteristics and professional behaviours expected of a safe Foundation Dentist

Explain the purpose of assessment in Dental Foundation Training, including its contribution to patient safety, professional development and decisions about readiness for independent practice.

Describe the principal DFT assessment methods—including Mini-CEX, DOPS, case-based discussion, multi-source feedback and patient feedback

Explain how assessment evidence supports entrustment and progression decisions, including the four supervision levels and the requirement for essential Entrustable Professional Activities to reach Level 4 for satisfactory completion of the Foundation-only programme.

GDC Development Outcomes

B - Effective management of self and effective management of others or effective work with others in the dental team, in the interests of patients; providing constructive leadership where appropriate.

D - Maintenance of skills, behaviours and attitudes which maintain patient confidence in you and the dental profession and put patients' interests first.

Let’s start with what the GDC expect

Q1. What do they expect of newly qualified dentists? What should a UK university produce?

- GDC ***Safe Practitioner Framework 2023***
  - *****Link to document*****

Q2. Is there a development programme aimed at newly qualified dentists at the start of their career?

- COPDEND
- ***Early Years Dental Curriculum 2024***
  - ***Implemented in Northern Ireland 2026***

“Safe Practitioner”

What do we mean by a “safe practitioner”?
A practitioner who works within their level of competence, recognises their limitations, seeks appropriate support, prioritises patient safety, and behaves professionally

GDC ***Safe Practitioner Framework 2023***





A safe Foundation Dentist is not someone who can do everything independently;

it is someone who can recognise what they can safely do, recognise what they cannot yet do, and take appropriate action when they need help

GDC: 4 KEY DOMAINS

“Safe Practitioner”

CLINICAL DOMAIN

“Possesses the ***skills*** and underpinning ***knowledge*** to undertake ***routine*** clinical and technical procedures and tasks. This includes the ability to apply that knowledge and those skills to specific contexts and situations, patients, and stages of treatment including, where relevant, assessment, diagnosis, treatment planning and onward referral”

“Safe Practitioner”

INTERPERSONAL DOMAIN

Uses ***interpersonal skills*** and ***emotional awareness*** to enable ***effective communication*** with all patients and colleagues which is underpinned by ***behaving*** in a caring, compassionate, empathic, and respectful way. Demonstrates ***effective team working*** and helps ***foster wellbeing of others.***

“Safe Practitioner”

PROFESSIONALISM DOMAIN

Demonstrates ***professionalism*** and ***integrity*** by behaving ***ethically***, shows ***leadership*** and s***ocial accountability***. Is committed to ***advocating for oral health***, promoting good oral health and understands the importance of ***sustainable service provision*** in the population and across communities, and addressing ***priority health needs*** for the communities.

“Safe Practitioner”

SELF-MANAGEMENT DOMAIN

Can self-manage, adapt, and respond to ***different situations*** using ***insight*** and ***reflection***. Plans and manages their ***time*** and keeps up to date with ***continued learning*** and ***development***.

Safe does not mean perfect.

Foundation Dentists are still developing. The reasonable expectation is not that they know everything or never make mistakes, but that they **practise safely**, **recognise** when they **need help**, and **learn** from **feedback** and **experience**.

Let’s consider……

Clinical competence and decision-making.

Can the FD provide appropriate assessment, diagnosis, treatment planning and delivery of care, including knowing when treatment is beyond their current competence?

Knowing when to ask for help.

Do they seek advice from their Educational Supervisor or another appropriate colleague?

This should be viewed as an important feature of safe practice rather than a weakness.

Professionalism and patient-centred care.

Do they demonstrate skills in effective communication, consent, confidentiality, record keeping?

Is their behaviour ethical?

Are they reliable?

Do they treat patients with dignity and respect?

Managing risk and patient safety.

Can the FD recognise complications, respond appropriately when things go wrong?

Do they prescribe appropriately?

Are they aware and work to professional guidelines eg infection prevention and control, safeguarding, and learning from incidents or near misses?

Progression during Foundation Training.

Competence develops progressively.

Compare the FD at the start of the year compared to the end.

Expectations should increase as the Foundation Dentist gains experience, receives feedback and demonstrates greater independence.



Evidence of development.

