Dental Foundation Training Curriculum
2015

Committee of Postgraduate Dental Deans and Directors (COPDEND) UK
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Foreword

This UK curriculum describes the knowledge, skills and attributes that are required for a newly qualified dentist to complete a year’s programme of Dental Foundation Training and work independently within NHS primary care; together with guidance about how these competences can be assessed and evidenced.

The primary purpose of Dental Foundation Training (DFT) is to ensure that dentists completing the programme have developed into competent, caring, reflective practitioners who can consistently provide safe and effective care for patients in a primary care setting.

Building on previous versions of the Dental Foundation Training curriculum; the 2015 version differs in some significant aspects from the original that was published in 2006 by COPDEND, mostly because the duration of training has reduced from two years to 12 months, in line with legislative requirements.

Over the last ten years there have been continued improvements in the oral health of the UK population, innovative dental materials and techniques have become mainstream and there is an increased evidence base for what is effective prevention of disease and promotion of oral health.

New education and clinical standards have been published by the General Dental Council and learned professional societies. The system of regulation of dental practice has also evolved, with involvement of a number of different regulators and NHS bodies.

This is a UK wide curriculum that has been agreed by dental leaders across the four countries, following a comprehensive literature review, wide consultation and extensive piloting. It recognises that the experience of individual trainees can never be identical when training takes place in numerous different training practice locations. The focus is on learning outcomes and demonstration of competence across the professionalism, communication, management and leadership and clinical domains that underpin all UK undergraduate and postgraduate dental training curricula.

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**Context**

**Dental Foundation Training**

DFT is defined as a relevant period of employment (fully funded by the NHS) during which a dental practitioner is employed under a contract of service by an approved training practice to provide a wide range of dental care and treatment.

In addition, the dental practitioner is required to attend such study days as that contract requires, with the aims and objectives of enhancing clinical and administrative competence and promoting high standards through relevant postgraduate training. This includes:

- To enable the dental practitioner to practise and improve their skills.
- To introduce the dental practitioner to all aspects of dental practice in primary care;
- To identify the dental practitioner’s personal strengths and weaknesses and balance them through a planned programme of training;
- To promote oral health of, and quality dental care for, patients;
- To develop and implement peer and self-review, and promote awareness of the need for professional education, training and audit as a continuing process.

DFT aims to prepare Foundation Dentists to be independent practitioners within General Dental Practice, within the context of each of the four UK countries. DFT is not aiming to train a ‘practice owner’, or equip Foundation Dentists with the skills required to set up and run a dental practice, but rather prepare individuals for independent practice as an associate / performer / employee within NHS General or Personal Dental Service contracts.

The relationship of DFT learning outcomes (described in this document within the competency framework) with other periods of Dental training within the continuum of professional development is indicated in Figure 1. Upon entry to DFT, Foundation Dentists will be registered with the GDC and expected to have already achieved the learning outcomes described in the GDC document “Preparing for Practice”.

The current GDC publication “Standards for the Dental Team” describes the performance expectations of all UK dental practitioners, and therefore these apply equally to DFT, and this has been reflected in the revised competency framework. The Department of Health England Advanced Care Pathways for England outline the types of specialised and specialist care / treatment expected of practitioners with different levels of expertise.

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1 With a minority of places within the salaried primary dental care service.
2 Excerpt from NHS Dental Performers List Regulations (England).
DFT Competency Framework Development

In order to develop a relevant and current competency framework for DFT in the UK, a detailed review of the existing curriculum was carried out.

A wide range of national policy and educational documents were considered, and mapped against the existing DFT competencies in order to identify gaps and/or areas requiring revision. In addition to the GDC publications “Preparing for Practice”, “Standards for the Dental Team” and “Scope of Practice”, the NHS Performers Lists Regulations in Wales and England and the equivalent in Northern Ireland have also been considered. Additionally, draft Advanced Care Pathways documents from the Department of Health (England), and standards published by the Care Quality Commission (and UK equivalents) were reviewed.

As a result of the mapping exercise, a revised competency framework was produced which was then subject to national consultation with a wide range of stakeholders from the profession. Extensive feedback was received, and following careful consideration by the COPDEND UK Steering Group a number of revisions to the draft document were made, to achieve this final version. The 2015 Curriculum aims to encompass all relevant areas whilst acknowledging the need to be sufficiently concise to be a useful, working document for Foundation Dentists and their Educational Supervisors.

Following a national consultation exercise involving stakeholders from across the UK, 77 responses were received (24 on behalf of organisation). The report can be read via the COPDEND website www.copdend.org
How to Use this Document

This curriculum document contains three sections, describing the syllabus, competency framework and assessment process for DFT. An overview of these elements is described below, with further details in the relevant section.

Definitions

- A syllabus is a summary (list) of the topics that will be covered within a training course or programme and this is locally determined.

- The competency framework describes the expected outcomes of the training (upon completion of the programme) in terms of knowledge, skills, attitudes and behaviours expected of those undertaking the training.

- Curriculum is an overarching term that describes everything associated with an education or training programme experience, including the syllabus, teaching methods, assessment and standards (expected outcomes/competencies) and other relevant aspects, for example evaluation.

DFT

DFT is normally a one year period of training which combines experiential learning within General Dental Practice, with a minimum of 30 study days targeting specific areas of the curriculum.

These programmes are organised by Postgraduate Dental Deans within Health Education England, NHS Education for Scotland, the Wales Deanery, Northern Ireland Medical and Dental Training Agency and The Defence Dental Services.

In addition to the experience gained directly through treating patients in practice under supervision, learning also occurs with the support of Dental Foundation Trainers (Educational and Clinical Supervisors) through identification of individual learning needs, reflection, mentoring, tutorials, workplace-based assessments and high quality feedback.

