

Early Years Dental Training Curriculum Statement

FINAL PILOT VERSION

Last updated 30.05.24

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Foreword

[to be added]

Acknowledgements

The development of the Early Years Dental Programme curriculum was led by UK Committee of Postgraduate Dental Deans and Directors (COPDEND) and co-authored by Professors Clare Morris and Tim Swanwick. It builds on stakeholder engagement and preparatory work undertaken by colleagues from the University of Plymouth, Peninsula Dental School.

Introduction

The Early Years Dental Training (EYDT) programme has been created as part of a wider initiative to build a multiprofessional oral health workforce better equipped to respond to the current and future needs of patients and populations. The new two-year programme¹ introduces significant changes to current training pathways, providing dentists in postgraduate training with a greater experience of managing complex care for patients with multimorbidity, frailty or mental health needs, a stronger understanding of the communities they serve, and a deeper appreciation of what it means to work in multiprofessional teams in new and emerging care models and pathways.

EYDT brings together the existing Dental Foundation Training year and first year of Dental Core Training. Dentists in the Early Years Dental Training programme will rotate through supervised general practice, community and secondary care settings, with at least 12 months experience in primary care dental practice. Learning and development in the programme will be supported by an outcomes- and entrustment-based curriculum, integrated with a new e-portfolio.

The new curriculum allows for:

- a choice of a two year, or one year (Foundation-only) training options
- flexible delivery, supporting full and less-than-full time, study
- experience of a diverse range of operational models and contexts
- better support for career development
- opportunities for leadership development and academic training

Completion will also meet the requirements for recognition of Satisfactory Completion of Dental Foundation Training and for entry into the Middle Years programme or the current second year of Dental Core Training.

Building on a number of successful pilot programmes across the country, the EYDT programme will be rolled out in England, Wales and Northern Ireland from Autumn 2024 onwards.

How to read this curriculum

A curriculum statement describes everything associated with an education or training programme experience, it should communicate clearly the purpose of a programme, inform the learner exactly what to expect, advise teachers what they should do and help the institution evaluate their provision.

This curriculum statement has been written with the dentist in Early Years postgraduate training and their educational supervisor in mind. It articulates the learning outcomes that are to be achieved by the end of the Early Years training programme and brings these together in a framework of entrustable professional activities which are to be used to support judgements about progression towards independent practice.

¹ The Early Years Dental Programme also allows dentists in postgraduate training to undertake a shorter (Foundation-only) 12m programme. See Programme Structure.

In the sections that follow, the structure of the programme is described alongside the main teaching and learning activities that will deliver the intended outcomes. The approach to assessment is outlined alongside a description of the tools to be used and how judgements about progression will be made. Finally, the document briefly considers issues of implementation, quality and governance although for further detail on these issues, readers are directed to the Reference Guide for Foundation Dental Training in England, Wales, and Northern Ireland. The 'Blue Guide' (3e).

Programme structure

Early Years Dental Training is a two-year (24 month) programme but has also been designed to accommodate dentists in postgraduate training who wish to undertake a shorter one-year (Foundation-only) version of the programme. In this instance, Early Years dentists must undertake the whole year in a primary care dental practice setting in order to meet the requirements of the National Performers List, the regulatory framework that ensures that medical, dental and ophthalmic practitioners are qualified and competent to provide safe and effective primary care.

The Early Years Dental Training programme draws on placements from a range of settings including primary care dental practice, community and hospital settings, academic departments and Tier 2 specialist practices. Hospital placements may include amongst others: oral surgery, oral pathology, orthodontics, restorative dentistry, oral medicine, paediatrics, special care dentistry, dental emergency, radiology and sedation. There is also the opportunity to link to the private, charitable, volunteer and social care sectors. Dentists undertaking the one year programme will spend the majority of their time in a primary care dental practice, although there may be opportunities for shorter placements in other dental care settings.

There is no fixed model of how placements are to be assembled together, their duration or location. This will vary depending on where a dentist in postgraduate training undertakes their programme. So placements may, for instance, take the form of split weeks across sites, alternate weeks between sites or rotating placements of between 4-12 months. Despite this variation, the programme outcomes and entrustable professional activities described in this curriculum remain the same.

Domains

The learning outcomes of the Early Years Dental Training programme have been organised into four domains. These align with the domains of the previous Foundation curriculum and the generic domains of Dental Core Training. The domains are:

Clinical

Prevention and health promotion, diagnosis and assessment, treatment planning and the safe and effective application of technical skills including medical and dental emergencies.

Communication

Effective communication across a range of media and modalities with patients, peers, colleagues and the public.

Professionalism

Legal, regulatory and ethical frameworks relevant to the profession, expected values and behaviours, person-centred practice and social accountability.

Management and leadership

Working within the frameworks and organisations that support the provision of dental services and leading change and improvement.

Learning outcomes

The curriculum is primarily outcomes based. These high level programme outcomes are accompanied by more detailed descriptions of what each outcome encompasses. It is important to recognise that postgraduate training involves the treatment of patients in the workplace where, within each single encounter, the dentist in training is likely to experience and demonstrate several outcomes across multiple domains. While it is necessary to specify these separately in order to make clear their full extent, they do not represent a prescribed list of areas to be 'ticked off', but rather the building blocks for the broad and coherent areas of dental practice described later on in this document as entrustable professional activities.

Overview of outcomes

Clinical

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

Communication

15. Person-centred practice
16. Informed consent and capacity
17. Challenging communication situations
18. Written communication

Professionalism

19. Ethics and integrity
20. Scope of practice
21. Personal and professional development
22. Scholarship
23. Teaching and learning
24. Interactions with colleagues
25. Social justice and health equity

Management and Leadership

26. Self-management
27. Practice or departmental management
28. Clinical leadership
29. Legislation and regulation
30. Quality improvement
31. Environmental sustainability

Outcome definitions and descriptors

HIGH LEVEL OUTCOME <i>On completion of the Early Years Dental Training programme, the dentist in training:</i>	DESCRIPTORS <i>This includes the ability to:</i>	EVIDENCE
DOMAIN: CLINICAL		
1. Clinical assessment Undertakes a full clinical assessment efficiently and accurately, identifying and assessing the extent and severity of common dental conditions and /or oral disease.	● Obtain an accurate patient history that incorporates appropriate dental, medical, social, demographic, cultural, nutritional, psychological and genetic factors. ● Perform a comprehensive extra- and intra-oral examination that is suitable for the clothed patient, assessing oral hygiene and identifying normal anatomical structures and noting any deviation from these. ● Take into account the impact of varying levels of complexity² including frailty, systemic disease, multi-morbidity, mental well-being, ill health, social issues and safeguarding concerns on the clinical assessment. ● Prescribe, perform and interpret a high quality radiographic imaging examination that meets the diagnostic needs of the patient in line with current national guidance. ● Select, and where appropriate, perform diagnostic tests and procedures, including biopsy, accurately interpreting the results obtained. ● Carry out a pre-operative assessment of the patient, including prior to referral for sedation or general anaesthesia. ● Perform a basic clinical examination, including blood pressure, pulse, respiration and temperature where relevant. ● Use time and resources efficiently.	DOPS mini-CEX CbD

² Dentists in the Early Years programme would not normally be expected to manage clinical complexity beyond that expected by commissioners to be delivered in a primary care NHS contract (Level 1 in England).