How can we document and demonstrate an FD meets these expectations?

1. **Workplace-based assessments → "SLE's"**
2. e-portfolio
3. reflective practice
4. feedback
5. tutorials/study days

demonstrates achievement of the required learning outcomes.

Assessment in DFT

Under the current **Early Years Dental Training curriculum**, DFT assessment is a continuous process.

It gathers evidence from different activities and assessors to determine whether the Foundation Dentist can integrate the published curriculum outcomes into safe, independent practice.

Relationship to published competency guidance

Four EYTD curriculum domains

Assessment evidence is mapped to 31 published outcomes within four domains:

Clinical

Communication

Professionalism

Management and leadership

These domains align with GDC professional standards

Entrustable Professional Activities

Essential (DFT)

The outcomes are brought together into **Entrustable Professional Activities**, or EPAs. These describe whole areas of real professional practice rather than isolated skills.

The essential DFT EPAs cover:

1. **EPA 1: Assessing and managing new patients** history, exam, consent, radiographs, planning
2. **EPA 2a: Routine care: periodontal and restorative** manage perio + caries, restorative work, RCT.
3. **EPA 2b: Routine care: extractions and prosthetics** simple XLA, prostheses, manage complications
4. **EPA 3: Assessing and managing children** – exams, anxiety management, prescribing, ortho monitoring
5. **EPA 4: Providing emergency care** – dental & medical emergencies, safe urgent care

Entrustable Professional Activities

Entrustable Professional Activities (EPAs) are core tasks that a supervisor **trusts** a trainee to **perform independently** once they demonstrate sufficient competence.

Unlike traditional assessments that score individual traits and tasks in isolation, EPAs bundle these skills into real-world clinical scenarios

Eg

Old assessment: “The trainee can safely and effectively perform an ID block”

An EPA evaluates the entire process: **"Safely managing a patient requiring a routine dental extraction."** This single task requires the trainee to:

- Consent the patient.
- Deliver the local anaesthetic.
- Perform the extraction safely.
- Provide post-operative care instructions.

Essential EPAs – can the dentist do these:

EPA 1: Assessing and managing new patients – Taking comprehensive histories, performing clinical examinations, obtaining valid informed consent, taking/interpreting radiographs, and creating treatment plans.

EPA 2a: Routine care (Periodontal and Restorative) – Managing caries and periodontal disease, performing restorative work (fillings), and executing non-surgical root canal treatments (RCT).

EPA 2b: Routine care (Extractions and Prosthetics) – Performing simple tooth extractions, delivering removable prostheses (dentures), and managing immediate post-operative clinical complications.

Essential EPAs – can the dentist:

EPA 3: Assessing and managing children – Performing pediatric dental examinations, managing anxiety, prescribing appropriate preventative or interceptive treatments, and monitoring orthodontic development.

EPA 4: Providing emergency care – Safely delivering urgent dental treatment and effectively managing active acute dental and medical emergencies

EPA 5: Managing complex patients – Co-ordinating and delivering comprehensive care for frail, high-risk, or medically compromised patient demographics.

EPA 6: Promoting oral health in the population – Engaging with public health initiatives, executing clinical prevention, and implementing patient behavior change strategies.

EPA 7: Managing the service – Demonstrating clinical time management, leading the local dental nursing/reception team, and maintaining regulatory clinical governance.

EPA 8: Improving quality of dental services Engaging in active clinical audits, reflecting on significant clinical events, and leading service development projects.

EPA 9: Developing self and others – Engaging in regular clinical reflection, teaching or mentoring peers, and upholding general professionalism

Enhanced EPAs – 24 month programme

These focus on higher-level clinical reasoning, non-technical skills, and professional development

Enhanced EPAs

The FD will encounter elements of Enhanced EPAs (such as public health advice, audits, or teaching) during DFT.

They can map evidence or Supervised Learning Events (SLEs) to these Enhanced EPAs to show their growth, but the progression panel **will not** expect the FD to be signed off at an independent level during the 12 month programme.



How do we score the FD?