The compulsory study day programme supplements learning in practice via regular small group teaching sessions, guided peer discussion and problem based learning. Structured assignments are set and assessed to ensure that all the curriculum domains can be evidenced.
Competency Framework

The expected learning outcomes for Dental Foundation Training are described within a competency framework. The competencies within the framework describe the areas which all Foundation Dentists are expected to have had experience of, and be competent in, upon completion of DFT.

The competencies within the framework are organised within domains and major competency areas for ease of reference. However, it is important to recognise that DFT is a period of postgraduate training involving the treatment of patients within the general practice workplace. As such, within each single patient encounter (e.g. patient examination, or the provision of treatment) the foundation dentist is likely to experience and demonstrate several of these individual competency statements within the framework, across multiple Domains. Whilst it is necessary to describe specific competencies separately in this document in order to make clear the details of the knowledge, skills and behaviours required, the competency framework does not represent a prescribed list of areas to be assessed separately, via a ‘tick box’ approach (see next page). The focus of assessment is rather in the context of the delivery of holistic patient care.

it is important to recognise that DFT is a period of postgraduate training involving the treatment of patients within the general dental practice workplace.
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. The assessment process needs to support foundation dentists throughout their training in order to identify their strengths and areas needing improvement, whilst being sufficiently robust to identify (upon completion of DFT) those who cannot demonstrate the standards of competence required for independent practice, thus protecting patients.

As indicated on the previous page, it is neither feasible nor appropriate to assess every competency within the framework separately, adopting a ‘tick box’ approach. Whilst competencies need to be written down separately in order to convey the detail expected, Foundation Dentists are demonstrating several of these areas at the same time during a single patient encounter. In order to be valid, the assessment of DFT will be at the level of ‘whole’ performance, rather than attempting to dissect practice into separate parts that would not reflect an authentic care approach in a primary care setting.

It is recognised that each foundation dentist begins DFT with their own individual strengths, weaknesses and levels of prior experience with respect to practice. Whilst the validity of assessment will require that the cases assessed within the workplace are representative of all major areas of the competency framework, a prescribed ‘list’ of areas for assessment is not provided.

Essentially, competence is ensured through appropriate sampling of assessment across the domains and major competencies within the competency framework.

A range of evidence will be collected throughout DFT, providing regular valuable feedback that can be used to inform professional development during the training, and upon which a final (summative) judgement can be made upon completion of the programme. As such, we envisage that in terms of the assessment of DFT, “The whole is greater than the sum of its parts”.
Section I.
DFT Competency Framework

The DFT competency framework is organised into four ‘Domains’ of competency, each of which contain a number of ‘Major Competency’ areas within which the individual competency statements are described. An overview of the Domains and Major Competencies within the DFT Competency Framework is shown in this section.
## Framework Overview

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Patient examination & diagnosis

The Foundation Dentist can demonstrate to an appropriate standard the ability to:

1. Obtain, interpret and record an accurate history that incorporates appropriate dental, medical (including medication history and allergies), social, demographical, cultural, nutritional, psychological and genetic factors.

2. Perform a comprehensive oral health assessment (or urgent care assessment) of the patient, and identify the symptoms, principal complaint and any relevant history.

3. Perform a comprehensive extra-oral and intra-oral examination that is suitable for the clothed patient, and record the findings accurately through communication with a supporting healthcare professional.

4. Assess skeletal, dental and occlusal relationships in the primary, mixed and permanent dentition accurately, and identify conditions which may require treatment or referral onwards.

5. Assess hard and soft tissue developmental abnormalities and diagnose conditions which may require investigation, treatment or onward referral.

6. Assess the patients’ standard of oral hygiene accurately and use relevant information such as dental attendance pattern, ability, motivation and commitment to promote its improvement.

7. Distinguish between mucosal, gingival and periodontal health and disease, and identify conditions which may require investigation, treatment or onward referral.

8. Identify the location, extent and activity of tooth surface loss and caries, and plan for appropriate management at all levels of complexity appropriate to their own competence and resources available.

9. Distinguish between pulpal health and disease, and identify conditions which may require treatment or onward referral.

10. Prescribe an appropriate and risk assessed radiographic imaging examination that meets the diagnostic needs of the patient in line with current national guidance.

11. Perform an accurate radiographic examination and expose, process, assess, report and store the radiograph correctly in line with current national guidance.

12. Generate a differential diagnosis and treatment / management plan based on evidence from an oral health assessment / urgent care assessment and risk screening, through the correct interpretation of clinical findings.


14. Evaluate and manage patients’ treatment expectations, identify the degree to which they can be met and discuss the different options.
The Foundation Dentist can demonstrate to an appropriate standard the ability to:

15. Keep clinical records (conventional and/or electronic) in line with current national guidance.

16. Perform an accurate assessment of the patient to enable the early diagnosis of potentially malignant oral diseases and/or orofacial neoplastic change, and be knowledgeable about referral protocols (including local arrangements) taking into account the degree of urgency.

The Foundation Dentist can describe in appropriate detail:

17. The signs of abuse or neglect in vulnerable groups and the local procedures that should be followed when reporting such circumstances.

18. The signs and symptoms of periodontal diseases, and identify conditions which may require treatment or onward referral.

19. The clinical features associated with oral mucosal diseases, and identify conditions which may require treatment or onward referral (including urgent referrals for suspected head and neck cancer).

20. The spectrum of patient behaviour which may contribute to orofacial problems, or their ability to cooperate with care or treatment plans, and identify conditions which require prevention or management.

21. The risk assessment required prior to referral for sedation or general anaesthesia.

22. Knowledge and understanding of the principles of (and where appropriate, perform) a basic clinical examination, including blood pressure, pulse, respiration and temperature.