	Record assessment findings accurately, maintaining the clinical patient record in line with current national guidance.	
2. Treatment planning Generates and agrees a management plan in partnership with the patient, based on a comprehensive clinical assessment and tailored to their individual needs, preferences and circumstances.	- Develop, together with the patient or carer where relevant, an agreed comprehensive and prioritised management plan based on an accurate oral health assessment taking into account the individual needs and preferences of the patient. - Discuss with the patient or carer their responsibilities associated with the treatment plan, including preventive actions, time requirements, fees and payment methods. - Refer for specialist intervention, following local and national referral protocols, taking into account the degree of urgency. - Identify for the patient which items of treatment fall within national NHS primary dental care regulations and those which do not. - Monitor therapeutic outcomes and ensure that appropriate follow-up care is arranged, recognising changes in the clinical picture and reviewing diagnoses and management plans regularly.	mini-CEX CbD PSQ
3. Oral health promotion Promotes healthy behaviour of patients and their communities through education, advice, active management and support.	- Critically appraise the relationship between socioeconomic factors and inequalities in populations, and risk factors for dental disease and general and oral health. - Recognise opportunities for, and provide patients and carers with, comprehensive, accurate and evidence-based preventive education and instruction in self-care methods tailored to the individual needs of the patient mindful of the communities in which they are living and working. - Recognise the impact of frailty, mental ill health, multi-morbidity and social deprivation on oral health promotion. - Develop strategies together with patients for beneficial behavioural change related to lifestyle	mini-CEX CbD DtCT PSQ

	choices that may be impacting their oral health e.g. smoking and alcohol consumption. • Take steps to improve the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability. • Identify local community assets and consider how such resources may be mobilised for population oral health improvement. • Demonstrate an understanding of the prevention of dental disease at a population level including water fluoridation. • Engage diverse audiences to drive improved population health outcomes.	
4. Prescribing and therapeutics Assesses need, considers options, prescribes, and where appropriate administers therapeutic interventions in the safe and holistic treatment of all dental patients.	• Demonstrate an understanding of safe, effective and legal prescribing and monitoring, including appropriate use of the British National Formulary and other local and national guidance. • Optimise prescribing of antimicrobials through up to date knowledge and understanding of antimicrobial resistance and guidance on antibiotic stewardship. • Prescribe and monitor the use of therapeutic agents in order to assist in the prevention and management of dental caries • Carry out a pre-operative assessment of the patient, including prior to referral for sedation or general anaesthesia. • Use local analgesia techniques for clinical dentistry as appropriate to ensure adequate pain control for patients. • Explain anaesthetic options and choices available to patients including the limitations, risks and benefits of using general anaesthesia and sedation. • Select and prescribe (together with the patient and/or carer) appropriate medication, and behavioural, psychological and interpersonal	DOPS mini-CEX CbD PSQ

	techniques for the relief of pain and anxiety, administering these in a safe and effective manner. ● Practise pharmacovigilance during the care of patients and report adverse drug interactions, effects and errors appropriately.	
5. Periodontal disease Recognises, assesses and manages all common variants of periodontal disease working with the wider dental team and referring for specialist advice as appropriate.	● Evaluate periodontal tissues, recording indices accurately and integrate findings into an agreed treatment plan. ● Establish a prognosis for periodontally involved teeth and inform the patient of this. ● Communicate, motivate and support behavioural change in patients in order to achieve effective self-management of the periodontal condition. ● Assess the requirement for and provide oral hygiene advice ● Supra- and sub-gingival professional mechanical plaque removal ● Evaluate the results of periodontal treatment and establish and monitor a suitable recall maintenance programme for patients. ● Work with dental care practitioners in the management of the patient's condition, prescribing and referring for specialist advice where appropriate.	DOPS mini-CEX CbD
6. Non-surgical management of head and neck pathology Assesses, investigates and provides initial management of oral mucosal disease and non-dental disorders of the head and neck, including the early referral of patients where malignancy is suspected.	● Assess oral cavity, head and neck for possible pathology and refer patients that require specialised advice and/or management, including through urgent referral pathways where there may be malignancy or neoplastic change. ● Identify disorders in patients presenting with craniofacial pain providing initial management of temporomandibular disorders and referring more complex cases requiring specialised management.	DOPS mini-CEX CbD

	● Diagnose and treat localised odontogenic infections referring major odontogenic infections with the appropriate degree of urgency.	
7. Restoration of teeth Provides direct and indirect dental restorations for appropriate clinical situations including non-surgical endodontics.	● Evaluate the restorative prognosis for individual teeth and relate this to the overall treatment plan and patient's concerns and expectations. ● Distinguish between pulpal health and disease and identify conditions which may require treatment or onward referral. ● 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. ● Remove carious tooth structure in preparation for restoration, using techniques which minimise unnecessary tooth damage and pulpal injury. ● Restore carious teeth to form, function and appearance using a wide range of restorative materials. ● Restore teeth to maintain predictability of the existing occlusion to form, function and appearance using indirect restorations, and refer as appropriate. ● Use a range of materials and techniques in the application of appropriate indirect restorations, with appropriate consideration of occlusal articulators. ● Restore primary teeth including any necessary pulpal therapy, using appropriate restorative materials and full coverage techniques relevant to the deciduous dentition. ● Perform non-surgical root canal treatment and retreatment on single and multirooted teeth with mild curvature of the canal, and understand when referral is appropriate. ● Assess and where appropriate, replace failed endodontic treatment	DOPS mini-CEX CbD

8. Removal of teeth Undertakes the safe and effective extraction of teeth appropriately selecting and referring patients requiring complex treatment	● Extract primary and permanent erupted teeth, including erupted uncomplicated third molars, and manage common complications e.g. haemorrhage. ● Extract multi rooted teeth requiring the use of elevators and/or luxators; and/or root sectioning; and/or surgical approach ● Manage and extract where appropriate buried roots, including retained root fragments, unerupted, impacted, ectopic and supernumerary teeth. ● Demonstrate appropriate and effective suturing. ● Make appropriate use of referral pathways for patients requiring sedation or general anaesthesia, complex treatment, surgical treatment of hard and soft tissue lesions, or where there are postoperative surgical complications.	DOPS mini-CEX CbD
9. Replacement of teeth Appraises options for, and manages, the replacement of teeth including the provision of prostheses and preventive and supportive care for patients with implants.	● Obtain and interpret diagnostic casts, radiographs and gather other relevant data in formulating a treatment plan for patients requiring prosthodontic treatment. ● Evaluate, select and prepare teeth, and residual ridges, to support and retain fixed and removable prostheses. ● Prescribe and accurately communicate with the dental laboratory, and ensure prostheses are fit for purpose. ● Fit and maintain immediate, copy, partial or complete dentures. ● Describe the basic principles and techniques involved in the surgical placement of dental implants. ● Provide preparatory, preventive and post-operative care for patients with dental implants. ● Appreciate, and as appropriate apply, current national guidelines relating to the provision of dental implants and local arrangements for NHS provision.	DOPS mini-CEX CbD

10. Malocclusion and management of developing dentition Evaluates, assesses and coordinates treatment of patients presenting with malocclusion or disturbances of developing dentition	● Assess skeletal, dental and occlusal relationships in the primary, mixed and permanent dentition accurately, and identify conditions which may require treatment or referral onwards. ● Recognise abnormalities in facial growth and dental development as they appear and refer conditions which may require investigation, treatment or onward referral. ● Carry out simple interceptive treatment for malocclusion or disturbances of the developing dentition, referring patients that require specialised advice and/or management. ● Understand principles of orthodontic retention and supervise orthodontic retention appliances, referring as required. ● Diagnose, assess and treat malocclusions and refer those that require specialised advice and/or management at the appropriate developmental stage. ● Recognise detrimental oral habits and occlusal trauma and where appropriate manage or refer. ● Recognise and manage problems related to orthodontic treatment, relieve trauma and discomfort related to orthodontic appliances and arrange emergency repairs when required.	DOPS mini-CEX CbD
11. Dental emergencies Assesses and effectively manages patients presenting with common dental emergencies.	● Recognise the urgency of patients requiring immediate assessment and treatment and be able to differentiate from non-urgent treatment ● Recognise and effectively manage common dental emergencies, including those resulting from treatment complications or failures, infection, allergic response or trauma. ● Recognise and manage dental trauma in the emergency situation, including the reimplantation of avulsed teeth, and then arrange follow-up and subsequent management. ● Effectively manage pain in the emergency situation.	DOPS mini-CEX CbD