Evidence from SLEs, clinical experience, feedback and reflection is mapped to these EPAs. Supervisors then judge the **level of oversight required**:

1. **Direct supervision**
2. **Reactive supervision nearby**
3. **Distant supervision**
4. **Unsupervised practice**

Supervision Levels

Level	Definition	Practical Example
1. Direct	Supervisor in the room	Complex procedure early in year
2. Reactive	Supervisor nearby	Routine restorative work
3. Distant	Supervisor available remotely	FD/FT manages patient list with ES in practice
4. Unsupervised	Independent	Expected for all Essential EPAs by FRCP

- **Starting point**: most FDs/FTs begin at **Level 2**.
- **Evidence-based progression**: SLEs, feedback, and ES reports guide advancement.

For satisfactory completion of the 12-month Foundation-only programme, every essential EPA must be achieved at Level 4—the dentist is trusted to carry out the activity without supervision, within their scope of practice.

Recap

Curriculum Learning Outcomes = define what must be demonstrated (31)

EPAs Entrustable Professional Activity – the framework for deciding if dentist is ready for independent practice eg Essential (5) v Enhanced (5)

Supervision Levels - defining progression from direct to unsupervised practice. 4 levels and FD must be Level 4 across all Essential EPAs for satisfactory completion

Assessment – a method of sampling performance when considering if the dentist meets the outcomes.

Does the combined evidence demonstrate that the dentist can integrate the required knowledge, technical skills, communication and professional judgement into safe patient care?



Confused?

Think of the **Early Years Dental Curriculum** like learning how to safely fly a commercial airplane.

Learning Outcomes = The Instrument Panel & Controls

These are the **individual skills and knowledge points** you must master in isolation before you ever leave the ground.

The Analogy: Knowing what the fuel gauge means, understanding aerodynamics, and practicing how to steer the plane on a simulator.

Dental Reality: *Knowing tooth anatomy, understanding how local anaesthetic works, and practicing a filling on a mannequin.*

SLE (Supervised Learning Event) = Flight Simulator & Co-Piloted Flights

These are the **individual practice or flight sessions** where an instructor watches you perform a specific action and gives you immediate feedback to fix your mistakes, or can step in to takeover

The Analogy: Your instructor takes you up on a sunny Tuesday to practice *just* take-offs three times in a row, correcting your hand position on the controls each time.

Dental Reality: *A senior dentist watches you prep a single crown (DOPS) or discusses a complex patient file with you (CbD) to refine your clinical reasoning.*

EPA Level 4 (Entrustable Professional Activity) = Flying a Solo Route

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This is the **complete, real-world task** that bundles all your individual skills together. It answers the ultimate question: *Can we trust you to do this job safely without an instructor sitting next to you?*

The Analogy: "Flying a Boeing 737 from London to Paris with passengers on board." To do this, you must seamlessly combine your knowledge of weather (Learning Outcome) with your repeated supervised flight practices (SLE) to execute the whole trip safely.

Dental Reality: "Safely managing a patient requiring a routine dental extraction independently."

What does a Level 4 FD look like?

An **entrustment decision at Level 4** means the Foundation Dentist is trusted to perform a specified professional activity:

Independently, within their scope of practice, without supervision being required.

For example, if the dentist reaches Level 4 for “assessing and managing new patients,” they can ***safely complete the whole activity***—including history, examination, diagnosis, consent, treatment planning and records—without the supervisor needing to be present or immediately available.

What does a Level 4 FD look like?

Level 4 does **not** mean the dentist:

- is an expert;
- can undertake work outside their competence or scope;
- will never need advice;
- should manage every complex case alone; or
- no longer requires normal professional governance.

What does a Level 4 FD look like?

A safe Level 4 practitioner should still:

- recognise their limitations;
- seek advice when a case exceeds their experience;
- refer appropriately;
- follow relevant guidance and local procedures;
- respond safely to unexpected events;
- reflect on outcomes and feedback.



Q.

How do we choose an entrustment score for the FD?

1. **Workplace-based assessments → “SLE’s”**
2. e-portfolio
3. reflective practice
4. feedback
5. tutorials/study days

demonstrates achievement of the required learning outcomes.

Supervised Learning Event (SLE)

Supervised Learning Event (SLE) is a structured interaction between a trainee and a clinical trainer designed to provide immediate, formative feedback on real-world clinical tasks.