23. Knowledge of (and where appropriate, perform) diagnostic procedures, including biopsy.
Treatment Planning & Patient Management

The Foundation Dentist can demonstrate to an appropriate standard the ability to:

1. Present to the patient (and check their understanding of) the findings resulting from the history and examination, including clinical and radiographic results, differential diagnoses, treatment options, prognoses, sequenced treatment plan and individualised recall intervals based on risk assessment in a manner that they can understand.

2. Develop and discuss with the patient (or carer) in a manner they can understand, a comprehensive and accurate written care or treatment plan where options are based on the individual needs of the patient.

3. Formulate individualised, written care or treatment plans for patients according to their individual circumstances, medical history, needs and selected treatment options.

4. Discuss with the patient or carer (in a manner they can understand) their responsibilities associated with the treatment plan, including preventive education, time requirements for treatment, fees and payment methods.

5. Obtain valid informed consent from the patient / parent / guardian before starting treatment, explaining all relevant options and costs in a manner they can understand, and ensure the patients’ consent remains valid at all stages of the treatment.

The Foundation Dentist:

6. Knows which items of treatment fall within NHS primary dental care regulations* and any which do not, and can discuss the consequences of this with the patient in a manner he or she can understand. *relevant to the country of training (and that these may differ)

7. Is able to manage effectively and professionally any situations where the patients’ wishes and the recommendations of the dentist differ, and properly document the conversation and outcome.

8. Communicates with other professionals when appropriate in order to obtain additional information and / or treatment for the patient. The foundation dentist can demonstrate the ability to refer patients for specialised treatment or advice in a manner that causes the least anxiety for the patient.

9. Demonstrates appropriate management of the patient following discharge from specialised care.

10. Monitors therapeutic outcomes and ensures that appropriate follow-up care is arranged. Recognises changes in the clinical picture and reviews diagnoses and management plans regularly.

11. Encourages patients to ask questions about their treatment options or treatment plan.

12. Is able to present to the patient a complete range of treatment options, explaining risks, benefits and costs.
Health Promotion & Disease Prevention

The Foundation Dentist can demonstrate to an appropriate standard the ability to:

1. Recognise opportunities for and provide patients / parents / carers with comprehensive, accurate and evidence-based preventive education and instruction in self-care methods tailored to the individual needs of the patient.

2. Perform preventive and restorative treatment procedures that will conserve the tooth structure, prevent hard and soft tissue disease and promote hard and soft tissue health.

3. Identify habits that are detrimental to oral health and provide patients with an effective strategy for their control.

The Foundation Dentist can demonstrate:


5. Knowledge and understanding of prevention of dental disease in practice populations and the wider community, including preventive programmes and water fluoridation.

6. Knowledge, understanding and the application of techniques to support behaviour change and improvements in general and oral health, in the context of the role of general dental practice.

The Foundation Dentist can:

7. Provide preventive education for patients and carers in a manner they can understand, and which encourages self-care and motivation, and check their understanding of their individual care plan.

8. Describe in appropriate detail the health risks of substances detrimental to oral and general health, and provide the patient with appropriate advice to adopt a healthy lifestyle, recording both the advice provided and risks in the clinical notes.

9. Provide health promotion advice within the contexts of diverse social and educational norms.

10. Demonstrate an understanding of safe, effective and legal prescribing and monitoring, including appropriate use of the British National Formulary and other national guidance, and antimicrobial stewardship.
The Foundation Dentist can demonstrate to an appropriate standard the ability to:

1. Perform an urgent care assessment of the patient when required. Identify medical and dental emergencies which are beyond his or her scope of management, (including oral infections and sepsis), and refer with an appropriate degree of urgency.

2. Recognise, manage, (and where required, provide) basic and immediate life support for medical emergencies, in line with guidelines from the UK Resuscitation Council.

3. Diagnose and effectively manage common dental emergencies (and pain), including those resulting from treatment complications or failures, infection, allergic response or trauma (including avulsed teeth).

4. Identify, prescribe and administer (where appropriate) pharmacological agents correctly for the management of medical emergencies.

5. Manage and facilitate a team approach to medical emergencies in the primary care dental setting.

6. Apply local protocols to minimise risk and deal with medical emergencies in the primary dental care setting.

The Foundation Dentist can demonstrate:

7. Knowledge of potential drug interactions and side-effects (including prevention thereof), and manage situations appropriately when they occur.

8. Knowledge of the requirements and procedures involved in selection and maintenance of an emergency drug supply.
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**Anaesthesia, Sedation, Pain & Anxiety Control**

**CLINICAL DOMAIN**

5

The Foundation Dentist can demonstrate to an appropriate standard the ability to:

1. Use local analgesia techniques for clinical dentistry as appropriate to ensure adequate pain control for patients.

2. Select and prescribe appropriate medication for the relief of pain and anxiety in a safe and effective manner with appropriate risk assessment.

3. Use suitable behavioural, psychological and interpersonal techniques for the relief of fear and anxiety.

The Foundation Dentist can describe in appropriate detail:

4. The limitations, risks and benefits of using general anaesthesia and sedation, and explain the options and choices to patients including appropriate referral where necessary.
**CLINICAL DOMAIN**

## Periodontal Therapy & Management

The Foundation Dentist can demonstrate to an appropriate standard the ability to:

1. Evaluate the periodontal tissues and provide a differential diagnosis of the patient's periodontal condition.

2. Measure and record periodontal indices accurately, according to current national guidelines.

3. Integrate periodontal findings into the patient's comprehensive treatment plan and understand how the periodontal status of the patient will impact upon his/her treatment plan.

4. Communicate, motivate and support behavioural change in patients in order to achieve effective self-management of the periodontal condition.