	● Perform intra-oral surgical drainage of a dental abscess. ● Prioritise emergency presentations appropriately.	
12. Complex needs Adopts a person-centred approach in the management of patients with complex needs whether related to frailty, disability, or co-existing medical or mental health conditions.	● Safely and effectively manage patients with medical conditions (e.g. bleeding disorders) and on medication (e.g. oral anticoagulants, bisphosphonates, immunosuppressants) relevant to the treatment being provided. ● Co-create treatment plans, and provide holistic care for patients with frailty, multimorbidity, disability or mental health conditions taking a critical approach to intervention, balancing risk and benefit. ● Routinely take action to reduce harm from over-investigation, multiple intervention, and polypharmacy. ● Take steps to improve the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability. ● Manage general dental care in the seriously medically unwell, and/or end-of-life situations balancing risk and benefit. ● Work collaboratively across disciplinary, team and organisational boundaries to ensure that the care and resources deployed achieve the best possible health outcomes and experience for the individual.	DOPS mini-CEX CbD PSQ
13. Medical emergencies Recognises, manages and provides basic treatment for medical emergencies in line with national and local guidelines.	● Recognise the onset of common medical emergencies (e.g. anaphylaxis, cardiac arrest, fits) and intervene in accordance with local or national protocols and guidelines. ● Assess the need for, and provide, basic life support in line with UK Resuscitation Council guidelines. ● Identify medical emergencies which are beyond their scope of practice (e.g. oral infections,	DOPS mini-CEX CbD MSF

	sepsis), and refer with an appropriate degree of urgency. • Manage and facilitate a team approach to medical emergencies. • Recognise, and act to reduce, risk factors that may precipitate a medical emergency. • Prescribe and administer pharmacological agents correctly in the management of medical emergencies. • Recognise the content of an effective emergency drug supply and the processes involved in its maintenance.	
14. Patient safety Ensures avoidance of unintended or unexpected harm to people during the provision of dental care.	• Develop and implement strategies at personal, team and organisational level to ensure the avoidance of unintended or unexpected harm to people during the provision of dental care. • Draw on ergonomic principles of four handed dentistry to provide efficient and seamless treatment. • Appreciate 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 and custom-made appliances. • Deliver clinical care in a manner that supports infection prevention control including the disposal of sharps and sterilisation of equipment. • Recognise and participate in the processes involved in undertaking a risk assessment within the workplace. • Analyse patient safety incidents and near misses through, for instance, significant event or root cause analysis, and develop strategies to reduce or eliminate the risk of recurrence. • Recognise the key markers used to assess quality in primary care dental practice. • Report patient safety incidents and near misses	mini-CEX CbD MSF DENTL

	though local and national reporting systems. ● Act in the interests of patients who have been subjected to clinical harm or errors and obtain appropriate advice and support.	
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DOMAIN: COMMUNICATION		
15. Person-centred practice Draws on a range of communication strategies, to enable people to make meaningful decisions about their health and wellbeing by understanding the outcomes that are important to them, exploring the risks, benefits and consequences of all available options and what these may mean in the context of their own lives.	● Interact with patients and carers in ways that acknowledge their unique circumstances, supporting people to recognise and draw on their own strengths and resources in order to make informed decisions about their dental care ● Treat each person encountered in the course of their work - patients, their families, carers and colleagues - compassionately, and with dignity and respect. ● Work with an individual's family, carers, advocates and network of dental and other health and social care professionals to ensure that care is coordinated effectively.	DOPS mini-CEX CbD MSF PSQ
16. Informed consent and capacity Ensures that all patients are provided with tailored and accessible information about their treatment plan, assessing capacity as necessary, and explicitly seeking and recording consent before and during all stages of treatment.	● Present to the patient, and check their understanding of, findings resulting from the clinical assessment outlining treatment options, prognoses, and the proposed treatment plan in language that they can understand. ● Obtain valid informed consent from the patient or parent / guardian before starting treatment, explaining relevant options and costs in a manner they can understand, ensuring that the patient's consent remains valid at all stages of the treatment. ● Discuss with the patient or carer their responsibilities associated with the treatment plan, including preventive education, time requirements for treatment, fees and payment methods. ● Assess whether a patient has the mental capacity to make a decision about treatment,	mini-CEX DOPS CbD PSQ MSF

	and if not, undertake the necessary steps if treatment is to proceed recording the basis on which a decision to treat was made.	
17. Challenging communication situations Recognises and responds appropriately to the communication needs of all patients (and carers), adjusting their approach to effectively prevent and/or manage potentially challenging communication situations.	● Recognise behaviours that may indicate a person is anxious, angry, confused or distressed and taking steps to de-escalate. ● Identify specific communication needs of patients, and ensuring appropriate adjustments are in place to meet these needs e.g. through the use of interpreters, working with carers, family members or other advocates ● Adapt their communication strategies to clearly explain treatment plans ensuring they have checked patient understanding before commencing. ● Manage situations professionally where patient wishes and their own recommendations differ, properly documenting this.	mini-CEX CbD MSF PSQ
18. Written communication Produces clearly written and electronic clinical communications (including records, letters and guidance) in line with relevant professional guidance, in formats appropriate for the intended audience and purpose.	● Produce individualised, written care or treatment plans for patients according to their individual circumstances, medical history, needs and selected treatment options. ● Select and compose suitable written communications which are appropriate for the patient and/or carer in different clinical scenarios. ● Ensure that written communications with clinical colleagues are produced in a timely manner, with clarity of purpose and structure.	MSF CbD DENTL

DOMAIN: PROFESSIONALISM		
19. Ethics and integrity Upholds professional standards at all times, demonstrating honesty and integrity in relationships with patients, carers and colleagues, and practices in accordance with the underpinning ethical principles of the profession.	● Act honestly and fairly in all interactions with patients and the public ● Uphold professional standards maintaining the integrity of the profession and so not bringing it into disrepute. ● Demonstrate an understanding of the ethical principles underpinning dental practice including autonomy, beneficence, nonmaleficence, and distributive justice ● Maintain confidentiality in accordance with current GDC standards and legislation. ● Protect patients and colleagues from risks posed by suboptimal health, conduct or performance, and does not rely solely upon their own assessment of such risks. ● Articulate the dangers of practising impaired by alcohol, drugs, medication, illness or injury, avoids doing so and knows how to seek help for self and others. ● Demonstrate awareness of regulatory requirements for material used for advertising, promotion or information, including social media.	CbD DENTL MSF PSQ
20. Scope of practice Appreciates the responsibilities of their professional role and works within their permitted scope of practice, seeking support appropriate to own professional knowledge and skills.	● Demonstrate a thorough understanding of professional role and responsibilities including permitted scope of practice ● Assess their own professional capabilities and development needs in order to provide the highest standards of patient care, only accepting delegated tasks if they have the capacity and are competent to do so. ● Seek appropriate support from a trained member of the dental team, or refer for specialist advice in situations that fall outside competence and/or scope of practice. ● Delegate tasks appropriately and ensure they are completed as intended.	mini-CEX CbD MSF