It now replaces “Workplace Based Assessment”

Instead of acting as a high-stakes exam, an SLE is a safe learning opportunity to help the trainee identify strengths and areas for improvement

Supervised learning events



A Foundation Dentist would normally be expected to complete a minimum of **24 supervised learning events (SLEs) during each 12-month period**. These should:



include ***different assessment types***;



cover the ***breadth of the curriculum***;



involve ***several assessors*** where practical;



be ***distributed*** throughout the training ***year***; and



be chosen for their ***educational value***, rather than merely to meet a numerical target.



Purpose of Supervised Learning Events

SLEs are predominantly formative: their immediate purpose is feedback and development.

Collectively, however, they contribute to summative decisions about progression and completion.

Methods of Assessment Eg SLE types

Assessment	What it assesses	Relationship to curriculum guidance
Mini-CEX	A patient encounter or part of an encounter	Clinical assessment, communication, consent, professionalism and patient management
DOPS	Directly observed procedural skills	Safe technical performance, infection control, teamwork and patient safety
CbD	Clinical reasoning through discussion of a case	Diagnosis, treatment planning, decision-making, prescribing, referral and reflection
MSF	Feedback from colleagues and team members	Communication, professionalism, teamwork and reliability
PSQ	Structured feedback from patients	Person-centred care, communication, dignity and confidence
DtCT	Observation of teaching	Teaching, feedback and development of others
DENTL	Non-technical activities such as leadership or service improvement	Leadership, management, quality improvement and professional behaviours

Methods of Assessment

Clinical Assessment Tools

- **Mini-CEX:** Structured observation of a single patient encounter.
- **DOPS:** Structured observation of specific clinical procedural skills.
- **CbD:** Case-based discussion focused directly on clinical reasoning.

MiniCex Mini-Clinical Evaluation Exercise

evaluates overall clinical interaction, communication, and judgement

Eg, **Scenario:** A new patient presents with a swollen, painful lower jaw and is highly anxious about dental treatment

What is Evaluated:

- **Communication skills** in calming the anxious patient, explaining in layman terms
- **Diagnostic capability** in taking & interpreting a dental pain history, examination incl radigraphs
- **Clinical judgment** in explaining treatment options (e.g., extraction vs. root canal treatment) and obtaining valid consent.

The Focus: The interaction, professionalism, and clinical reasoning, rather than the execution of a treatment.

DOPS Direct Observation of Procedural Skills

evaluates technical hands-on skill

Eg, **Scenario:** A patient requires emergency first stage RCT on a first permanent molar.

What is Evaluated:

- **technical skill** in safely administering the local anaesthetic.
- **efficiency and safety** using rubber dam.
- **motor skills** in accessing the pulp chamber using a high-speed handpiece without damaging the surrounding tooth structure.
- **Procedural awareness** in extirpation, use of irrigant, awareness of hand +/- rotary files.
- **infection control** protocols during the procedure.

