

Joint Dental Foundation Core Training (JDFCT)

Northeast & North Cumbria

Early Years Training Pilot

GPT29 Assessment Guide 2024-26

Version 2 February 2025



Contents

Joint Dental Foundation Core Training (JDFCT)	1
Northeast & North Cumbria	1
Introduction	3
The purpose of the Review of Competency Progression (RCP)	3
RCP panels and management of the RCP	4
What trainees should do in advance	4
What Educational Supervisors should do in advance	5
What the TPD should do in advance	6
How the RCP panel process works	6
RCP Outcomes	6
Summary of RCP timeline	7
GPT29 Assessment Requirements and Checklist.....	7
Early Years Training in North East & North Cumbria 11 months IRCP	8
GPT pilot 2024-26	8
Early Years Training in North East & North Cumbria FRCP	11
GPT pilot 2024-26	11
TEMPLATE DOCUMENTS	13
Logbook of Clinical Activity	13
PDP	14
Important sources of information	14

Introduction

The following guidance has been taken from the Early Years Dental Training Curriculum Statement (PILOT) dated 29 July 2024:



EYDT
CURRICULUM_FINAL

The Early Years Dental Training Curriculum sets out the arrangements being piloted in some regions of the UK by the Conference of Postgraduate Dental Deans and Directors (COPDEND) on behalf of the four UK health departments.

This guidance is intended to assist GPT Trainees and Educational Supervisors in the preparation for Dental Foundation Training and Dental Core Training 1 (DCT1) RCP and FRCP panel reviews.

The purpose of the Review of Competency Progression (RCP)

The RCP provides a formal process that reviews the evidence presented by the trainee and their educational supervisor relating to the trainee's progress in the training programme. It enables the trainee, the Postgraduate Dental Dean and employers to document that the competences required are being gained at an appropriate rate and through appropriate experience.

For expediency, where relevant, the abbreviation RCP is used throughout.

Early Years Training Trainees should have an RCP at six, 11 and eighteen months and a Final RCP at 22 months.

The RCP fulfils the following functions:

- It provides an effective mechanism for reviewing and recording the evidence related to a trainee's performance in the training programme
- At a minimum, it must incorporate a review of the trainee's educational portfolio including a structured report from the educational supervisor(s), documented assessments, as required by the specialty curriculum, and achievements
- It provides a means whereby the evidence of formal assessment is coordinated and recorded to present a record of a trainee's progress. These include summative examinations and formative assessments as defined by the relevant curriculum
- It provides an effective mechanism for the review of out of programme experience and recording its contribution, where approved, to progress
- It considers any time out of training during the assessment period and from entry to the programme and determines whether the training duration needs to be extended.
- It makes judgements about the competences acquired by trainees and their suitability to progress to the next stage of training
- It provides a final statement of the trainee's successful attainment of the curricular competencies

- Where applicable, it provides comment and feedback on the quality of the structured educational supervisor's report.

Fulfilling these functions requires adequate documentation throughout.

As a minimum, the RCP Panel comprises:

- Postgraduate Dental Dean or nominated deputy who will chair the panel.
- DFT TPD and DCT TPD

For the FRCP should include an Associate Postgraduate Dean from a different Local Office / Deanery.

RCP panels and management of the RCP

The FRCP should have a lay representative in attendance. The lay advisor will primarily review the process followed by the RCP panel and the conduct of the panel, as measured against accepted general good practice for RCP panels and the standards that are set in this Guide. The lay advisor should not be asked to judge whether the RCP outcome awarded to the trainee is appropriate or whether the trainee has made satisfactory progress.

All panel members must be trained in equality and diversity issues. The training should be kept up to date and refreshed every three years.

What trainees should do in advance

Trainees should evidence their progress through training by building and maintaining their portfolios and it is the trainee's responsibility to ensure it is up to date as they progress through training. Trainees will be given a minimum of 6 weeks' notice of the date of the next RCP. Using a specific Early Years Training "check-list" they must ensure that all relevant evidence is present and correctly indexed in their e-portfolio. The trainee's educational supervisor should regularly review the training e-portfolio throughout the year, but as a minimum at the beginning of each training phase, at the midpoint and finally, no later than three weeks before the RCP panel convenes.