5. Establish a prognosis for periodontally involved teeth and inform the patient of this.

6. Prescribe, deliver and monitor the use of local and systemic antimicrobial agents where appropriate to aid the treatment of periodontal diseases.

7. Assess the requirement for and provide oral hygiene advice, scaling and mechanical root debridement.

8. Evaluate the results of periodontal treatment and establish and monitor a suitable recall maintenance programme for patients.

9. Assess the requirement for specialised advice and refer the patient appropriately.

The Foundation Dentist:

10. Can demonstrate understanding of the aetiology of periodontal disease, and is able to explain this to patients.

11. Can describe the role of dental care professionals (DCP) in periodontal therapy and is able to work with DCPs in the management of the patients condition, and prescribe treatment where appropriate.

12. Can describe the conservative management of gingival recession.
The Foundation Dentist can demonstrate to an appropriate standard the:

1. Extraction of primary and permanent erupted teeth, including erupted uncomplicated third molars, and the appropriate diagnosis and management of any common complications, e.g. haemorrhage.

2. Effective management, including extraction where appropriate, of buried roots (whether fractured during extraction or retained root fragments), unerupted, impacted, ectopic and supernumary teeth.

3. Effective management of patients with relevant medical conditions including bleeding disorders, and medications e.g. all oral anti-coagulants and bisphosphonates.

4. Ability to carry out an accurate pre- and post-operative assessment of the patient and give appropriate advice on self-management.

5. Referral of patients requiring complex treatment, sedation or general anaesthesia, or surgical treatment of hard and soft tissue lesions.

The Foundation Dentist:

6. Provides preventive and supportive care for patients with implants, and can describe the basic principles and techniques involved in the surgical placement of dental implants.
The Foundation Dentist can demonstrate to an appropriate standard the ability to:

1. Diagnose and treat localised odontogenic infections; diagnose, treat and refer post-operative surgical complications; and diagnose and refer major odontogenic infections with the appropriate degree of urgency.

2. Understand and assist in the investigation, diagnosis and effective management of oral mucosal diseases, including the early referral of patients with possible pre-malignant or malignant lesions.

3. Describe the pathology and clinical significance of neoplastic and non-neoplastic disease of the head and neck.

4. Describe disorders in patients with craniofacial pain including the initial management of temporomandibular disorders, and refer more complex cases that require specialised management.

5. Assess the need for, prescribe and where appropriate administer pharmacotherapeutic agents in the safe treatment of all dental patients.

6. Optimise prescribing of antimicrobials through up to date knowledge and understanding of antimicrobial resistance and guidance of antibiotic usage.

7. Practise pharmaco-vigilence during the care of patients and report adverse drug interactions, effects and errors appropriately.
Management of the Developing Dentition

The Foundation Dentist can demonstrate to an appropriate standard the ability to:

1. Diagnose, assess and treat malocclusions and refer those that require specialised advice and/or management.

2. Assess occlusion and diagnose malocclusion or disturbances of the developing dentition for the purpose of carrying out interceptive treatment or onward referral at the appropriate developmental stage.

3. Recognise detrimental oral habits and occlusal trauma and where appropriate manage or refer.

4. Recognise and manage problems related to orthodontic treatment, relieve trauma and discomfort related to orthodontic appliances and arrange emergency repairs when required.

5. Use orthodontic indices.

The Foundation Dentist can demonstrate appropriate knowledge and understanding of:

6. How to formulate a treatment plan and implement a plan to provide space maintenance when required.

7. Facial growth and dental development (and the ability to monitor these), recognise abnormalities as they appear, and refer appropriately.
The Foundation Dentist can demonstrate to an appropriate standard the ability to:

1. Assess patients to evaluate their risk factors for caries, and formulate and implement a suitable preventive strategy.

2. Evaluate the restorative prognosis for individual teeth and relate this to the overall treatment plan and patient’s aims and expectations.

3. Remove carious tooth structure in preparation for restoration, using techniques which minimise unnecessary tooth damage and pulpal injury.

4. Prescribe and monitor the use of chemotherapeutic agents in order to assist in the prevention and management of dental caries.

5. Restore carious teeth to form, function and appearance using a wide range of restorative materials.

6. Perform non-surgical root canal treatment and re-treatment on single and multirooted teeth with mild curvature of the canal, and understand when referral is appropriate.

7. Recognise and manage dental trauma in the emergency situation, including the re-implantation of avulsed teeth, and then arrange follow-up & subsequent management.

8. Restore teeth to maintain predictability of the existing occlusion to form, function and appearance using indirect restorations, and refer as appropriate.

9. Use a range of materials and techniques in the application of appropriate indirect restorations, with appropriate consideration of occlusal articulators.

10. Restore primary teeth including any necessary pulpal therapy, using appropriate restorative materials and full coverage techniques relevant to the deciduous dentition.

The Foundation Dentist:

11. Can isolate the tooth from saliva and is competent in the use of the rubber dam.

12. Can demonstrate modern restorative concepts around minimally invasive techniques.
Replacement of Teeth

The Foundation Dentist can demonstrate to an appropriate standard the ability to:

1. Obtain and interpret diagnostic casts, take radiographs and gather other relevant data in formulating a diagnosis, prognosis and treatment plan for patients requiring prosthodontic treatment.

2. Evaluate, select and prepare teeth, and evaluate residual ridges, to support and retain fixed and removable prostheses.

3. Provide biomechanically sound fixed or removable prostheses.

4. Diagnose, plan, design, deliver and maintain removable partial and complete dentures.

5. Prescribe to, and communicate with, the dental laboratory accurately, and ensure the completed work is fit for purpose.

The Foundation Dentist:

11. Knowledge of current national guidelines relating to the provision of dental implants and local arrangements for NHS provision.
Communication with Patients, Carers & the Public

The Foundation Dentist can demonstrate to an appropriate standard the ability to:

1. Increase patients’ awareness and understanding of treatment options and procedures by careful explanation and the use of effective communication skills.