The Focus: The physical, technical performance of the specific procedure itself

CbD Case-Based Discussion

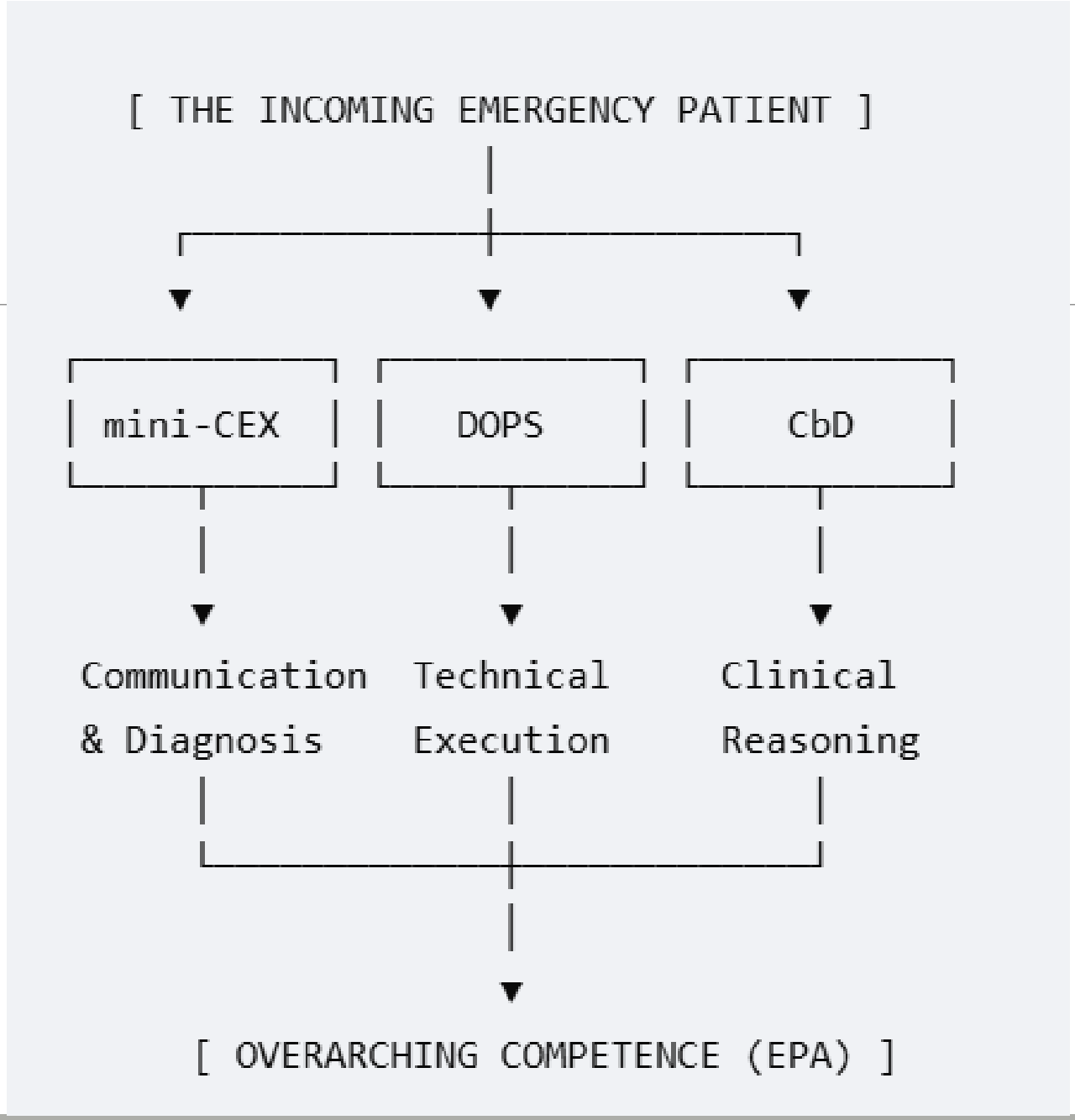
Case-Based Discussion (CbD) is a structured oral review between Educational Supervisor and FD about a real patient case the FD has personally managed.

Unlike a mini-CEX or DOPS—which happen in real-time at the chairside—a CbD happens **after the patient has left**. The ES uses the written clinical notes, radiographs, and treatment plans to probe **clinical reasoning, professional judgment, and ethical decision-making**

"I see you prescribed an antibiotic alongside doing the pulpotomy. Walk me through your clinical justification for prescribing that medication rather than just performing the mechanical drainage?"

"If this patient had unstable angina, how would that have altered the type of local anaesthetic you selected in your plan?"

"Looking at your record keeping here, how would you defend this chart if it were audited by the General Dental Council (GDC)?"


[THE INCOMING EMERGENCY PATIENT]
mini-CEX
DOPS
CbD
Communication & Diagnosis
Technical Execution
Clinical Reasoning
[OVERARCHING COMPETENCE (EPA)]

Methods of Assessment

Non-Clinical & Feedback SLE Tools

Feedback & Professionalism Tools

MSF: Peer feedback covering communication and team-working.

PSQ: Collated patient feedback requiring 20 completed forms.

DtCT Developing the Clinical Teacher **:** Observation of a trainee-led teaching session.

DENTL : New tool evaluating leadership and non-clinical practice.

Multi-source and patient feedback

A minimum of:

one MSF exercise, and

one Patient Satisfaction Questionnaire exercise

is normally required in each training year.

The PSQ requires at least **20 completed patient questionnaires**, followed by a report and reflective summary in the e-portfolio.

