

Middle Years Postgraduate Dental Training Curriculum

England

December 2025

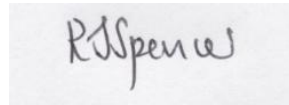
Version 12.1

Foreword

People in the United Kingdom are living longer, with an average life span of 81 years, and are also retaining their teeth for longer¹. Advances in medical and dental care have led to a commensurate rise in medical comorbidities with polypharmacy complexities and an increasing need for managing failing dentistry². This in turn, has generated a requirement for integrated care between different dental specialties and with medical specialties, thus placing an additional burden on general dental practitioners³.

Upon qualification, dental undergraduates are well equipped with basic theoretical knowledge and clinical skills in line with the General Dental Council's⁴ requirements for undergraduate training. These are consolidated during foundation/early years training, but new graduates may still have had limited exposure to today's complex patients including polypharmacy, co-morbidities and prior multi-disciplinary care⁵.

The Middle Years Dental Training (MYDT) curriculum follows on from the Early Years Dental Training Curriculum and allows a seamless continuum in postgraduate dental training. The curriculum is primarily outcomes based and framed as a number of entrustable professional activities (EPAs). These high level programme outcomes are accompanied by more detailed descriptions of what each outcome encompasses.



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Acknowledgements

UCLH/ Eastman Dental Hospital Education Centre (EDHEC):

- Dr Ulpee Darbar, Director of Dental Education
- Dr Tim O'Brien, Dental Consultant
- Dr Claire Dewshi, Specialty Grade Dentist
- Mr Minesh Patel, Associate Director of Dental Education
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Section 1: Introduction

1.1 The Purpose

This new curriculum aims to define the outcomes required to successfully complete the Middle Years Dental Training (MYDT) developing well-rounded trainees who are capable and skilled at making decisions and delivering integrated, multidisciplinary holistic patient care. It is also anticipated that trainees will hone their general professional capabilities whilst developing confidence and resilience at the start of their professional careers. The aim of the new curriculum is to ensure a seamless continuum in postgraduate dental training from graduation, through Early Years Dental Training (EYDT) into MYDT. Typically, this follows a structured progression from graduation to increased specialisation and lifelong learning. However, alignment of the Early Years and Middle Years portfolios also provides the flexibility to demonstrate prior learning and achieved competencies as well as flexibility in entry points via the equivalence routes – see Figure 1.

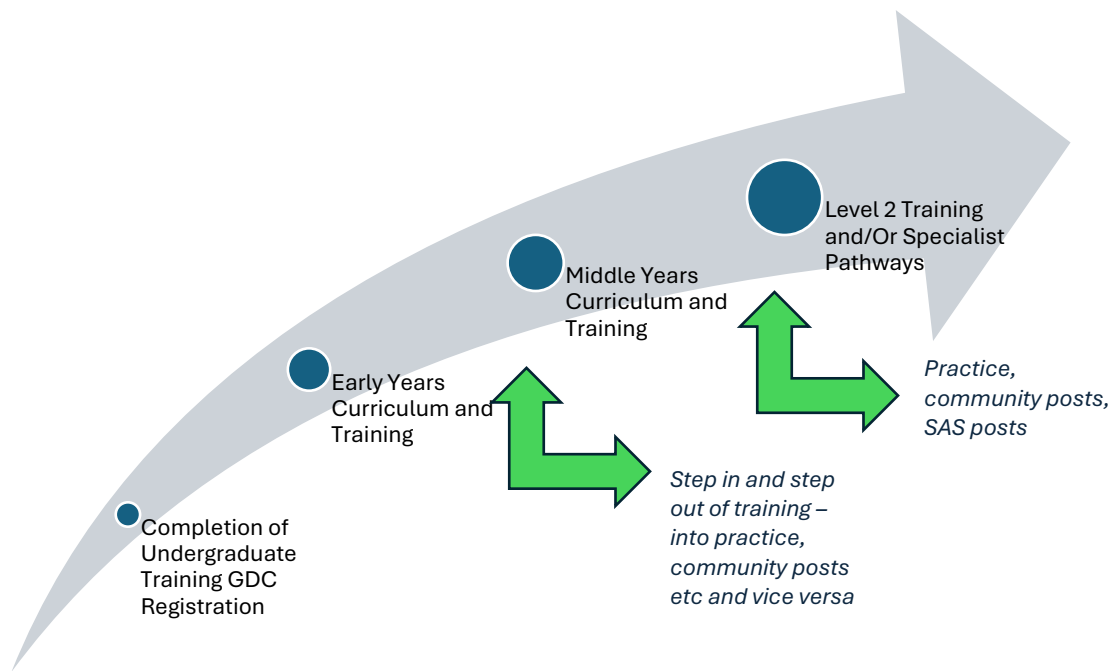


Figure 1: Postgraduate Dental Education – Continuum in Training

1.2 Previously Acquired Learning

The trainee will be expected to have acquired the Learning outcomes outlined below through their previous learning:

- Demonstrate professional values and behaviours expected of all dentists as described by the GDC
- Perform to the standards laid out in the Good Standards of Clinical Practice Guidance, and the GDC's Standards for the Dental Team (2013)
- Function within the health service and healthcare systems in the UK by:
 - Understanding NHS organisational and management structures and systems, enabling proactive and positive engagement and being aware of the limitations.
 - Participating in clinical governance, quality improvement processes, and reflective practice to ensure compliance with good clinical practice.
 - Embedding the principles of lifelong learning and stay up to date with their knowledge, skills, and ability to optimise patient care.
 - Engaging in evidence-based practice and safeguarding patient data in line with GDPR.
 - Showing proficiency in practicing evidence-based dentistry.
- Engaging in the development and training of others e.g. DCPs, medical practitioners
- Working well within a team by communicating effectively
- Demonstrating the skills to lead others and resolving and managing conflict and challenge.