2. Inspire confidence in patients (from all age groups and situations) and build rapport through the use of effective interpersonal and communication skills.

3. Present questions and information to the patient (or carer) in a clear, concise and understandable manner.

4. Refer patients from different age groups or situations for care or treatment, giving clear information about choices, in a sensitive manner that causes the least anxiety possible.

5. Communicate effectively with patients, relatives and carers in a manner which respects the patient’s privacy, dignity, confidentiality and self-image.

6. Select and compose suitable written communications (electronic and paper-based) which are appropriate for the patient and/or carer in different clinical scenarios.

7. Address challenging communication situations including the effective management of anxiety, anger, confusion or misunderstanding of patients, and offer support to patients where they may need help in making decisions.

The Foundation Dentist can demonstrate to an appropriate standard the:

8. Effective management of all patients through the use of suitable interpersonal and behavioural skills, including those with anxiety or other special needs.

The Foundation Dentist:

9. Provides appropriate, relevant and up to date preventive education to individual patients in a manner that inspires motivation for change.

10. Can identify patients (or carers) with special communication needs and is able to make arrangements to meet these requirements effectively, e.g. use of interpreter, sign language, induction loop etc.

11. Listens effectively and is responsive to non-verbal cues.
**COMMUNICATION DOMAIN**

Communication with Clinical Team & Peers

The Foundation Dentist can demonstrate to an appropriate standard the ability to:

1. Work effectively with colleagues as part of a team, in accordance with current GDC standards.

2. Interact effectively with members of the clinical team and peers, understanding the scope of practice of DCPs and the value they bring to patient care.

3. Prescribe (verbally and in writing) to the dental healthcare team, and deal with problems arising in connection with work delegated / prescribed to and performed by other professionals.

   **The Foundation Dentist:**

4. Provides treatment for patients from all age groups and situations in an organised and efficient manner through appropriate interaction with other members of the clinical team.

5. Communicates with all members of the clinical team and peers in an appropriate manner, which inspires confidence, motivation and teamwork.

6. Is able to interact with all members of the clinical team and peers with due regard to practice policies, rules and regulations, health and safety procedures and appropriate clinical techniques.

7. Recognises the need for and can organise, contribute to and facilitate team events.
Communication with Other Professionals

The Foundation Dentist can demonstrate to an appropriate standard the ability to:

1. Communicate effectively with other professionals (individually and in groups) both verbally and in writing.

2. Present professional knowledge effectively to a wide range of lay and professional individuals.

3. Communicate effectively (verbally and in writing) with referral bodies, and seek advice when necessary.

4. Discuss professional matters in an appropriate manner.

The Foundation Dentist:

5. Is able to explain the advantages of association with professional bodies and peer groups.
The Foundation Dentist can demonstrate to an appropriate standard:

1. Knowledge of the application of the principles of current GDC publications on standards for dental professionals, that provide guidance to dentists on professional and personal conduct, and can describe the implications of failing to adhere to GDC Standards and legislation.

2. Knowledge of the application of the principles of ethical behaviour relevant to dentistry, including honesty, confidentiality, personal and professional integrity and appropriate moral values.

3. A professional approach to patients’ complaints in accordance with current GDC and NHS standards, and accepts responsibility for his/her actions where appropriate.

The Foundation Dentist:

4. Respects and values equality and diversity and interacts with patients, carers, staff, peers and the general public without discrimination.

5. Is able to explain in appropriate detail the actions available to be taken (including raising concerns and whistleblowing), with regard to those colleagues who may be underperforming, behaving unethically, or posing a risk to patient safety, and / or incidents of patient harm.

6. Can demonstrate appropriate interpersonal skills in dealing with patients or colleagues exhibiting challenging or inappropriate behaviour.

7. Adheres to appropriate guidelines, and has knowledge of relevant standards and recommendations.

8. Understands their responsibility with regard to maintaining confidentiality in accordance with current GDC standards and legislation.
### Professionalism Domain

Professionalism with Patients, Carers & the Public

The Foundation Dentist:

1. Provides high quality, compassionate care for all patients, and always puts patients' safety first.

2. Demonstrates effective and ethical decision making.

3. Provides treatment for all patients with courtesy and respect, provides treatment options that are sensitive to the needs of the patient, and recognises the patients' right to choose.

4. Maintains honesty and confidentiality with all patients.

5. Interacts with patients and carers without discrimination.

6. Maintains the confidentiality and security of patient information, with respect to contemporary legislation and current GDC standards.

7. Regularly reviews and reflects on the outcomes of treatment provided in an effort to assure the highest standards of patient care, and can describe the importance of clinical audit and its regular implementation.

8. Provides relevant and appropriate preventive education for each patient or carer in a manner that he/she can understand.

9. Ensures patients (& carers) are provided with comprehensive information about options, choices and costs for treatment, both in practice literature and websites.

10. Always puts patients' interests before their own, or those of any colleague, business or organisation.

11. Does not express personal, political, religious or moral beliefs when working in relation to patient care.
The Foundation Dentist can demonstrate to an appropriate standard:

1. A thorough understanding of the professional roles and responsibilities of dentists and DCPs within and outside the NHS, including permitted scope of practice, and rules regarding patients’ direct access to treatment provided by DCPs in accordance with current GDC standards.

2. A commitment to Continuing Professional Development (CPD) through the regular completion (and subsequent recording) of CPD activities which update and improve knowledge and skills, and the incorporation of these skills into everyday practice.

3. The ability (and commitment) to self-assess and reflect upon his/her own professional knowledge, skills, capabilities and limitations in order to provide the highest standards of patient care, demonstrating insight into his/her own strengths, weaknesses and development needs, and only accepts delegated / referred tasks if he / she has the capacity and is competent to do so.