21. Personal and professional development Actively engages with opportunities to develop their professional practice as a reflective dental practitioner, responding appropriately to feedback, guidance and advice.	● Record and reflect on experience, identifying areas for personal and professional development and taking steps to act on these. ● Recognise learning opportunities in the workplace and capitalise on these. ● Engage in developmental conversations with colleagues, responding actively to feedback (including from multiple sources) received. ● Plan and participate in learning and development activities with the aim of improving own practice. ● Actively engage with professional appraisal processes and the General Dental Council's requirements for Continuing Professional Development. ● Evaluate possible future career pathways seeking out the information required to enable informed decision-making.	CbD DENTL MSF
22. Scholarship Critically evaluates and applies data and research to clinical practice, taking part in activities that surface or create new knowledge.	● Identify, synthesise, evaluate and draw on research findings and other evidence to inform their approach to clinical practice. ● Critically evaluate new techniques and technologies that have the potential to improve quality of care. ● Appreciate the difference between research and service evaluation, seeking appropriate permissions before commencing either. ● Participate in research and development activities in line with context-specific requirements, professional development or areas of interest ● Disseminate their scholarly activity to a variety of audiences using a range of means (e.g. poster, presentation, paper).	CbD DtCT DENTL MSF
23. Teaching and learning Takes steps to develop their educational practice in order to facilitate the learning of others	● Identify their own and others' learning needs and consider how they might be addressed ● Recognise ways learning can be facilitated in a clinical environment and draw on these when	DtCT MSF

including patients, families, carers, colleagues and the public.	supporting the development of learners and /or the wider dental team ● Plan and deliver a teaching session which has been designed to meet the needs of one or more learners ● Participate in the assessment of others (when appropriate), offering timely and useful feedback ● Appreciate the principles of active inclusion, seeking opportunities to advance equality of educational opportunity in the settings in which they work	
24. Interactions with colleagues Demonstrates and models respectful and collegiate practice, whilst actively encouraging high levels of professionalism and safe practice throughout the entire dental team	● Demonstrate awareness of the differing roles and responsibilities, and scope of practice of dental care professionals within a dental team ● Participate in shared care with other members of the dental team to provide the patient with optimal care and experience. ● Interact with colleagues in ways that are respectful, co-operative, inclusive and non-discriminatory. ● Facilitate and maintain excellent working relationships within the dental team taking appropriate action to address dysfunction that may be detrimental to patient care. ● Demonstrate a commitment to high levels of professionalism, training and safety across the dental team. ● Recognise the actions that may be taken in regard to colleagues who may be underperforming, behaving unethically, or posing a risk to patient safety, acting on those within their scope of practice / areas of designated responsibility.	mini-CEX CbD DtCT DENTL MSF
25. Social justice and health equity Actively contributes to promoting a fair and just society, valuing diversity and reducing health inequalities.	● Demonstrate a valuing of diversity in teams and organisations, adopting and advocating for inclusive dental practices. ● Take action to address workplace discrimination, harassment and victimisation.	CbD MSF DENTL

	• Contribute to the design and delivery of dental care pathways that reduce inequalities, promote inclusion and engage and protect the most vulnerable. • Espouse and routinely apply the values of the NHS Constitution.	
DOMAIN: MANAGEMENT AND LEADERSHIP		
26. Self-management Manages self, time and clinical priorities effectively, demonstrating awareness of the impact of their own behaviour on others and how this can be managed positively.	• Routinely manage time and resources effectively and efficiently. • Prioritise professional duties appropriately when faced with multiple tasks and responsibilities. • treat colleagues with respect, recognising and acknowledging their contributions to the provision of high quality care • Appreciate the impact of personal behaviour on patients, team and society in general and manage this professionally. • Demonstrate perseverance, resilience and a calm approach to problem identification and resolution where things have not gone to plan. • Reduce the risk of, and manage, complaints made against them in accordance with current GDC standards, knowing when to seek the advice of a professional indemnity organisation.	mini-CEX CbD MSF PSQ
27. Practice or departmental management Participates in the management of general practice, and other clinical practice settings relevant to training, including processes and procedures relating to the management of staff, finances, information flows, technology, governance and complaints.	• Manage the routine throughput of patients in general practice, and other areas of clinical practice relevant to their training, seeking professional managerial assistance where necessary. • Demonstrate knowledge of human resource management as it relates to job descriptions, recruitment and selection, contracts, grievances and other disciplinary matters applying the principles of relevant employment legislation. • Describe the financial aspects of a primary care dental practice and other relevant clinical	DENTL MSF

	environments, including charging structures, remuneration and contractual arrangements. ● Make effective use of a range of relevant information technology including dental practice management software and other clinical systems in practice. ● Demonstrate an understanding of how patient complaints are managed in a range of practice contexts and engages with these processes and procedures appropriately.	
28. Clinical leadership Exhibits collective, inclusive, and compassionate leadership at team, departmental and practice level with a consistent focus on improving the quality of care.	● Identify the organisational units of health and care, their inter-relationship, funding, and how their activities - together with those of local authorities, community groups and the third sector - may be aligned for greatest health benefit. ● Develop and maintain effective working relationships with all members of the team, facilitating team working where the patient is central to the care being provided. ● Effectively chair a staff practice or intra-departmental meeting. ● Challenge, support and influence others to make a difference, while taking responsibility to lead that which is within your control. ● Work collaboratively in trusted partnership, across teams, organisations, systems and communities to co-produce health and care, appreciating the value of building strategic relationships through informal and formal modes of communication. ● Develop innovative approaches to achieving improved and equitable health outcomes for individuals and populations embracing new and emerging models of care.	DENTL MSF
29. Legislation and regulation Engages appropriately with the regulation and legislation that impacts on dentistry and dental practices and the legal and	● Deliver effective dental care as set out in The Dentist Act (1984, revised 2023) and governing NHS Regulations.	CbD MSF

regulatory obligations of a dental practitioner	● Routinely apply the General Dental Council's Standards for the Dental Team and can describe the implications of failing to adhere to these standards. ● Consider how their decisions and actions, and those of others around you, affect people with protected characteristics (Equality Act 2010) taking action to address workplace discrimination, harassment and victimisation. ● Apply the Mental Capacity Act 2005 (NI 2016) and associated guidance in all interactions with patients. ● Take appropriate responsibility for health and safety at work for self, patients and colleagues. ● Implement required infection control procedures in daily practice. ● Describe relevant local and national guidelines and regulations that relate to dental radiography. ● Routinely applies information governance requirements - and appreciates the implications of non-compliance - in relation to the Data Protection and Freedom of Information Acts and General Data Protection Regulations.	
30. Quality improvement Employs system level change methods and strategies focussed on improved patient experience and health outcomes	● Describe the role of quality control, assurance and improvement in ensuring that dental care is safe, effective, patient-centred, timely, efficient and equitable. ● Access and interpret routine data relating to the performance of the dental team, department or organisation. ● Participate in quality improvement activity, including quality improvement projects, audit or significant event review.	QI project DENTL
31. Environmental sustainability Takes responsibility for the adoption and promotion of sustainable healthcare practices at an individual and system level,	● Deliver care in ways that minimises waste and reduce harmful environmental impact, while maximising positive health outcomes for individuals and populations.	QI project DENTL mini-CEX CbD

recognising the interdependence of planetary and human health, and being an advocate for action on key environmental issues.	• Locate, create and critically apply data and evidence from a range of sources to inform approaches to environmental sustainability and planetary health. • Identify, evaluate and embed measures of environmental sustainability as outcomes of quality improvement activity. • Communicate impactfully, to a wide range of audiences, the interdependence of human health (and health equalities) and global and local ecological systems. • Advocate at a team, organisational and system level for environmentally sustainable practice, process and policy.	
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Entrustable professional activities

This curriculum is also framed as a number of entrustable professional activities (EPAs).