Dental nurses and other team members are particularly important contributors to MSF because they observe behaviours that may not be apparent during formal clinical assessment, including preparation, organisation, communication, delegation, professionalism and response to pressure.

Why is Assessment so crucial in DFT

Assessment is most valuable when it informs what happens next.

Identifies strengths – reinforces good practice and builds confidence.

Highlights learning needs – identifies gaps in knowledge, skills or professional behaviours.

Provides meaningful feedback – helps the Foundation Dentist understand **what went well and what could improve**.

Sets learning goals – feedback should translate into clear, achievable actions.

Encourages reflection – promotes consideration of performance and how practice can be improved.

Demonstrates progression – repeated assessment and feedback show development towards safe, independent practice

Additional portfolio evidence

The Foundation Dentist is responsible for keeping the e-portfolio current and providing sufficient evidence for supervisors and review panels. It should include:

- clinical activity records;
- completed SLEs;
- reflections on significant learning;
- identified learning needs and the personal development plan;
- attendance at study days;
- evidence of quality-improvement participation;
- supervisor reports;
- feedback from patients and colleagues;

The curriculum does not prescribe a national minimum number for every clinical procedure. Clinical activity should nevertheless demonstrate adequate breadth and experience to support the relevant curriculum outcomes and EPAs.

When progress is not satisfactory.

Concerns may be identified, documented in the portfolio and addressed through additional support, targeted learning and review.

Persistent patient-safety or professionalism concerns require appropriate escalation via TPD/NIMDTA

Review of Competency Progression

Formal reviews normally occur at:

2 months — Early Stage Review: confirms that basic technical performance is sufficiently safe for clinical work.

6 months — Interim Review: evaluates progress and identifies what remains necessary for completion.

11 months — Final DFT Review: considers whether all essential requirements have been achieved.

Review of Competency Progression

The educational supervisor's report is the principal synthesis of the evidence. The Review of Competency Progression panel considers:

- engagement and attendance;
- quantity, quality and breadth of clinical experience;
- SLE outcomes and feedback;
- professional conduct;
- patient and colleague feedback;
- reflection and response to learning needs;
- supervisor reports; and
- progression against curriculum milestones.

Completing the required number of assessments does **not** automatically demonstrate satisfactory performance. Conversely, an assessment result is not normally interpreted in isolation.

Satisfactory completion of Foundation Training.

Completion should represent demonstrated competence across all the Essential EPAs at Level 4 rather than simply attendance or completion of a set number of procedures

Summary

Assessment is continuous and developmental — it is about demonstrating progression towards safe, independent practice.

Summary

Supervised Learning Events: regular assessment of clinical skills, decision-making, communication and professionalism.

Educational Supervisor, Team & Patient feedback: ongoing observation, discussion and constructive feedback on performance.

e-Portfolio: provides evidence of clinical experience, assessments, reflection, learning and professional development.

Review of Competence Progression: formal reviews consider the **overall evidence of progress**, rather than relying on any single assessment.

Identifying support needs: areas requiring development should be recognised early, with appropriate objectives, supervision and support.

Satisfactory completion: requires evidence that the Foundation Dentist has achieved the required outcomes and can practise **safely and appropriately within their level of competence**.

REFERENCES

- UK Committee of Postgraduate Dental Deans and Directors. *Early Years Dental Training Curriculum Statement*. COPDEND, 2024. View curriculum
- UK Committee of Postgraduate Dental Deans and Directors. *A Reference Guide for Postgraduate Dental Foundation Training in England, Wales and Northern Ireland: The Dental Blue Guide*. 2nd ed. COPDEND, 2022. View guide
- UK Committee of Postgraduate Dental Deans and Directors. *Dental Foundation Training Curriculum 2015*. COPDEND, 2015. Superseded, but relevant to the development of the current competency and assessment framework. View curriculum
- General Dental Council. *Standards for the Dental Team*. GDC. These standards provide the underlying professional expectations for patient safety, consent, communication, teamwork, scope of practice and raising concerns. GDC standards and guidance
- General Dental Council General Dental Council. *The Safe Practitioner: A framework of behaviours and outcomes for dental professional education*. London: GDC; 2023. View