This curriculum focuses on four domains Communication, Clinical Skills, Professionalism, Management and Leadership described in detail in Section 2.

1.3 Entrustable Professional Activities

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

The focus of the curriculum is on the different activities the trainee completing middle years can be entrusted with at the lowest levels of supervision i.e. unsupervised. The learning outcomes described in the following section sit under the EPAs – if a trainee achieves the EPAs, all the learning outcomes will have been demonstrated

1.4 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 MYDT and their educational supervisor in mind. It articulates the learning outcomes that are to be achieved by the end of the MYDT and brings these together in a framework of

entrustable professional activities which are to be used to support judgements about progression towards independent practice.

Section 2: Overview of the Curriculum

2.1 Domains and Learning Outcomes

The core domains and subdomains are outlined below.

1. Clinical

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

2. Communication

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

3. Professionalism

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

4. Management and leadership

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

Whilst listed as separate domains they all interact with each other with the output being well-rounded confident clinicians. These learning outcomes are defined by what the trainee will learn as they progress through the training with the concept being that those who leave the programme early will have acquired the required skill set with a difference being outlined to those wishing to stay on for the full duration of training.

Learning Outcomes for Professionalism Domain		
<i>By the end of MYDT, trainees will be able to explain the importance of reflection and regular self-assessment in lifelong learning and demonstrate a commitment to continuous professional development through seeking and implementing actions from feedback which contribute to personal growth, development, and resilience.</i>		
<i>As the training progresses the trainee will be able to demonstrate the value of self-awareness and reflection in their daily practice and personal development. As they progress through training the trainee will be able to demonstrate, apply and synthesise the value of self-awareness and reflection in their daily practice and personal development.</i>		
		Evidence
1.1 Self-awareness and Resilience		CbD
1.1.1	Continues to use self-reflection to increase self-awareness	DENTL
1.1.2	Develops insight on identifying tools to manage well being	MSF
1.1.3	Knows how to seek and engages with given support	PSQ
1.1.4	Proactively recognises signs and symptoms of burnout and acts to prevent the situation worsening	
1.1.5	Recognises the effect of human factors, including the impact of environment on self	
1.1.6	Manages the impact of continuing stresses on career progression	
1.2 Personal Growth and Development		
1.2.1	Acts on personal goals to support ongoing growth, development and progress	
1.2.2	Actions learning from assisted reflective practice and evaluates effect on development plans	
1.2.3	Demonstrates an understanding of the importance of engaging with professional groups	

1.3 Insight and Reflection	
1.3.1	Regularly applies reflection to daily practice.
1.3.2	Demonstrates insight in recognising challenging situations drawing learning from previous difficult encounters Applies learning from challenging situations and is insightful in recognising and using these to predicting similar circumstances.
1.3.3	Adopts a flexible and agile approach in daily practice

2.2 Learning Outcome - Clinical Skills and Knowledge

Trainees enrolling onto this programme will have completed the EYDT or demonstrated equivalence and can be entrusted with a range of work activity as defined in EPAs 1-4 of the EYDT Curriculum. During the MYDT the focus is to enhance the trainee's ability, confidence, and capability to manage the challenging and complex treatment needs of patients with multiple comorbidities and polypharmacy developing the skills to communicate and plan the patients care effectively and confidently. The aim of the clinical aspect of the training is to foster inner confidence and capability when dealing with patients who are living longer and presenting with complex and integrated treatment needs. The detailed list of clinical speciality specific outcomes is provided in Appendix 7.3 for reference.