It is trainees' responsibility to ensure that their evidence is available for the panel no later than two weeks before the RCP.

In order that they can proceed smoothly to their next phase of training, trainees must have an up-to-date portfolio, which demonstrates the competency progression required by their curriculum that includes:

- Completion of the Early Years Training e-Portfolio.
- Minimum of 48 Supervised Learning Events (SLEs) split 50:50 in hospital and practice
- An audit/clinical governance/quality improvement project & all practice-based Assignments
- A personal development plan (PDP)
- Attendance at all designated study days

- Completed Multisource Feedback (MSF)– 2 in the practice setting and 2 in the hospital setting
Evidence of satisfactory patient feedback (PSQs) – 20 responses – 1 in the practice setting and one in the hospital setting
- Logbook of clinical activity within hospital
- Evidence of UDAs
- Achievement of all required Entrustable Professional Activities

For further details, see the checklists within this document.

What Educational Supervisors should do in advance

Review the evidence presented by their trainee for the RCP panel, including all assessments, personal development plan, curriculum completion, skills and development logs. If any evidence is lacking, the education supervisor should remind the trainee to complete it as otherwise, the RCP outcome will reflect inadequate evidence.

Meet with the trainee and complete a structured report. It is vital that the report is as detailed as possible as this is a key piece of the evidence to the RCP panel.

The structured report should be prepared by the trainee's educational supervisors. This should include the evidence that the trainee and supervisor agreed should be collected to reflect the educational agreement for the period of training under review. The purpose of the report is to provide a summary of progress including collation of the results of the required workplace-based assessments, examinations and other experiential activities required by the curriculum (e.g., logbooks, evidence of research activity, publications, quality improvement activities and audits). Educational supervisors and trainees should familiarise themselves with the relevant curriculum and assessment framework.

The content of the structured report should be discussed with the trainee prior to submission to the RCP panel. The report and any discussion that takes place following its compilation must be evidence-based, timely, open and honest. If such a discussion cannot take place, it is the duty of the educational supervisor to report the reasons to the RCP panel in advance of the panel meeting.

Through triangulation of evidence of progression in training and professional judgement, the ES will contribute a structured report to the RCP to:

- Reflect the educational agreement and objectives developed between the educational supervisor and the trainee
- Be supported by evidence from the workplace-based assessments planned in the educational agreements
- Take into account any modifications to the educational agreement or remedial action taken during the training period for whatever reason
- Provide a summary comment regarding overall progress during the period of training under review, including (where possible) an indication of the recommended outcome supported by the views of the training faculty

If there are concerns about a trainee's performance, based on the available evidence, the trainee must be made aware of these concerns, and they should be documented in their

educational portfolio. It is important that the educational supervisor should advise their trainee(s) of their likely outcome in advance of the RCP.

Inform the TPD/ Postgraduate Dental Dean in advance if a trainee is unlikely to be awarded a satisfactory outcome.

What the TPD should do in advance

Review trainees' portfolios in advance of the RCP panel and identify likely problems that have not already been identified.

Alert the Postgraduate Dental Dean or Associate Postgraduate Dental Dean to any anticipated adverse RCP outcomes.

How the RCP panel process works

Trainees do not attend the panel review of the evidence submitted for the RCP. The RCP outcome decision is made from examination of the evidence provided in the portfolio, including, crucially, the ESs report. The RCP chair, with the other panel members, are required to issue an outcome for every trainee reviewed.

The Panel's role to consider and approve the evidence provided by the trainee

- To make a judgement about the trainee's suitability to progress or confirm that training has been satisfactorily completed
- To issue the RCP outcome
- To provide all trainees with written feedback, via their e-portfolio, on the panel's opinion on their progress throughout the period of training under review
- Recommend a feedback meeting with the trainee and ES, supported by the TPD and Associate Postgraduate Dental Dean, as necessary

RCP Outcomes

Outcomes 1 & 6: reflect satisfactory progress in achieving the required competences/capabilities and are therefore referred to as **progression outcomes**

Early Years Training – successfully achieved the predefined competence and other requirements of the post.