Definition

An entrustable professional activity is 'a unit of professional practice that can be fully entrusted to a trainee once he or she has demonstrated the necessary competence to execute this activity unsupervised' (ten Cate & Taylor, 2021). These descriptions of broad groups of tasks are to be used to support judgements made by supervisors, and those who manage training programmes, about the degree to which a dentist in postgraduate training is ready to practise independently. EPAs are a particularly useful way of thinking about training in dentistry as they provide supervisors with a framework that allows them to gradually fade the degree of close supervision required, depending on the type of work, and the context in which it is happening. They also provide clarity for learners about the professional activities they are striving to undertake at particular points in their training programme, with what level of supervision.

Levels of entrustment

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

1. Direct

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

2. Reactive

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

3. Distant

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

4. Unsupervised

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

Essential or Enhanced

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

Essential

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

Enhanced

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

Entrustable Professional Activities for Early Years Dental Training

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

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

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

The EPAs for Early Years Dental Training are:

Essential

EPA 1	Assessing and managing new patients
EPA 2A	Providing routine dental care: periodontal and restorative
EPA 2B	Providing routine dental care: removal and replacement of teeth
EPA 3	Assessing and managing children and young people
EPA 4	Providing emergency care

Enhanced

EPA 5	Assessing and managing patients with complex needs
EPA 6	Promoting oral health in the population
EPA 7	Managing the service
EPA 8	Improving the quality of dental services
EPA 9	Developing self and others

Title	EPA 1 - Assessing and managing new patients	
Type	<i>Essential</i>	
Description	The Early Years Dentist adopts a person-centred and compassionate approach to practice with all patients, treating them with dignity and respect. They are able to establish capacity and seek informed consent from patients, ensuring they are fully informed in decision making about their care. The Early Years dentist is able to efficiently take a full and focussed history that informs and underpins their treatment planning with patients. They are able to conduct a full clinical extra- and intra- oral examination, identifying signs of oral pathology, including cancer. They can undertake a basic clinical examination (BP, pulse, respiration and temperature) if contextually relevant. They are able to appropriately prescribe, perform and interpret radiographic imaging in line with diagnostic need and national guidelines. They select and where appropriate perform diagnostic tests and procedures, interpreting findings accurately. They draw on all of the elicited information above to develop comprehensive and prioritised management plans that are documented in line with local and national guidance.	
Key programme domains and outcomes	Clinical	1,2,4,6,14
	Communication	15,16,17,18
	Professionalism	19,20,24,25
	Management and leadership	26,29
Evidence to inform entrustment decision	● Mini-CEX ● DOPS ● Case-based discussion ● Clinical experience log ● Reflective log ● Multi-source feedback - to inform end of year review(s) ● Patient satisfaction questionnaire- to inform end of year review(s)	
Progression	For EPA 1 the Early Years dentist is expected to have attained the following level of entrustment: 12m programme ● 6 months – Level 3 ● 12 months – Level 4 24m programme ● 12 months – Level 3 ● 24 months – Level 4	

Title	EPA 2A - Providing routine dental care: periodontal and restorative	
Type	<i>Essential</i>	
Description	The Early Years dentist is able provide routine periodontal and restorative care in accordance with treatment plans created and agreed with their patients. They demonstrate a person-centred approach, working well with the wider dental team to deliver timely and appropriate care. They are able to recognise and manage all common variants of periodontal disease, supporting behavioural change and ensuring patients have access to appropriate preventative and management options, including appropriate referral. The Early Years dentist is able to effectively evaluate the restorative prognosis for individual teeth, identifying conditions that may require treatment or onward referral. They are able to safely restore carious teeth to form, function and appearance, using a wide range of restorative materials and well matched restorative techniques. They are able to perform non-surgical root canal treatment and retreatment on single and multi-rooted teeth with mild curvature of the canal. They work safely and efficiently within their scope of practice and with appropriate help seeking behaviours. They manage their time and resources effectively.	
Key programme domains and outcomes	Clinical	1,2,3,4,5,6,7,14
	Communication	15,16,17
	Professionalism	19,20,24
	Management and leadership	26,28,29,31
Evidence to inform entrustment decision	• Mini-CEX • DOPS • Case-based discussion • Clinical experience log • Reflective log • Multi-source feedback - to inform end of year review(s) • Patient satisfaction questionnaire- to inform end of year review(s)	
Progression	For EPA 2A the Early Years dentist is expected to have attained the following level of entrustment: 12m programme • 6 months – Level 3 • 12 months – Level 4 24m programme • 12 months – Level 3 • 24 months – Level 4	

Title	EPA 2B - Providing routine dental care: removal and replacement of teeth	
Type	<i>Essential</i>	
Description	The Early Years dentist is able provide routine dental care involving the removal and replacement of teeth in accordance with treatment plans created and agreed with their patients. They demonstrate a person-centred approach, working well with the wider dental team to deliver timely and appropriate care. The Early Years dentist is able to safely and effectively extract primary and permanent erupted teeth, including erupted uncomplicated third molars. They can manage and extract multi-rooted teeth and extract where appropriate buried roots. They can manage common complications associated with extractions and prescribe appropriately. They make appropriate use of referral pathways for patients requiring sedation or general anaesthesia or more complex surgical treatments. The Early Years dentist is able to appraise options for the replacement of teeth, including the provision of prostheses and preventive and supportive care for patients with dental implants. They work safely and efficiently, within their scope of practice, with appropriate help seeking behaviours and managing their time and resources effectively.	
Key programme domains and outcomes	Clinical	1,2,4,6,8,9,14
	Communication	15,16,17,18
	Professionalism	19,20,24
	Management and leadership	26,28,29,31
Evidence to inform entrustment decision	● Mini-CEX ● DOPS ● Case-based discussion ● Clinical experience log ● Reflective log ● Multi-source feedback - to inform end of year review(s) ● Patient satisfaction questionnaire- to inform end of year review(s)	
Progression	For EPA 2B the Early Years dentist is expected to have attained the following level of entrustment: 12m programme ● 6 months – Level 3 ● 12 months – Level 4 24m programme ● 12 months – Level 3 ● 24 months – Level 4	

Title	EPA 4 - Assessing and managing children and young people	
Type	<i>Essential</i>	
Description	The Early Years dentist demonstrates person-centred practice with children, young people and their parent(s) or guardian(s). They are able to establish capacity, seek informed consent and know when to maintain confidentiality. They are able to draw on a range of approaches to prevent and manage anxiety where relevant. They are able to adapt their prescribing, ensuring the appropriate selection, use and dosage of drugs approved for use in children and young people. The Early Years dentist is able to assess periodontal health and offer specific guidance and preventative treatment as relevant. They are able to assess skeletal, dental and occlusal relationships in primary, mixed and permanent dentition, identifying conditions which may require active management and treatment (including onward referral). They effectively monitor patients receiving orthodontic treatment, relieving trauma and discomfort related to orthodontic appliances, including arranging emergency repairs when required.	
Key programme domains and outcomes	Clinical	1,2,3,4,5,10,14
	Communication	15,16,17,18
	Professionalism	19,20,24,25
	Management and leadership	26,29
Evidence to inform entrustment decision	● Mini-CEX ● DOPS ● Case-based discussion ● Clinical experience log ● Reflective log ● Multi-source feedback - to inform end of year review(s) ● Patient satisfaction questionnaire- to inform end of year review(s)	
Progression	For EPA 3 the Early Years dentist is expected to have attained the following level of entrustment: 12m programme ● 6 months – Level 3 ● 12 months – Level 4 24m programme ● 12 months – Level 3 ● 24 months – Level 4	