<p>Learning Outcomes 2: Clinical Skills and Knowledge</p> <p><i>By the end of MYDT, trainees will be able to demonstrate, explain, evaluate the implications of a patient's systemic health, social and behavioural needs, when planning and executing treatment for patients who are compromised with integrated and/or multidisciplinary treatment needs using an evidence-based approach. Later in training, the trainee will be able to demonstrate, apply, evaluate and synthesise the patient related history (medical and social), clinical assessment and findings from investigations and be capable to make a judgement on the outcomes of the treatment options taking into consideration behavioural factors using a risk evaluated approach.</i></p>
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			Evidence
2.1 Integrated treatment planning of the patient with complex treatment needs including those with special needs			DOPS
2.1.1	Analyses and applies the information gathered and formulates a risk assessed evidence-based patient centred treatment plan, independently taking into consideration the patient's expectations and can judge where the care is best provided		mini-CEX CbD MSF
2.1.2	Applies knowledge of the impact of systemic diseases and a patient's medical history and the predicted impact of social history and patient beliefs and formulates a patient centred treatment plan taking into consideration the patient expectations, implementing any necessary modifications		PSQ
2.1.3	Evaluates and applies the range of treatment options available for the patient and uses the information gathered to identify all the possible options and suggest the most appropriate option Evaluates all possible treatment options available for the patient after gathering sufficient information and is able to suggest the most appropriate treatment for the individual		
2.1.4	Uses knowledge and judgement to intervene interact with patients, families and communities to promote oral health whilst providing support to maintain safety and enable progress I'm not sure if this makes sense regarding the safety when promoting oral health part		
2.1.5	Engages with the wider medical team to optimise patient care and minimise risk for "complex" medical problems		
2.1.6	Cognisant in applying and raising concerns when aware of safeguarding issues		
2.1.7	Demonstrates a consistent ability to assess the information to evaluate clinical risk when dealing with such patients		
2.1.8	Delivers treatment safely for compromised patients achieving the desired treatment outcome		

2.2 Managing the patient with multidisciplinary (medical and dental) treatment needs	
2.2.1	Coordinates multidisciplinary treatment and uses a phased treatment approach to achieve the optimal outcome
2.2.2	Interacts with all members of the multidisciplinary team and shares relevant information with the patient and where appropriate, their family/carers
2.2.3	Demonstrates the ability to incorporate the implications of medical conditions into dental treatment plans
2.2.4	Applies the knowledge of the impact of oral disease on systemic health when considering multidisciplinary treatment plans
2.3 Evidence-based care	
2.3.1	Applies available evidence where relevant to the decision making and treatment execution for patients who have integrated and/or multidisciplinary treatment needs

2.3 Learning Outcomes for Domain Communication

Communication and sharing difficult information with ease, confidence and clarity remains an ongoing issue with most patient complaints being related to the feeling of not being heard or understood. As patient expectations rise and demands increase, clinicians need to be confident and skilful maintaining vigilance in how they communicate information and narrate messages to patients so that the patient understands the proposed plan of treatment and the associated risks and benefits. Trainees enrolling onto this programme will be expected to be conversant with the GDC guidance and have gained the underpinning principles of interpersonal skills during their previous training. This training will support further development of these skills learning how to hone and apply these confidently in daily practice.

Learning Outcomes: Communication		
Training Progression		
<p><i>By the end of MYDT, trainees will be able to demonstrate an understanding of the importance of effective communication and be able to communicate effectively and clearly with those they encounter. This includes patients' thorough use of simple and clear language and Layman's terms. Trainees will also being cognisant of the differences when interacting with others, showing respect and demonstrating positive behaviours and attitude when confronted with conflict and challenge. The trainee will be able to demonstrate a progressive development on the skills acquired early in training and be able to confidently recognise challenging situations early. They will demonstrate how they communicate and manage these situations whilst showing respect, maintaining integrity and demonstrating calmness, always knowing when to reach for help.</i></p>		
		Evidence
3.1 Interpersonal communication		DOPS
3.1.1	Seeks clarity confidently when necessary, paying close attention to what is being said and repeating ambiguous ideas or statements	mini-CEX
3.1.2	Recognises and acts when the information provided is confusing and expresses themselves clearly verbally and non-verbally.	CbD

3.1.3	Writes and communicates using simple and clear language maximising the use of relevant information	MSF
3.1.4	Adopts a non-confrontational and non-threatening manner when communicating in challenging situations knowing when to seek help	PSQ
3.1.5	Recognises and acts in a challenging situation proactively and calmly	
3.1.6	Responds positively to all feedback including constructive criticism reflecting and implementing change	
3.2 Relationship building		
3.2.1	Recognises the importance of and works as an integral member of the team coordinating and cooperating with activities	
3.2.2	Demonstrates awareness and belief in the integrity or reliability of others, acting on this when necessary.	
3.2.3	Recognises and respects cultural, behavioural and individual differences among a wide group of people	
3.2.4	Maintains kindness and demonstrates civility when dealing with all situations, especially challenges when managing patients and working with colleagues	
3.2.5	Influences how others perceive them by encompassing behaviours designed to create and maintain a positive influence	
3.2.6	Articulates own views showing respect to others even when in disagreement over how to manage the conflict effectively	

2.4 Learning Outcome: Professionalism

Learning Outcome: Professionalism		
Training Progression		
	<p><i>Early in training the trainee will build on the fundamental principles that underpin the concepts of professionalism and as they progress into the training, they will embed these into their daily practice aiming to achieve this by the end of training</i></p> <p><i>By the end of MYDT, trainees will be able to demonstrate, apply and act in an altruistic manner demonstrating excellence in what they do adopting a nurturing and caring approach to patients and others. They will recognise the differences in people's values, behaviours and attitudes and remain accountable for their actions and decisions</i></p>	
4.1 Accountability		Evidence
4.1.1	Is accountable for and takes responsibility for own behaviour/attitude and actions and performs to a high standard when under pressure	CbD
4.1.2	Demonstrates and recognises the impact of time pressure and deadlines on cognitive performance	DENTL
4.1.3	Behaves and interacts with respect, politeness and integrity always	MSF
4.1.4	Is attentive, responsive and proactive and seeks to improve	PSQ
4.1.5	Manages own time efficiently and recognises the importance of being punctual notifying teams early in the event of unforeseen absence	
4.1.6	Maintains a professional appearance which aligns with the Trust standards	
4.2 Altruism (unselfish concern for other people)		
4.2.1	Influences and modifies own behaviours/attitude to the situation adopting appropriate actions	
4.2.2	Puts the needs of others first	