Outcomes 2 (only applicable at RCPs prior to FRCP): reflect that development of specific competences/capabilities is required and are therefore referred to as **developmental outcomes**

- An outcome 2 is used where development is required without additional training time

Outcome 5: is used as a "holding outcome" where there is insufficient evidence, and an assessment of progression cannot be made at that time. Therefore, it might be viewed as an **administrative outcome** to give time for the supporting information (which might be an outstanding exam result) to be presented.

Summary of RCP timeline

	Action	Timing
Before the RCP	Date and venue communicated to RCP panel (including external representatives) and trainees	No less than 6 weeks in advance
	Timetable sent to RCP panel	2 weeks in advance
	ESs write trainee report(s)	3 weeks in advance
	Trainees complete submission of RCP documentation	2 weeks in advance
	RCP documentation made available to panel	2 weeks in advance
At the RCP	Panel briefing by Admin staff / Associate Postgraduate Dental Dean / Lay rep. Roles and responsibilities agreed. Reviews concluded.	On the day
After the RCP	Trainees to arrange feedback meetings with ESs, TPDs, Associate Postgraduate Dental Deans as required	ASAP and within 1 week
	TPDs to access relevant trainee e-portfolios if not done so at RCP Panel	Within 1 week

GPT29 Assessment Requirements and Checklist

Engagement in the Dental e-portfolio process and panel reviews is mandatory for all GPTTs as part of your training programme and will be used as the basis for the issue of a certificate of completion and reference process.

Please review the following checklist to ensure you have completed the required components for your IRCP/FRCP. To be awarded a Satisfactory Outcome, there **MUST** be clearly labelled evidence in your Axia e-portfolio **by FRCP in 2026 – date TBA**.

Date of IRCPs – 21 February 2025, 9 July 2025, TBA - February 2026

Date of FRCP – TBC- July/ August 2026

Early Years Training in North East & North Cumbria 11 months IRCP

GPT pilot 2024-26

Please upload this document in the “uploads” section of the AXIA e-portfolio, to acknowledge you have fulfilled each of the requirements.

IRCP Requirement	Location of Evidence on AXIA e-portfolio	Uploaded
Completed induction checklist: <ul style="list-style-type: none"> one for practice one for hospital 	Induction section: Induction checklist	<input type="checkbox"/>
Completed initial Educational Supervisor meeting: <ul style="list-style-type: none"> one for practice one for hospital 	Induction Section: Educational supervisor induction meeting	<input type="checkbox"/>
In first 3 months, at least 4 DOPS in practice (included in the 26 SLEs): <ul style="list-style-type: none"> New patient examination Endodontic access/extirpation Simple restoration Simple extraction 	Supervised learning events section	<input type="checkbox"/>
A minimum of 26 completed supervised learning event entries (with a broadly even split between practice and hospital): <ul style="list-style-type: none"> at least 8 DOPS at least 4 CEX at least 4 CBD at least 2 DENTL 	Supervised learning events section	<input type="checkbox"/>
Included within the above, 2 DENTL summary reports: <ul style="list-style-type: none"> one jointly by TPDs for practice and hospital after 10 months one by a CS in hospital after 10 months 	Supervised learning events section: DENTL	<input type="checkbox"/>
Ad hoc practice ES report before the end of month 3, to cover early progress in practice	Ad hoc ES report section	<input type="checkbox"/>
Interim Structured Educational Supervisor’s Reports, with input into each document from practice ES, hospital ES and trainee <ul style="list-style-type: none"> one after 5 months one after 10 months 	Interim Review of competency progression: ES report	<input type="checkbox"/>