4. The ability to critically evaluate new techniques and technologies.

5. The ability to critically evaluate published research and integrate this information to improve the quality of care for the patient.

6. The ability to recognise, integrate and reflect on learning opportunities within the workplace.

7. Knowledge of the requirements to have appropriate support from a trained member of the dental team when treating patients.

8. Knowledge and understanding of the principles involved in clinical audit and peer review, and participates in such activities.

9. Knowledge and understanding of the value of appraisal, and engages in this process.

The Foundation Dentist:

10. Understands the importance of not practising whilst impaired by alcohol, other drugs, medication, legal or illegal substances, illness or injury and can describe the dangers associated with these situations, and knows how to seek help for self and others.

11. Protects patients and colleagues from risks posed by suboptimal health, conduct or performance, and does not rely solely upon their own assessment of such risks.
### PROFESSIONALISM DOMAIN

**Professionalism with Clinical Team & Peers**

**The Foundation Dentist:**

1. Is able to explain in appropriate detail the actions available to be taken with regard to perceived incompetence, impairment or unethical behaviour from colleagues.

2. Interacts with patients, colleagues, team members and peers without discrimination.

3. Is respectful and co-operative with colleagues, staff and peers, and can demonstrate a commitment to the maintenance of high levels of professionalism, training and safety for staff.

4. Understands the scope of practice of DCP groups and how to utilise their skills effectively (including referral and prescribing) to enhance patient care.

5. Understands the dynamics of multi-professional working and how these can contribute to the delivery of quality patient care.
### MANAGEMENT AND LEADERSHIP DOMAIN

#### Personal and Practice Organisation & Management

The Foundation Dentist can demonstrate to an appropriate standard:

1. The efficient management of time and resources on a daily basis.

2. An understanding of the day to day running of a general practice, and any other areas of clinical practice relevant to their training, and where to find managerial assistance where necessary.

3. An understanding of different professional working and contractual agreements, and dental career pathways.

4. The full, accurate and secure maintenance of patients’ information and records, in accordance with current GDC standards.

5. An understanding of the considerations to be made during the selection, care and maintenance of equipment for dental practice, including the appropriate procedures to be implemented with regard to the safety of reusable devices.

6. An understanding of the principles of staff recruitment and employment legislation, including interview techniques, job descriptions, contracts, equal opportunities, grievance and disciplinary matters.

7. An understanding of the requirements for and processes involved in risk assessment within the workplace and resultant action.

8. The prioritisation of professional duties effectively and appropriately when faced with multiple tasks and responsibilities.

9. The effective use and understanding of relevant IT systems in practice, including those used for risk screening.

10. The reporting and analysis of incidents and near misses, and the development of strategies (e.g. significant event analysis) to reduce or eliminate the risk of reoccurrence.

11. The use of research data and evidence-based knowledge in his/her approach to clinical practice.

Continues on the next page
12. Dental care pathways and current contractual models.

13. The procedures for local and national, serious and critical incident reporting systems.

14. The considerations required to ensure that material used for advertising, promotion or information (including the use of social media) is accurate, and complies with the GDC’s current guidance on ethical advertising.

The Foundation Dentist can describe in appropriate detail:

15. Ensures patients have the details they need to be able to contact the dentist / practice, and have clear information regarding arrangements for emergency care (including out of hours treatment).
<table>
<thead>
<tr>
<th>The Foundation Dentist:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Takes appropriate responsibility for health and safety issues, including those relating to patients, oneself and practice staff. The foundation dentist has up to date knowledge and understanding of infection control procedures and is competent in the implementation of these in daily practice.</td>
</tr>
<tr>
<td><strong>2.</strong> Can assess the quality and describe in appropriate detail the safety issues in relation to dental radiography with regard to current guidelines and regulations.</td>
</tr>
<tr>
<td><strong>3.</strong> Has up to date knowledge and understanding of discrimination and equality legislation, and how this applies in a practice setting.</td>
</tr>
<tr>
<td><strong>4.</strong> Can describe in appropriate detail the principles of obtaining valid consent for patients of all ages and capacities.</td>
</tr>
<tr>
<td><strong>5.</strong> Can demonstrate appropriate knowledge and understanding of regulation and legislation that impacts on dentistry and dental practices.</td>
</tr>
</tbody>
</table>

**The Foundation Dentist can demonstrate to an appropriate standard, understanding of:**

| **6.** The legal issues and practical implications relating to health and safety and infection control, and where to get additional information if necessary. |
| **7.** The legal and ethical obligations of a dental practitioner and other members of the dental team, and the definition of fitness to practise according to the GDC. |
| **8.** Information Governance, Data Protection and Freedom of Information legislation, and the implications of non-compliance. |
| **9.** The structure, principles, rules and regulations associated with working as a dentist within the NHS. |
| **10.** Avoidance and management of complaints in accordance with current GDC standards, and how/when to seek the advice of a professional indemnity organisation. |
| **11.** The requirement for membership of a professional indemnity organisation in accordance with current GDC standards. |
| **12.** Legislation and regulations in relation to the provision / manufacture of custom made appliances. |
The Foundation Dentist can demonstrate to an appropriate standard, understanding of:

1. The charging structure relating to treatment provided for patients in general practice and other relevant clinical environments, including NHS dentistry, private fee per item and capitation schemes.

2. The financial management of a general dental practice and other relevant clinical environments.

3. The application of different remuneration systems for dental services.

4. UK Taxation, as it relates to employed and self-employed dentists.

5. The NHS Superannuation Pension scheme and UK requirements.

6. Contracts and agreements, as they relate to salaried and self-employed (associate dentists).
Clinical Leadership

The Foundation Dentist:

1. Demonstrates effective leadership within the healthcare team, where appropriate, including the support of all team members.