4.3 Excellence (quality of being outstanding or very good)	
4.3.1	Commits to lifelong learning to maintain skills, capabilities, knowledge and keeping up to date
4.4 Humanism (democratic and ethical life stance)	
4.4.1	Maintains, interacts and communicates with everyone showing integrity, compassion and respect
4.4.2	Adopts and creates openness remaining honest when things have not gone to plan
4.5 Professional Leadership	
4.5.2	Maintains and upholds the standards of the profession and always applies the rules of confidentiality
4.5.3	Engages with the learning and development with and of others
4.5.4	Develops personal influence demonstrating leadership as part of the immediate team
4.5.5	Engages with training and personal development initiatives to grow skills

Section 3: Entrustable Professional Activities

Middle Dental Years Training has to accommodate dentists in postgraduate training in different clinical contexts. This requires that EPAs are of two types:

Enhanced

These must be achieved at the highest level of entrustment at the end of the Middle Years Dental Training programme - whether on a 12m or 24m pathway. These overlap with Early Years Dental Training allowing a continuum of training. Trainees may have already completed these EPAs at different levels of entrustment in previous Early Years Dental Training posts.

Placement Specific

These will vary dependant on the context of the placement and the clinical activities that need to be met.

The entrustable professional activities below describe the units of professional activity required for successful completion of the Middle 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.

The EPAs for Middle Years Dental Training are:

Enhanced

EPA 5	Assessing and managing patients with multidisciplinary (medical and dental) treatment 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

Placement Specific

EPA 10	Restorative Dentistry (Periodontics, Endodontics, Prosthodontics)
EPA 11	Orthodontics
EPA 12	Oral Surgery
EPA 13	Paediatric Dentistry

EPA 14	Special Care Dentistry
EPA 15	Oral Medicine
EPA 16	Oral Pathology
EPA 17	Dental and Maxillofacial Radiology
EPA 18	Oral Microbiology
EPA 19	Dental Public Health & Epidemiology

Title	EPA 5 - Assessing and managing patients with complex needs	
Type	<i>Enhanced</i>	
Description	<p>The Middle 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 Middle 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.</p>	
Key programme domains and outcomes	Clinical	
	Communication	
	Professionalism	
	Management and leadership	
Evidence to inform	<ul style="list-style-type: none"> ● Mini-CEX ● DOPS ● Case-based discussion ● Clinical experience log ● Reflective log 	

entrustment decision	<ul style="list-style-type: none"> • Multi-source feedback - to inform end of year review(s) • Patient satisfaction questionnaire- to inform end of year review(s)
Progression	<p>For this placement specific EPA the Middle Years dentist is expected to have attained the following level of entrustment:</p> <p><i>Expected to be at Level 4 by end of training</i></p>

Title	EPA 6 - Promoting oral health in the population	
Type	<i>Enhanced</i>	
Description	<p>The Middle 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 Middle 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.</p>	
Key programme domains	Clinical	
	Communication	
	Professionalism	

and outcomes	Management and leadership	
Evidence to inform entrustment decision	<ul style="list-style-type: none"> ● 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	<p>For this placement specific EPA the Middle Years dentist is expected to have attained the following level of entrustment:</p> <p><i>Expected to be at Level 4 by end of training</i></p>	

Title	EPA 7 - Managing the service
Type	<i>Enhanced</i>
Description	<p>The Middle 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 Middle 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.</p>

Key programme domains and outcomes	Clinical	
	Communication	
	Professionalism	
	Management and leadership	
Evidence to inform entrustment decision	<ul style="list-style-type: none"> ● DENTL ● Reflective log ● Multi-source feedback - to inform end of year review(s) 	
Progression	<p>For this placement specific EPA the Middle Years dentist is expected to have attained the following level of entrustment:</p> <p><i>Expected to be at Level 4 by end of training</i></p>	

Title	EPA 8 - Improving the quality of dental services	
Type	<i>Enhanced</i>	
Description	<p>The Middle 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 Middle 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.</p>	
Key programme domains and outcomes	Clinical	
	Communication	
	Professionalism	
	Management and leadership	
Evidence to inform entrustment decision	<ul style="list-style-type: none"> ● DENTL ● Reflective log ● Multi-source feedback - to inform end of year review(s) 	
Progression	<p>For this placement specific EPA the Middle Years dentist is expected to have attained the following level of entrustment:</p> <p><i>Expected to be at Level 4 by end of training</i></p>	