Title	EPA 4 - Providing emergency care	
Type	<i>Essential</i>	
Description	The Early Years dentist is able to recognise and appropriately prioritise patients requiring immediate assessment and treatment. They are able to recognise and effectively manage common dental emergencies, including those resulting from treatment complications and failure, infection, allergic response or trauma and associated pain and discomfort. They are also able to recognise the onset of common medical emergencies (such as anaphylaxis, cardiac arrest and fits) and have demonstrated that they know how to provide basic treatment, including basic life support, facilitating a team response. They are able to prescribe and/or administer appropriate pharmacological agents, with an awareness of potential drug interactions and side effects (including how to prevent and /or manage). In all cases, they are able to take appropriate action, working within their scope of practice, seeking help when needed and making timely and appropriate onward referral when required.	
Key programme domains and outcomes	Clinical	1,4,5,6,8,11,13,14
	Communication	15,16,17,18
	Professionalism	19,20,24,25
	Management and leadership	26,28,29
Evidence to inform entrustment decision	• Mini-CEX • DOPS • Case-based discussion • Clinical experience log • Reflective log • Multi-source feedback - to inform end of year review(s)	
Progression	For EPA 4 the Early Years dentist is expected to have attained the following level of entrustment: 12m programme • 6 months – Level 3 • 12 months – Level 4 24m programme • 12 months – Level 3 • 24 months – Level 4	

Title	EPA 5 - Assessing and managing patients with complex needs	
Type	<i>Enhanced</i>	
Description	The Early Years dentist works collaboratively across disciplinary and organisational boundaries to ensure joined-up, holistic and person-centred care for people with complex needs. They ensure that patients have capacity to make decisions about their care and that informed consent is in place for all interventions, recording this carefully and in keeping with local and national guidelines. They are able to adjust their communication to meet needs, treating every patient and their families with compassion, dignity and respect. The Early Years dentist is able to adopt an approach to treatment planning and care that carefully balances risk and benefit for people who are frail, medically unwell or approaching the end of their life. The Early Years dentist safely and effectively manages patients with complex needs, routinely taking steps to reduce harm from over-investigation, multiple interventions and polypharmacy.	
Key programme domains and outcomes	Clinical	2,3,12,13,14
	Communication	15,16,17,18
	Professionalism	19,20,24,25
	Management and leadership	26,28,29
Evidence to inform entrustment decision	• Mini-CEX • DOPS • Case-based discussion • Clinical experience log • Reflective log • Multi-source feedback - to inform end of year review(s) • Patient satisfaction questionnaire- to inform end of year review(s)	
Progression	For EPA 5 the Early Years dentist is expected to have attained the following level of entrustment: 12m programme • 6 months – Level 2 • 12 months – Level 3 24m programme • 12 months – Level 3 • 24 months – Level 4	

Title	EPA 6 - Promoting oral health in the population	
Type	<i>Enhanced</i>	
Description	The Early Years dentist is able to reflect and act upon their role in supporting the oral health of the communities they serve, as well as the individuals they work with on a daily basis. They demonstrate a commitment to health improvement, seeking to improve oral health and reduce oral health inequalities across the lifespan, which may include contributing to the design and delivery of dental care pathways. They demonstrate the ability to work collaboratively and in partnership with relevant public sector, voluntary and community organisations to raise awareness of strategies that improve oral health. This includes the adoption of a person-centred, evidence-based approach to preventative education and instruction in self-care methods. The Early Years dentist is able to purposefully draw upon a range of strategies that support behavioural change linked to lifestyle choices that impact on oral health, such as smoking, drug and alcohol consumption. Underpinning this activity is a sound appreciation of the relationship between socio-economic factors and oral health inequalities, including risk factors for dental disease and general and oral health.	
Key programme domains and outcomes	Clinical	1,2,3,4,5,6,12,14
	Communication	15
	Professionalism	19,21,22,23,24,25
	Management and leadership	26,27,28,29,30,31
Evidence to inform entrustment decision	• DtCT • DENTL • Case-based discussion • Clinical experience log • Reflective log • Multi-source feedback - to inform end of year review(s) • Patient satisfaction questionnaire- to inform end of year review(s)	
Progression	For EPA 6 the Early Years dentist is expected to have attained the following level of entrustment: 12m programme • 6 months – Level 2 • 12 months – Level 3 24m programme • 12 months – Level 3 • 24 months – Level 4	

Title	EPA 7 - Managing the service	
Type	<i>Enhanced</i>	
Description	The Early Years dentist focusses on clinical priorities, managing time and resources efficiently, ably managing the throughput of patients in the clinical settings in which they work using supporting information technology. They model high levels of professionalism and foster this in others and consistently act in ways that are respectful, co-operative, inclusive and non-discriminatory. They have a developed understanding of the roles, responsibilities and scope of practice of all members of the dental team, and delegate appropriately and effectively. They are familiar with human resource management strategies and relevant legislation, the financial mechanisms and flows, and governance arrangements and regulations that relate to their working environment. The Early Years dentist demonstrates inclusive and compassionate leadership, facilitating effective teamwork and person-centred care. They are forward thinking, recognising opportunities to develop and innovate practice in order to reduce inequalities and improve oral health outcomes for individuals and populations.	
Key programme domains and outcomes	Clinical	3,14
	Communication	15,17,18
	Professionalism	19,21,24,25
	Management and leadership	26,27,28,29,30,31
Evidence to inform entrustment decision	• DENTL • Reflective log • Multi-source feedback - to inform end of year review(s)	
Progression	For EPA 7 the Early Years dentist is expected to have attained the following level of entrustment: 12m programme • 6 months – Level 2 • 12 months – Level 3 24m programme • 12 months – Level 3 • 24 months – Level 4	

Title	EPA 8 - Improving the quality of dental services	
Type	<i>Enhanced</i>	
Description	The Early Years dentist is aware of the factors that influence the delivery of safe, timely, effective, efficient, equitable and person-centred care and the actions that may be taken to improve everyday practice. They demonstrate the ability to adapt and change practice in light of new information and evidence, embracing the quadruple aim of healthcare improvement, to improve population health outcomes, enhance experience of care, reduce per capita cost (including environmental cost) and ensure that staff and colleagues can derive joy and meaning from their work. The Early Years dentist is able to work well with others collecting, analysing and interpreting routine and elicited data that sheds light on the performance of the dental team, department or organisation. They are able to meaningfully participate in quality improvement activity, including quality improvement projects, audit and significant event review. They appreciate the ways in which they can influence change and lead developments in practice within and beyond the settings in which they work.	
Key programme domains and outcomes	Clinical	14
	Communication	15
	Professionalism	19,20,21,22,24,25
	Management and leadership	26,27,28,29,30,31
Evidence to inform entrustment decision	• DENTL • Reflective log • Multi-source feedback - to inform end of year review(s)	
Progression	For EPA 8 the Early Years dentist is expected to have attained the following level of entrustment: 12m programme • 6 months – Level 2 • 12 months – Level 3 24m programme • 12 months – Level 3 • 24 months – Level 4	

Title	EPA 9 - Developing self and others	
Type	<i>Enhanced</i>	
Description	The Early Years Dentist identifies and actively responds to their own learning needs, embracing opportunities to develop their practice, evidencing this in meaningful ways throughout their training. They work within their scope of practice, demonstrating appropriate help seeking behaviours. They have an appreciation of the ways learning can be facilitated in the workplace and are able to support the development of learners and team-members, working within their scope of practice. They are able to act as a mentor and to offer timely and useful feedback when invited to do so. They are able to plan and deliver teaching sessions designed to meet the needs of one or more learners. They model inclusive and respectful practice, actively encouraging high levels of professionalism throughout the dental team and demonstrate the attributes of a reflective practitioner in all aspects of their work.	
Key programme domains and outcomes	Clinical	
	Communication	17,18
	Professionalism	19,20,21,22,23,24
	Management and leadership	26
Evidence to inform entrustment decision	• DtCT • DENTL • Reflective log • Multi-source feedback - to inform end of year review(s)	
Progression	For EPA 9 the Early Years dentist is expected to have attained the following level of entrustment: 12m programme • 6 months – Level 2 • 12 months – Level 3 24m programme • 12 months – Level 3 • 24 months – Level 4	

Teaching and learning activities

Work-based learning

Early Years Dental Training is a predominantly work-based programme, in which learners become proficient practitioners through participation in work-based activities in the presence of knowledgeable others, including members of the wider multiprofessional dental team. The role of educators (supervisor, trainers) is then to:

- provide exposure to meaningful work experiences
- sequence work activities in a way that is safe and appropriate to stage of training
- create workplace environments that are invitational to learning
- facilitate participation in professional activities and communities
- make the implicit, explicit by labelling, describing and thinking aloud
- engage learners in professional conversations
- attend and respond to learners' individual levels of engagement

In facilitating work-based learning dental educators will find the entrustable professional activities - and levels of entrustment - enumerated in this curriculum useful in guiding their selection of work experiences, as well as providing a clear sense of destination for the Early Years dentist.