2. Takes account of quality assurance, quality improvement and patient safety, and develops, implements and evaluates strategies to improve quality.

3. Understands the principles of adult learning, and facilitates the learning of patients, families, carers, colleagues and the public as appropriate.

4. Understands the value of mentoring and being a positive role model for other members of the healthcare team.

5. Understands how to act in the interests of patients who have been subjected to clinical harm or errors and how to obtain appropriate advice and support.

The Foundation Dentist can demonstrate to an appropriate standard the ability to:

6. Select, implement and evaluate strategies to facilitate effective learning.

7. Accept and provide effective feedback in a manner that motivates and encourages learning.

8. Present effectively to colleagues ensuring understanding and meeting the expectations of the audience.

9. Demonstrate clinical skills and competencies to other colleagues in an effective manner.
Section II.
Assessment of Completion of Dental Foundation Training

A detailed description of the assessment process for dental foundation training is provided in the “Blue Guide” to Dental Foundation Training, which can be found at www.copdend.org

The following assessment tools and methods and evidence of performance will be used within the Dental Foundation Training programme to assess progress and by Review of Competence Progression (RCP) Panels in England, Wales and Northern Ireland when determining whether or not Satisfactory Completion of the programme has been demonstrated. Assessment requirements for Scotland are determined by NHS Education for Scotland (NES).

Early Stage Review

- A report of a number of activities and assessments is to be completed by the end of the second month of Dental Foundation Training.
- A practice induction is to be completed within the first two weeks of starting Dental Foundation Training.
- The induction checklist in the e-portfolio is to be used to record completion.
- The record of pre-foundation clinical experience by the foundation dentist is to be completed in the e-portfolio
- Two Direct Observations of Procedural Skills (DOPs) carried out by the Educational Supervisor are to be completed within the first four weeks of training (ideally sooner). These are to include:
  - A new patient examination (focussing on communication skills)
  - A simple restoration (focussing on clinical skills)
- Weekly review meetings are to be held between the Foundation Dentist and the TPD and recorded in the e-Portfolio
- Foundation Dentist and Educational Supervisor reports are to be completed by end of Month 2
Workplace Based Assessments (WPBA).

A Dental Evaluation of Performance Tool (ADEPT)

- Eighteen ADEPTs are to be completed by the end of the ninth month of Dental Foundation Training.
- All 11 major clinical competencies should be assessed at least once by the Educational Supervisor or another appropriately trained dentist.
- ADEPTs with scores lower than 3 (standard expected at the end of Dental Foundation Training) in an individual element or elements will highlight a learning need or needs. These should be recorded and addressed. This may include a further relevant ADEPT, if necessary.
- At least one ADEPT should be carried out by an assessor (Training Programme Director or Educational Supervisor) other than the Foundation Dentist’s Educational Supervisor(s).
- A minimum of 8 ADEPTs to be completed by Interim RCP Stage.
- A minimum of 18 ADEPTs to be completed by Final RCP Stage 1.

Case-based Discussion (CbD)

- Ten CbDs are to be completed by end of the ninth month of Dental Foundation Training.
- A minimum of 3 are to be completed by Interim RCP Stage.
- One CbD to be formally presented and assessed by an assessor (Training Programme Director or Educational Supervisor or other trained Assessor other than the Foundation Dentist’s Educational Supervisor(s) at a Study Day.

Multi-Source Feedback (MSF)

- Completed in the fourth month of Dental Foundation Training.
- A minimum of eight completed and submitted forms are required.
- This must include feedback from the Educational Supervisor(s), Foundation Dentist’s Dental Nurse and a Practice Receptionist.
- This will be repeated in the eighth or ninth month if required by the Interim RCP Panel.

Patient Satisfaction Questionnaire (PSQ)

- A standard PSQ is to be completed in the fourth month of Dental Foundation Training.
- A minimum of 20 completed and submitted forms are required with a report and reflective summary to be uploaded to the e-Portfolio.
- This will be repeated in the eighth or ninth month if required by the Interim RCP Panel.
Evidence of practice based activity

Tutorial Programme

- All Tutorials provided by Educational Supervisors and others as required by the Postgraduate Dental Dean are to be recorded and evaluated via a reflective log on the e-Portfolio
- Normally 40 Tutorials should be carried out in a 12 month period (there may be local variations)

Clinical Audits

- A minimum of two audit cycles are to be completed by the end of the ninth month of Dental Foundation Training
- Audit topics and timings are set by individual Postgraduate Dental Deans

Patient Record Review

- Completed during the third month of Dental Foundation Training
- 10 clinical records are to be reviewed by the Foundation Dentist and the outcome and action plan to be documented in the e-Portfolio
- A minimum of 3 clinical records are to be reviewed by Educational Supervisor and the outcome and action plan to be documented on the e-Portfolio.

Reflective Clinical Log

- Minimum of eight to be completed by end of the second month of Dental Foundation Training
- Minimum of one to be completed monthly (on average) between the third and twelfth month of training.
Clinical Activity Records

Clinical procedures

- Clinical Activity should be recorded in the areas set out in the relevant Dental Foundation Training e-Portfolio.

- Requirements for recorded treatment activity includes specific clinical procedures. Ranges and targets will be specified by individual Postgraduate Dental Deans for:
  - Crowns, inlays, onlays and veneers
  - Bridges
  - Acrylic prostheses
  - Cobalt-Chrome prostheses
  - Single-rooted endodontic cases (incisors and/or canines)
  - Multi-rooted endodontic cases (molars and/or premolars)
  - Surgical extractions

Performed Units of Dental Activity (UDAs) 
England and Wales only

Self reported UDAs

- Foundation Dentists should complete in the region of 1875 (in England) or 1820 (in Wales) recorded UDAs across all Bands during the first 12 months (or the equivalent in NHS Contract prototypes in England).