Title	EPA 9 - Developing self and others	
Type	<i>Enhanced</i>	
Description	<p>The Middle 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.</p>	
Key programme domains and outcomes	Clinical	
	Communication	
	Professionalism	
	Management and leadership	
Evidence to inform entrustment decision	<ul style="list-style-type: none"> ● DtCT ● DENTL ● Reflective log ● Multi-source feedback - to inform end of year review(s) 	
Progression	<p>For this placement specific EPA the Middle Years dentist is expected to have attained the following level of entrustment:</p> <p><i>Expected to be at Level 4 by end of training</i></p>	

Title	EPA 10 - Restorative Dentistry (Periodontics, Endodontics, Prosthodontics)
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Type	<i>Placement Specific</i>	
Description	<p>The Middle Years Dentist in a Restorative Dentistry setting can demonstrate the principles of:</p> <ul style="list-style-type: none"> • Managing the restorative dentistry needs of patients referred from primary care • Diagnosing and managing non-surgical endodontics • Performing non-surgical root canal treatment for cases with normal root canal anatomy • Performing non-surgical root canal treatment for simple re-treatment cases • Assessing and managing of common variants of periodontal disease • Appropriately assessing and performing direct and indirect dental restorations • Appropriately assessing and providing removable immediate, copy, partial and complete dentures • Performing stages of implant-retained or supported prostheses 	
Key programme domains and outcomes	Clinical	
	Communication	
	Professionalism	
	Management and leadership	
Evidence to inform entrustment decision	<ul style="list-style-type: none"> • 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	<p>For this placement specific EPA the Middle Years dentist is expected to have attained the following level of entrustment:</p> <p><i>Expected to be at Level 3 by end of training</i></p>	

Title	EPA 11 - Orthodontics	
Type	<i>Placement Specific</i>	
Description	<p>The Middle Years Dentist in an Orthodontic setting can demonstrate the principles of:</p> <ul style="list-style-type: none"> • Assessing and diagnosing basic orthodontic care • Performing basic and emergency orthodontic treatments 	
Key programme domains and outcomes	Clinical	
	Communication	
	Professionalism	
	Management and leadership	
Evidence to inform entrustment decision	<ul style="list-style-type: none"> • 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	<p>For this placement specific EPA the Middle Years dentist is expected to have attained the following level of entrustment:</p> <p><i>Expected to be at Level 3 by end of training</i></p>	

Title	EPA 12 – Oral Surgery	
Type	<i>Placement Specific</i>	
Description	<p>The Middle Years Dentist in an Oral Surgery setting can demonstrate the principles of:</p> <ul style="list-style-type: none"> • Understanding surgical management of oral mucosal, salivary gland and oro-facial pain conditions • Assessing and diagnosing oral surgery patients 	

	<ul style="list-style-type: none"> • Performing initial and emergency treatments • Managing patients with relevant medical histories and co-morbidities including multidisciplinary care • Managing straightforward oral surgery treatments under local anaesthetic in patients with complex medical histories and co-morbidities • Understanding the underlying pathology of oral surgery diagnoses and selecting appropriate investigations to plan care 	
Key programme domains and outcomes	Clinical	
	Communication	
	Professionalism	
	Management and leadership	
Evidence to inform entrustment decision	<ul style="list-style-type: none"> • Mini-CEX • DOPS • Case-based discussion • Clinical experience log • Reflective log • Multi-source feedback - to inform end of year review(s) <p>Patient satisfaction questionnaire- to inform end of year review(s)</p>	
Progression	<p>For this placement specific EPA the Middle Years dentist is expected to have attained the following level of entrustment:</p> <p><i>Expected to be at Level 3 by end of training</i></p>	

Title	EPA 13 - Paediatric Dentistry
Type	<i>Placement Specific</i>
Description	<p>The Middle Years Dentist in a Paediatric Dentistry setting can demonstrate the principles of:</p> <ul style="list-style-type: none"> • Understanding of paediatric dentistry provision in secondary care • Assessing and diagnosing basic paediatric dental cases

	<ul style="list-style-type: none"> • Performing basic and emergency dental treatments for children • Managing a range of dental treatment for children in primary and secondary care, with a well developed set of practical skills and knowledge
Key programme domains and outcomes	Clinical
	Communication
	Professionalism
	Management and leadership
Evidence to inform entrustment decision	<ul style="list-style-type: none"> • 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	<p>For this placement specific EPA the Middle Years dentist is expected to have attained the following level of entrustment:</p> <p><i>Expected to be at Level 3 by end of training</i></p>

Title	EPA 14 - Special Care Dentistry
Type	<i>Placement Specific</i>
Description	<p>The Middle Years Dentist in a Special Care Dentistry setting can demonstrate the principles of:</p> <ul style="list-style-type: none"> • Understanding the need to improve oral health for individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of a number of these factors.