Supervision

Supervision operates along a spectrum from where the primary concern is for safe care of the patient (clinical supervision) to where the primary concern is the educational trajectory of the learner (educational supervision). In practice supervisors often provide a mixture of the two and in the Early Years Dental Training programme, dentists will often have an educational supervisor whose role it is to do both things. Where two or more supervisors are assigned to a learner, there should be close communication to delineate clinical and educational supervisory roles and responsibilities.

Supervision also has a dual role both in monitoring performance and promoting development, all of which is played out in the context of institutional requirements such as this curriculum. In the Early Years Training Programme, supervised learning events provide structured ways of holding these supervisory conversations - whether about clinical cases, relationships with colleagues or procedural techniques - which can then be brought together to inform the level of entrustment afforded to an individual learner in relation to a specific work activity.

Supervision can be done well, or badly, and dental educators with this responsibility should ensure that they are appropriately trained for the role. Further guidance is available in the COPDEND Standards for Dental Educators and other relevant sections of the 'Blue Guide'.

Formal teaching

Formal teaching is an important part of the programme with Early Years dentists required to attend a set number of study days in each 12 month period; the number to be determined by the local programme. At the start of each period of the programme there will also be a local induction which introduces the programme and sets out how it is delivered by the education provider. There will be further clinical induction sessions at the start of each placement. Educational, and clinical, supervisors will also provide formal tutorials and small group teaching in the workplace.

Early Years dentists should protect time for formal teaching, prepare in advance by identifying what they want to get from each session, and record and evaluate their learning in a reflective log on the e-Portfolio.

It is not the place of this document to expound on educational theory and teaching methods, but dental educators delivering sessions of formal teaching should refer to the intended learning outcomes of this curriculum in planning their teaching and take time to assess prior learning to ensure that what is taught aligns with what the learner needs.

Simulation and skills development

A significant part of postgraduate dental education relates to the acquisition of procedural skills. Such skills may be learned on the job through facilitated work-based learning (see above) but in the interests of patient safety are often first introduced, and rehearsed, using simulation. Historically simulation has used mannikins of various types, but increasingly sophisticated virtual dental simulators are now available.

In the design of simulation-based learning dental educators are directed to the learning outcomes of this curriculum and the entrustable professional activities that the Early Years dentist will be expected to undertake by the end of the programme. These will inform the goals and objectives of the simulation activity. Delivery of such activities then normally follows a well-described sequence of preparing, briefing, simulating, debriefing, reflecting and evaluating.

A key issue in simulation is transfer of the skills acquired to real workplace settings. Expressed simply, it is likely that two main processes promote transfer of learning; *variation* and *repetition*. In replicating the variability of clinical practice (cases, contexts and complexity) Early Years dentists will learn to apply their skills flexibly and are able to adapt their approach as required. Repetition enables the development of automated subunits of tasks leading in turn to a fluency, and flexibility, of action associated with developing expertise.

Self-directed learning

In any given placement the initial meeting with the educational supervisor is key to defining what needs to be achieved, how it will be achieved, and by when. The meeting should result in a clear learning agreement, and a personal development plan (PDP) with objectives that are SMART (specific, measurable, attainable, relevant and time-bounded). The objectives agreed should be aligned to curricular requirements but should also meet the immediate needs of the learner and any areas of focus that have been identified by the educational supervisor.

The PDP or learning needs log is a live document that should be updated periodically as a result of regular review meetings held between the Early Years dentist and their educational supervisor.

Reflection

Reflection should form part of a dentist's everyday practice. It is a process of review, either during, or after an event, in which individuals explore their experiences to develop a new understanding of what happened informing a response in the moment, and how they might approach similar situations in future.

Reflection is an important part of professional practice and should always be encouraged. Dentists in Early Years Training should record reflective notes whenever a significant learning opportunity has occurred whether as a result of formal teaching, supervisory conversations, interactions with colleagues in the workplace or in the management of patients.

A number of models of reflection are in common use in the healthcare professions. These can be reviewed elsewhere. Reflective prompts are also provided in the Early Years e-Portfolio. Reflection is particularly useful where things are uncertain, unexpected or atypical. It can also be helpful when things have not gone to plan, but in these instances reflective notes should focus on the learning and do not need to encompass a full description of the event as any significant incidents should be reported elsewhere. Identifiable patient details should never be recorded in the e-Portfolio.

Assessment

The Early Years Dental Training programme is built on principles of programmatic assessment in which information is continuously gathered about learner performance, as a way of identifying development needs and to guide decisions about entrustment and progression. Throughout the programme, Early Years dentists collect and collate evidence to both support their learning and to inform judgements about their progress. Judgements are made using a framework of entrustable professional activities – elements of professional activity that the dentist in postgraduate training is trusted to undertake, typically unsupervised.

The information or evidence collected by learners will be in a variety of forms. Some of it will simply be a record of clinical cases performed, or written reflections on that activity. Other evidence will take the form of supervisor reports. But a substantial quantity of the contributing evidence will come from workplace-based assessments, or supervised learning events, carried out across the training programme.

Supervised learning events

Workplace-based assessments, more recently labelled as supervised learning events (SLEs), are designed to sample across the different types of work that learners undertake and the settings in which that work happens. They are predominantly formative tools, allowing learners to receive structured feedback on aspects of their work, whilst contributing to summative judgements made at the end of the programme. SLEs should be carried out across a range of settings and clinical encounters ensuring as full a coverage of the curriculum outcomes as possible. The wider dental team (hygienists, nurses, managers etc) are strongly encouraged to participate in the assessment process as appropriate.

Although supervisors will guide learners on the evidence they need to collect, and the curriculum states an indicative minimum number of such SLEs it is ultimately the responsibility of the Early Years dentist to ensure that panels are provided with *sufficient* evidence to make entrustment decisions.

What type of assessments?

The supervised learning events used in the Early Years Dental Training programme are:

Mini-clinical evaluation exercise (mini-CEX)

- A structured observation of a single patient encounter, part of an encounter or other form of professional activity such as undertaking a clinical assessment of a new patient.

Direct observation of procedural skills (DOPS)³

- A structured observation of a clinical procedure performed on a real patient or, in the early stages of the training programme, a simulation, such as undertaking an extraction or restoration of a tooth.

Case-based discussion (CbD)

- A structured discussion about a clinical encounter, focussed on clinical reasoning, and usually based around the clinical notes and supporting information such as X-rays or diagnostic tests

Multi-source feedback (MSF)

- Feedback from peers and colleagues, focussing on non-technical skills such as communication, professionalism and team-working.

Patient satisfaction questionnaire (PSQ)

- Feedback from patients is collected independently and collated in a structured format. A minimum of 20 completed and submitted forms are required with a report and reflective summary to be uploaded to the e-Portfolio

Developing the Clinical Teacher (DtCT)

- An observation of a teaching session or presentation used to support the development of an Early Years dentist's skills in teaching and facilitating learning.