- Sufficient numbers and types of clinical activity should be completed to demonstrate adequate preparation for NHS dental practice.

- The numbers of UDAs performed each month should be recorded by the Foundation Dentist in the e-Portfolio.

NHS Business Services Authority (NHSBSA) Data

- Training practices receive monthly schedules from NHSBSA that include details of the number of UDAs submitted to them that were performed by individual dentists. These reports are generated some months after the activity has been performed.

- Reports of a Foundation Dentist’s activity are to be uploaded on to the e-Portfolio each month by the Foundation Dentist following receipt of the first relevant NHSBSA report by the practice.
Evidence of competence in Professionalism and Management & Leadership Domains

- Required evidence submitted by Foundation Dentist by end of the ninth month
  See matrix in the Dental Foundation Training “Blue Guide” for assessment evidence options

Study Day Attendance

- All required Study Days (or approved alternatives) must be attended and evaluated reflectively
-normally a minimum of 30 Study Days must be attended in a 12 month period (may be local variation)

TPD Structured Report

- Submitted at the end of the fifth and ninth months for Interim and Final RCP Panels respectively

Foundation Dentist Surveys

- The Joint Committee for Postgraduate Training in Dentistry (JCPTD) National Foundation Dentist survey, and any local survey (where available) is to be completed by the end of twelve months. Individual Postgraduate Dental Deans may specify which survey(s) are to be completed and it is strongly recommended that all Foundation Dentists should take part in the national survey.

- Evidence of completion and submission of the survey is to be uploaded into the e-Portfolio. Whilst the content of the survey response does not form part of the formal assessment of progress of the trainees, it is considered to be a professional responsibility of a Foundation Dentist to contribute to national and regional quality assurance processes.
The following elements of Dental Foundation Training will also be taken into account by RCP Panels in reaching their Outcome recommendations:

**Absence from the programme (including annual leave, sickness and other leave)**
Reporting required in the DFT e-Portfolio and in Educational Supervisors’ Structured Reports

**Complaints and their management**
Reporting required in the DFT e-Portfolio and in Educational Supervisors’ Structured Reports

**Educational Supervisor Structured Reports**
Submitted at the end of the fifth and ninth months for Interim and Final RCP Panels respectively

**Record of Competence Progression (RCP) Panel Reports**
Completed in the sixth month by Interim RCP Panels and in the tenth month by Final RCP Panels

**Significant Events involving a Foundation Dentist**
Reporting is required in the DFT e-Portfolio and in Educational Supervisors’ Structured Reports
It is essential that all reportable incidents are documented and reflective accounts are recorded.
Section III.
Assessment of DFT

Early Stage Review (ESR)

Achieving Progress (Outcome 1)

Interim Review of Competence Progression (Interim RCP)

Further development required (Outcome 2)

Insufficient evidence (Outcome 5)

Final Review of Competence Progression (Final RCP) (Stage 1 Panel)

Further consideration required (Outcome 7)

Final Review of Competence Progression (Final RCP) (Stage 2 Panel)

Insufficient evidence (Outcome 5)

Competencies achieved satisfactorily (Outcome 6)

DFT Certificate and Number issued

Additional training time required (Outcome 3)

Training programme extended

Insufficient evidence (Outcome 5)

Termination of training (Outcome 4)

FD leaves programme

Decision appealed

Appeal rejected

Appeal upheld

Decision appealed

Appeal rejected

Appeal upheld

*NB
Extended programmes reviewed through additional Final RCP Stage 2 process
No extension possible after two year in DFT
Reference Documents and Links


NHS Performers List Regulations (& UK equivalents):

- The National Health Service (Performers Lists) (Wales) (Amendment) Regulations 2006.
- The National Health Service (Primary Medical Services Performers Lists) (Scotland) Amendment Regulations 2011.
- The National Health Service (Performers Lists) Amendment Regulations 2010.
- The Health and Personal Social Services (Primary Medical Services Performers Lists) (Amendment) Regulations (Northern Ireland) 2010.

Department of Health: [Draft] Advanced Care Pathway Documents.

Department of Health Document: Dental Contract Reform Pilots (notes to support Advanced Care Pathways).

Care Quality Commission: Standards for Dentists.


Guidelines for Periodontal screening and Management of Children and Adolescents under 18 years of age – British Society of Periodontology (2012)

Antimicrobial prescribing for general dental practitioners FGDP (UK) May (2012);
http://www.bsperio.org.uk
UK Dental Foundation Training
Steering Group Membership 2015

Helen Falcon (Chair)
Chair of COPDEND, Postgraduate Dental Dean Health Education Thames Valley and Wessex

Barry Cockroft
Chief Dental Officer (England) until June 2015

Sara Hurley
Chief Dental Officer (England) from July 2015

Margie Taylor
Chief Dental Officer Scotland

David Thomas
Chief Dental Officer Wales

Malcolm Smith
Postgraduate Dental Dean, Health Education North East

Brian Grieveson
Postgraduate Dental Dean, Health Education North West (Mersey)

David Felix
Postgraduate Dental Dean, NHS Education for Scotland (for Margie Taylor, Chief Dental Officer Scotland)

Simon Reid
Chief Dental Officer (Northern Ireland)

Derek Sprague
DFT Board, Dental Health Education England Advisory Group, & National Directors of Education & Quality

Jane Pierce
General Dental Council

Callum Youngson
Dental Schools Council & Advisory Board for Foundation Training in Dentistry

Judith Husband
British Dental Association

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Linda Prescott-Clements
Educational Adviser

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Dental Foundation Trainee

Charlotte Carr
Project Manager, Health Education England

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