	<ul style="list-style-type: none"> • Understanding of holistic management that is specialist led in order to meet the complex requirements of people with special needs. • Understanding of the impact of oral health on the lives of those with disability issues and complex needs • Performing basic and emergency dental treatments 	
Key programme domains and outcomes	Clinical	
	Communication	
	Professionalism	
	Management and leadership	
Evidence to inform entrustment decision	<ul style="list-style-type: none"> • 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	<p>For this placement specific EPA the Middle Years dentist is expected to have attained the following level of entrustment:</p> <p><i>Expected to be at Level 3 by end of training</i></p>	

Title	EPA 15 - Oral Medicine
Type	<i>Placement Specific</i>
Description	<p>The Middle Years Dentist in an Oral Medicine setting can demonstrate the principles of:</p> <ul style="list-style-type: none"> • Understanding for non-surgical care management of patients with oral mucosal, salivary gland and non-odontogenic causes of oro-facial pain • Assessing and diagnosing basic conditions and performing initial and emergency treatment

	<ul style="list-style-type: none"> • Understanding of the importance of medical history and co-morbidities • Managing straightforward oral medicine diagnoses with consideration of co-morbidities, response to interventions over time and multidisciplinary care as needed • Understanding the underlying pathology of oral medicine diagnoses and selecting appropriate investigations to plan care • Performing diagnostic investigations in an outpatient setting 	
Key programme domains and outcomes	Clinical	
	Communication	
	Professionalism	
	Management and leadership	
Evidence to inform entrustment decision	<ul style="list-style-type: none"> • 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	<p>For this placement specific EPA the Middle Years dentist is expected to have attained the following level of entrustment:</p> <p><i>Expected to be at Level 3 by end of training</i></p>	

Title	EPA 16 - Oral Pathology
Type	<i>Placement Specific</i>
Description	The Middle Years Dentist in an Oral Pathology setting can demonstrate the principles of:

	<ul style="list-style-type: none"> • Understanding a range of oral pathologies • Assess and construct differential diagnoses and arrange investigations. • Interpreting pathological reports for a range of common oral diseases. • Explaining oral pathology findings to patients and answering questions appropriately. 	
Key programme domains and outcomes	Clinical	
	Communication	
	Professionalism	
	Management and leadership	
Evidence to inform entrustment decision	<ul style="list-style-type: none"> • 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	<p>For this placement specific EPA the Middle Years dentist is expected to have attained the following level of entrustment:</p> <p><i>Expected to be at Level 3 by end of training</i></p>	

Title	EPA 17 - Dental and Maxillofacial Radiology
Type	<i>Placement Specific</i>
Description	<p>The Middle Years Dentist in a Dental and Maxillofacial Radiology setting can demonstrate the principles of:</p> <ul style="list-style-type: none"> • Understanding of DMFR provision in the secondary care service. • Performing basic DMFR procedures under guidance • Performing in line with up-to-date knowledge of Ionising Radiation Protection guidance and best practice

Key programme domains and outcomes	Clinical	
	Communication	
	Professionalism	
	Management and leadership	
Evidence to inform entrustment decision	<ul style="list-style-type: none"> ● 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	<p>For this placement specific EPA the Middle Years dentist is expected to have attained the following level of entrustment:</p> <p><i>Expected to be at Level 3 by end of training</i></p>	

Title	EPA 18 Oral Microbiology	
Type	<i>Placement Specific</i>	
Description	<p>The Middle Years Dentist in an Oral Microbiology setting can demonstrate the principles of:</p> <ul style="list-style-type: none"> • Requesting microbiological investigations • Interpreting basic microbiological investigations • Recognising when expert advice may be required. • Participating in clinical governance relating to antimicrobial stewardship • Participating in clinical governance relating to quality management systems relating to decontamination 	
Key programme domains and outcomes	Clinical	
	Communication	
	Professionalism	
	Management and leadership	
Evidence to inform entrustment decision	<ul style="list-style-type: none"> • 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	<p>For this placement specific EPA the Middle Years dentist is expected to have attained the following level of entrustment:</p> <p><i>Expected to be at Level 3 by end of training</i></p>	

Title	EPA 19 Dental Public Health & Epidemiology	
Type	<i>Placement Specific</i>	

Description	<p>The Middle Years Dentist in a Dental Public Health and Epidemiology setting can demonstrate the principles of:</p> <ul style="list-style-type: none"> • Understanding dental disease prevention in the community, such as water fluoridation • Understanding strategies for improving oral health • Understanding societal problems and the role of substances such as alcohol and tobacco in oral health • Performing brief interventions and referrals for those with substance issues • Understanding of social conditions and the impact on oral disease and dental services, such as mental health problems, dementia, poverty and inequalities • Understanding of collection and use of information in dental epidemiology. 	
Key programme domains and outcomes	Clinical	
	Communication	
	Professionalism	
	Management and leadership	
Evidence to inform entrustment decision	<ul style="list-style-type: none"> • Mini-CEX • DOPS • Case-based discussion • Reflective log • Multi-source feedback - to inform end of year review(s) • Patient satisfaction questionnaire- to inform end of year review(s) 	
Progression	<p>For this placement specific EPA the Middle Years dentist is expected to have attained the following level of entrustment:</p> <p><i>Expected to be at Level 3 by end of training</i></p>	

Section 4: Assessment

The Middle 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, Middle 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.

4.1 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 Middle Years dentist to ensure that assessment panels are provided with sufficient evidence to make entrustment decisions.

4.2 What type of assessments?

The SLEs 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) - 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, focused on clinical reasoning, and usually based around the clinical notes and supporting information such as radiographs 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 a Middle Years dentists skills in teaching and facilitating learning.