An ES-agreed PDP with <i>SMART</i> targets and documented progress (using GDC template)	Uploads section, labelled 'personal development plan'	<input type="checkbox"/>
Learning/development needs (at least 5, with progress against them)	Learning/development needs section	<input type="checkbox"/>
Reflections recorded (at least 6)	Reflection log	<input type="checkbox"/>
Clinical activity in practice logged, with at least: <ul style="list-style-type: none"> • 3 crowns or onlays • 4 dentures (acrylic or CoCr) • 4 endodontic cases – to include at least one molar or premolar • 1 MOS case (or sectioning of tooth) – observed as a DOPS • 1 stainless steel crown on child • 40 restorations (not including GIC) - to include at least 5 paediatric restorations • 20 routine extractions • 400 UDAs 	Clinical experience log, completed monthly	<input type="checkbox"/>
UDAs evidenced via PDF schedules from Compass uploaded monthly, up to 1 st July schedule (anonymised)	Uploads section, labelled as schedules	<input type="checkbox"/>
Logbook of clinical activity within hospital, using basic template here or RCSEd e-Logbook here . (Dated within 4 weeks of IRCP. Anonymised.)	Uploads section, labelled 'clinical logbook'	<input type="checkbox"/>
Assignments to date in practice uploaded, including audit and online learning proof.	Uploads section (or as per assignments guide)	<input type="checkbox"/>
Clinical governance or quality improvement project from hospital underway – uploaded, with progress report and personal reflection	Quality Improvement section	<input type="checkbox"/>
At least 16 tutorials or other guided learning experiences in practice	Protected learning time section	<input type="checkbox"/>
Attendance at study days – upload certificates	Uploads section	<input type="checkbox"/>

<p>Two separate rounds of MSF completed:</p> <ul style="list-style-type: none"> • in practice by month 7 (min 8 responses) • in hospital by month 10 (min 8 responses) 	<p>Multisource feedback section</p>	<p><input type="checkbox"/></p>
<p>Complete Patient Satisfaction Questionnaire in practice by month 10 (min 20 responses)</p>	<p>Patient satisfaction questionnaire section</p>	<p><input type="checkbox"/></p>
<p>Evidence in portfolio covering EPA1-4 in detail, with some for EPA5-9. To be claimed as demonstrated, each EPA to be linked with at least one SLE.</p>	<p>Entrustable Professional Activities Log</p>	<p><input type="checkbox"/></p>

The document highlights requirements which specifically relate to **practice** or **hospital**. Others are to be met across both settings.

Early Years Training in North East & North Cumbria FRCP

GPT pilot 2024-26

Please upload this document in the “uploads” section of the AXIA e-portfolio, to acknowledge you have fulfilled each of the requirements.

FRCP Requirement	Location of Evidence on AXIA e-portfolio	Uploaded
Completed induction checklist from year 1: <ul style="list-style-type: none"> • one for practice • one for hospital 	Induction section: Induction checklist	<input type="checkbox"/>
Completed initial Educational Supervisor meeting: <ul style="list-style-type: none"> • one for practice • one for hospital year 1 • one for hospital year 2 	Induction Section: Educational supervisor induction meeting	<input type="checkbox"/>
In first 3 months, at least 4 DOPS in practice (included in the 52 SLEs). <ul style="list-style-type: none"> • New patient examination • Endodontic access/extirpation • Simple restoration • Simple extraction 	Supervised learning events section	<input type="checkbox"/>
A minimum of 52 completed supervised learning event entries (split evenly between practice and hospital): <ul style="list-style-type: none"> • at least 16 DOPS • at least 8 CEX • at least 8 CBD • at least 1 Developing Clinical Teacher • at least 5 DENTL 	Supervised learning events section	<input type="checkbox"/>
Included within the above, 4 DENTL summary reports: <ul style="list-style-type: none"> • one jointly by TPDs for practice and hospital after 10 months • one by a CS in hospital after 10 months • one jointly by TPDs for practice and hospital after 22 months • one by a CS in hospital after 22 month 	Supervised learning events section: DENTL	<input type="checkbox"/>
Ad hoc practice ES report before the end of month 3, to cover early progress in practice	Ad hoc ES report section	<input type="checkbox"/>