Direct Evaluation of Non-Technical Learning (DENTL)

- A new tool to assess 'non-technical' skills. This instrument, to be piloted in 2024 is designed to provide feedback on a trainee's performance in non-clinical areas by observing them chairing a meeting, leading a team, improving a service or engaging in another non-clinical aspects of practice. It may also be used to evaluate artefacts that demonstrate achievement of programme outcomes such as a published paper, business case or calculation of a carbon footprint.

Supervised learning event forms, and instructions for their use, are to be found in the Early Years Dental Training ePortfolio.

³ Though not strictly a work-based assessment, a version of DOPS is in use in some locations as a formative tool deployed in the early stages of training.

How many assessments?

SLEs are not an end in themselves and should be selected for their potential for learning, mindful of the entrustable professional activities for which the Early Years dentist needs to assemble evidence.

SLEs must capture the breadth of training experience, include assessments of different types and be undertaken with as many different assessors as is practical.

Specifying a number of assessments can then only ever be indicative, but over the duration of the programme, the Early Years dentist would normally be expected to accumulate a minimum of 24 SLEs across assessment types in each 12 month period. Early Years dentists and their supervisors should work together to ensure SLEs are accumulated throughout the period of training and not bunched together prior to a review.

A minimum of two multi-source feedback and one patient satisfaction questionnaire exercise should also be undertaken in each year of the programme. For Early Years dentists in the 24m programme a multi-source feedback should be undertaken in every setting they work in as well as a minimum of one Developing the Clinical Teacher assessment and one Direct Evaluation of Non-Technical Learning is also expected.

Recording evidence in the e-portfolio:

Dentists in the Early Years Training programme must enrol and become familiar with the Early Years Dental Training e-portfolio as a record of learning. It is the Early Years dentist's responsibility to populate their e-portfolio with evidence of their development. To achieve this, Early Years dentists and their supervisors must engage with the process of SLEs from the very start of the programme.

In addition to the supervised learning events above, Early Years dentists should also document:

- clinical dental activity*
- reflections demonstrating learning from a range of experiences, including clinical and other encounters with patients and colleagues
- learning needs
- attendance at study days
- evidence of participation in quality improvement
- Cardiopulmonary Resuscitation Certificate

*Minimum numbers of specific procedures are required for the Satisfactory Completion of Dental Foundation Training. These are listed in the 'Blue Guide'.

Progression

Throughout the Early Years Dental Training programme, progress is discussed and ratified by Review of Competency Panels (RCPs). Panels review all elements of an individual trainee's performance including attendance and engagement, clinical and professional activity and progression against curriculum milestones.

The main vehicle used to support the decision making and recommendations of RCPs is the educational supervisor's report, which itself is built around a framework of entrustable professional activities. EPAs provide a mechanism for educational supervisors to bring together a range of evidence, mapped against the learning outcomes of the curriculum to enable them to make safe and effective judgements about the degree to which a dentist in postgraduate training is ready to practise independently. Panels are then able to review and ratify, or amend, this assessment identifying any pressing learning needs to be addressed before the next review, before awarding one of a number of possible training 'Outcomes' described in the 'Blue Guide'.

Review of Competency Panels will normally be held at the following stages in the programme:

2 months

Early Stage Review. The focus here will be on basic technical skills, ensuring that, regardless of the level of supervision required, the dentist in postgraduate training is safe to work with real patients.

6 months

Interim Review 1. The first Interim review is particularly important for dentists on the 12m (Foundation-only) programme, as it needs to guide learners and supervisors on what needs to be done in order to achieve the outcomes and EPAs necessary for Satisfactory Completion of Dental Foundation Training by the end of the year.

11 months

Year 1 Review. For dentists on the 12m programme, this is their final review in which they will need to demonstrate evidence that allows panels to sign off all the essential EPAs at the highest level of entrustment. For dentists on the 24m programme, the 11 month review provides an additional 'interim' opportunity.

18 months

Interim Review 2. The second Interim review applies to dentists on the 24m programme and needs to guide learners and supervisors both on what needs to be done in order to achieve the outcomes of the full Early Years programme but also to demonstrate Satisfactory Completion of Dental Foundation Training by the end of the year.

23 months

Year 2 Review. The full suite of EPAs should be satisfied by now at, or exceeding, the level of entrustment indicated. This will include those essential EPAs that demonstrate Satisfactory Completion of Dental Foundation Training.

Implementation, quality and governance

The curriculum for the Early Years Dental Training programme is owned by the Committee of Postgraduate Dental Deans and Directors (COPDEND), meets the COPDEND standards for training, and applies to England, Wales and Northern Ireland. Only the approved curriculum can be used for delivering programmes that result in the award of Certificate of Satisfactory Completion of Dental Foundation Training and a performer number without conditions.

The overall management of the Early Years Dental Training programme rests with the local Postgraduate Dental Dean.

The day-to-day management of the Early Years Dental Training programme is carried out by training programme directors appointed by the Dean.

Postgraduate Dental Deans also appoint locally based educational supervisors to deliver educational and clinical supervision and training in line with the Early Years curriculum. All Early Years dentists must have a named educational supervisor(s) while on the programme. Educational supervisors are suitably experienced dentists who must demonstrate competence in educational appraisal and feedback and in use of supervised learning events.

The Early Years dentist's educational supervisor may also be their clinical supervisor and there may also be occasions when there is a further nominated clinical supervisor. In these circumstances the individual must be clearly identified to both parties and understand the role of the clinical supervisor. The named educational supervisor remains responsible and accountable overall for the training of the Early Years dentist.

Final judgements about progression and satisfactory completion are made by Review of Competence Progression panels. As described above, educational supervisors are responsible for providing panels with the evidence they need to make such decisions, including a structured educational supervisor's report, but it remains the responsibility of the Early Years dentists to ensure that their portfolio is up to date and contains a sufficiency of evidence to allow judgements of entrustment and progression to be made.

Postgraduate Dental Deans in the UK are also responsible for the quality management of Early Years Dental Training programmes through their local office. The quality management of Early Years Dental Training includes a number of processes throughout the programme to assess the quality of training including:

- Approval of training programmes, posts and educational supervisors
- Use of national and local surveys of educational supervisors and dentists in training to collect relevant perspectives on training programmes and their education outcomes
- Review of curriculum delivery and associated assessment systems

Whereas this curriculum sets out the intended outcomes of the Early Years Dental Training programme and the supporting educational activities, it does not constitute detailed operational guidance. This is to be found in *The Guide to Dental Foundation Training* (the 'Dental Blue Guide').

The 'Blue Guide' is published to support the Early Years Dental Training programme including the satisfactory completion model for Dental Foundation Training in England, Wales, and Northern Ireland. The policy underpinning the Guide is applicable in all three administrations, but there are some important national variations in its implementation. The 'Blue Guide' does not address issues relating to terms and conditions of employment. The 'Blue Guide' and further information relating to contracts and educational agreements can be found on the COPDEND website www.copdend.org.uk.

References and further information

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Annexe 1

List of acronyms and abbreviations

CbD	Case-based discussion
COPDEND	UK Committee of Postgraduate Dental Deans and Directors
DtCT	Developing the clinical teacher
DENTL	Direct evaluation of non-technical learning (working title)
DOPS	Direct Observation of Procedural Skills
EYDT	Early Years Dental Training
EPA	Entrustable professional activity
GDC	General Dental Council
mini-CEX	Mini clinical evaluation exercise
MSF	Multi-source feedback
PSQ	Patient satisfaction questionnaire
QI	Quality improvement
RCP	Review of competence progression
SLE	Supervised learning event