Direct Evaluation of Non-Technical Learning (DENTL) - A tool to assess ‘ non-technical ’ skills. This instrument is designed to provide feedback on a trainee's performance in non-clinical areas such as 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 evidence that demonstrate achievement of programme outcomes such as a published paper, business case or calculation of a carbon footprint.

4.3 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 Middle 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 Middle Years dentist would normally be expected to accumulate a minimum of 24 SLEs across assessment types in each 12 month period. Middle Years dentists and their supervisors should work together to ensure SLEs are accumulated throughout the period of training and not all undertaken together just 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.

4.4 Recording evidence in the e-portfolio

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

Section 5: Quality Management

The organisation of the delivery of this curriculum will be the responsibility of NHSE who will also undertake the quality control, management and assurance of training. The standards put in place will conform to the GDC's Educational Governance Framework¹⁹ to ensure a continuous improvement culture to optimise the trainee experience which will be central to quality management. This emphasis on trainee learning and academic achievement will enhance the transformation of trainees.

The curriculum, although not regulated by the GDC, aligns with their Safe Practitioner Framework²⁰ and Standards for the Dental Team¹¹ and closely considers the NHS Long Term Workforce Plan and Advancing Dental Care Review.

5.1 Quality Indicators

The information needed to assess quality will be collected by the training provider and NHSE. The training provider will be responsible for providing information with regards to the trainee performance, attendance, sickness, compliance. Trainee satisfaction can be collected by the provider but usually surveys such as the National Education Training Survey (NETS)²³ will be undertaken to monitor the quality of training.

5.1.1: Collected by Provider:

These will include:

- Trainee Satisfaction - feedback from trainees regarding the program's effectiveness, relevance, and support provided.
- Clinical Capability - assessments of trainees' clinical skills and capability levels throughout the programme.
- Educational Resources - availability and quality of educational materials, including clinical and non-clinical protected time, online resources, and simulation tools.
- Faculty Support - evaluation of faculty supervision, experience, and availability for mentoring and guidance.
- Patient Outcomes - monitoring patient outcomes resulting from care provided by trainees during the programme and should include procedure-based outcomes and patient feedback.
- Diversity and Inclusion - promotion of diversity and inclusion within the training pathway, ensuring equal opportunities for all trainees regardless of background.

5.1.2: Collected by NHSE

- Programme Completion Rates - percentage of trainees who successfully complete one or both years of the programme within the expected timeframe. Special circumstances and extensions will be monitored and audited separately.
- Post-Programme destination - tracking the career progression and achievements of MYPT trainees.
- Research, Innovation, Management and Leadership - encouragement and support for trainees' involvement in wider learning activities, affiliation with leadership programmes (e.g. Chief Dental Officer Faculty of Medical Leadership and Management association).
- Faculty Support - evaluation of faculty supervision, experience, and availability for mentoring and guidance.
- Diversity and Inclusion - promotion of diversity and inclusion within the training pathway, ensuring equal opportunities for all trainees regardless of background.
- Conduct of the RCP process.

5.2 Trainee surveys

Trainees will be expected to complete the National Education Training Survey (NETS) currently conducted twice a year.

5.3 National Health Service England (Workforce, Training and Education)

NHSE is responsible for healthcare, education, training, and workforce development across England. NHSE will select training providers and has the option, if necessary, to visit and inspect individual training providers to ensure education is carried out at the

agreed standard. NHSE may highlight any areas for improvement, agree the timeline for any appropriate action and identify areas of notable practice.

The delivery of this programme will be overseen by the Postgraduate Dental Dean (PGDD) and Associate Dental Dean and managed by a Training Programme Director (TPD). PGDD will be responsible for allocating the number of training places. With the TPD and Educational Supervisor (ES), they will ensure that the academic, simulation and clinical training is established and delivered to the expected standard and monitored.

Section 6: Appendices

Appendix 6.1: Abbreviations and Acronyms

ADC	Advancing Dental Care
ADD	Associate Dental Dean
CBD	Case Based Discussion
(mini)-CEX	Clinical Evaluation Exercise
CS	Clinical Supervisor
COPDEND	Committee of Postgraduate Dental Deans and Directors
DCiP	Dental Capability in Practice
DCT	Dental Core Training/ Dental Core Trainee
DCPs	Dental Care Professionals
DFT	Dental Foundation Training
DtCT	Developing the Clinical Teacher
DOPS	Direct Observation of Procedural Skill
ePortfolio	Electronic Portfolio
ES	Educational Supervisor
EY/ EYDT	Early Years / Early Years Postgraduate Dental Training
GDC	General Dental Council
GCiP	Generic Capability in Practice
LO	Learning Outcome
MSF	Multisource Feedback
MYPT	Middle Years Postgraduate Dental Training
NETS	National Education and Training Survey
NHSE	National Health Service England
OSLER	Objective Structured Long Case Examination Record
PDP	Professional Development Plan
PGDD	Postgraduate Dental Dean
(F)RCP	(Final) Review of Capability Progression
QIP	Quality Improvement Project
SLE	Supervised Learning Event
TPD	Training Program Director
WBA	Workplace Based Assessment