<p>Interim Structured Educational Supervisor's Reports, <u>with input into each document from practice ES, hospital ES and trainee</u></p> <ul style="list-style-type: none"> • one after 5 months • one after 10 months • one after 17 months 	Interim Review of competency progression: ES report	<input type="checkbox"/>
<p>Final Structured Educational Supervisor's Report, <u>with input into each document from practice ES, hospital ES and trainee</u> (done after 22 months)</p>	Final Review of competency progression: ES report	<input type="checkbox"/>
<p>An ES-agreed PDP with <i>SMART</i> targets and documented progress (using GDC template here)</p>	Uploads section, labelled 'personal development plan'	<input type="checkbox"/>
<p>Learning/development needs (at least 10, with progress against them)</p>	Learning/development needs section	<input type="checkbox"/>
<p>Reflections recorded (at least 12)</p>	Reflection log	<input type="checkbox"/>
<p>Clinical activity in practice logged, with at least:</p> <ul style="list-style-type: none"> • 12 crowns or onlays • 12 acrylic dentures • 1 CoCr denture • 12 endodontic cases – to include at least 4 molars • 1 MOS case (or sectioning of tooth) – observed as a DOPS in year 1 • 2 stainless steel crowns on children • 50 restorations (not including GIC) • 40 routine extractions • 1,875 UDAs 	Clinical experience log, completed monthly	<input type="checkbox"/>
<p>UDAs evidenced via PDF schedules from Compass uploaded monthly, up to 1st July schedule (anonymised)</p>	Uploads section, labelled as schedules	<input type="checkbox"/>
<p>Logbook of clinical activity within hospital, using basic template here or RCSEd e-Logbook here. (Dated within 4 weeks of FRCP. Anonymised.)</p>	Uploads section, labelled 'clinical logbook'	<input type="checkbox"/>
<p>All assignments in practice uploaded, including audit and online learning proof.</p>	Uploads section (or as per assignments guide)	<input type="checkbox"/>

Clinical governance or quality improvement project from hospital completed – uploaded, with progress report and personal reflection	Quality Improvement section	<input type="checkbox"/>
Involvement in Teaching	Uploads section, labelled 'Teaching'	<input type="checkbox"/>
At least 30 tutorials or other guided learning experiences in practice	Protected learning time section	<input type="checkbox"/>
Attendance at study days – upload certificates	Uploads section	<input type="checkbox"/>
Four separate rounds of MSF completed: <ul style="list-style-type: none"> in practice by month 7 (min 8 responses) in hospital by month 10 (min 8 responses) in practice by month 19 (min 8 responses) in hospital by month 22 (min 8 responses) 	Multisource feedback section	<input type="checkbox"/>
Two separate rounds of Patient Satisfaction Questionnaires completed: <ul style="list-style-type: none"> in practice by month 10 (20 responses) in hospital by month 16 (20 responses) 	Patient satisfaction questionnaire section	<input type="checkbox"/>
Evidence in portfolio covering EPA1-9 in detail. Each EPA to be linked with at least one SLE.	Entrustable Professional Activities Log	<input type="checkbox"/>

The document highlights requirements which specifically relate to **practice** or **hospital**. Others are to be met across both settings.

TEMPLATE DOCUMENTS

Logbook of Clinical Activity

All Early Years Trainees need to include a clinical logbook of hospital (DCT) cases in their Axia portfolio. This logbook MUST be either the NHSE NE template [found here](#), or the report extracted from the RCSEd [e-Logbook](#) which is free and can be used during DCT. A copy is also available in the Resources Foler on Sharepoint. require

PDP

All Early Years Trainees are required to have an ES agreed Personal Development Plan (PDP) with *SMART* targets uploaded to their e-portfolio. We you to use a template based on the GDC template which can be [downloaded here](#). A copy is also available in the Resources Foler on Sharepoint.

Important sources of information

Early Years Training curriculum can be here:



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[Webinar: Early Years Dental Training](#)