Appendix 6.2: Glossary

Clinical governance	System through which National Health Service (NHS) organisations are accountable for continuously monitoring and improving the quality of their care and services, and for safeguarding the high standard of care and services.
Dentist in training	A dentist participating in an approved postgraduate training programme. These dentists are qualified and registered with the GDC but are developing their skills and competencies to a higher level.
Training programme	A structured and organised set of activities designed to develop or enhance the knowledge, skills, competencies and capabilities of individuals or groups in a specific area or subject.
NHSE England	NHS England leads the National Health Service (NHS) in England, responsible for the quality, financial and operational performance of all NHS organisations in their region.
Postgraduate Dental Dean (PGDD)	Is the responsible officer for dentists in training providing clear leadership to support the development of the whole workforce. He/she is employed by NHSE and is accountable for placing trainees in training environments that meet GDC standards and ensuring that local systems are in place to identify and respond to concerns about the standards not being met. He/she also ensures the quality assurance of training and is responsible to managing the training posts and appointing training programme directors (TPDs)
Associate Dental Dean (ADD)	They are responsible for ensuring that educational outcomes are effective and support the Postgraduate Dean to improve the experience and safety of learners and patients
Training Programme Director (TPD)	Appointed by the PGDD and responsible for managing the training programmes ensuring its delivery. They have an overarching role the details of which can be found at

Educational supervisor (ES)	The ES is a trainer who is assigned and appropriately trained to be responsible for the overall supervision and management of a trainee's educational progress during their training. He/she meets with the dental trainee regularly to discuss the personal development plan, review progress to ensure agreed learning outcomes are being met. He/she will be responsible for ensuring that the trainee is collating the required information and evidence in preparation for their summative assessment during which their progression is assessed. ESs work closely with the TPDs and are responsible for ensuring the training delivered meets with the required standards. He/she is accountable for ensuring that a safe environment for learning with compliance to the equality and diversity framework is maintained and governance protocols are being followed.
Clinical supervisor (CS)	An experienced clinician, appropriately trained in supervision skills, who oversees the work and training of the trainees during clinical placements during the week. A trainee can be supervised by one or multiple Clinical Supervisors. The Clinical Supervisors will be expected to report on the progress of the trainee to the trainee's Educational Supervisor.
Learning outcomes	Describe the capabilities, knowledge, values that the trainee is expected to demonstrate as a result of completing training. Describe the measurable skills, abilities, knowledge or values that students should be able to demonstrate as a result of a completing a course.
Blueprint	Table of specifications that provide validity evidence by creating an explicit link between test content.
Clinical Placement	A structured period of experience and learning in a particular specialty or area of practice in a health care setting.
Formative assessments	Tests that are administered during training focussing on learning and feedback.
Summative Assessment	Tests that are administered during training focussing on overall evaluation of the trainee against set standards to determine satisfactory exit from the training programme.
Programmatic assessment	An approach in which routine information about the learner's competence and progress is continually collected, analysed and, where needed, complemented with purposively collected additional assessment information, with the intent to both

	maximally inform the learner and their mentor and allow for high-stakes decisions at the end of a training phase. ²⁵
Multi-source feedback (MSF)	Collection of structured judgements of those who work with or have experience of the practitioner and feed these back in a systematic way to build a picture of the – behaviours, attitudes communication leadership team working and reliability.
Structured supervised learning events (SLEs)	Should be used to promote engagement, feedback, and skills development. When assessing competency, it is about what the trainee is able to do.

Appendix 6.3: Speciality Specific Outcomes UK DCT

The learning outcomes listed in this curriculum fall under 4, Dental Capability in Practice (DCiP), categories, 1 – Self Awareness; 2 – Clinical Skills and Knowledge; 3 – Interpersonal Skills and 4 – Professionalism all are interlinked and apply across the different specialities. The core and subdomains listed under DCiP 1, 3, 4 will apply across all specialities and are therefore referenced at the top in the table and as the trainee progresses, they will hone deeper skills in each of these underpinning the Specialty Specific competency skills. DCiP 2 - clinical skills and knowledge is listed as this will map across all specialities. All 4 capability categories are equally important and underpin the trainees' skills development as they progress through MYPDT.

DCiP 2: Clinical Skills and Knowledge Core Domains

2.1: Integrated (Intradental) treatment planning of the patient with complex treatment needs including those with special needs

2.2: Managing the patient with multidisciplinary (medical and dental) treatment needs

2.3: Evidence - based care

Specialty	DCT 1, 2, 3 The trainee should at the end of the training:	DCiP 1, 3, 4		
		DCiP2		
		2.1	2.2	2.3
C1 Restorative Dentistry (Periodontics, Endodontics, Prosthodontics)	Gain an understanding of the principles of managing the restorative dentistry treatment needs of patients referred from the primary care setting.	x		
	Use appropriate diagnostic and clinical techniques for non-surgical endodontics.	x		X
	Carry out non-surgical root canal treatment for cases with normal root canal anatomy		x	
	Carry out non-surgical root canal treatment for simple re-treatment cases.		x	
	Recognise and manage all common variants of periodontal disease.	x		X
	Provide direct and indirect dental restorations for appropriate clinical situations.		x	
	Provide removable immediate, copy, partial or complete dentures for appropriate situations.		x	
	Under supervision, carry out clinical stages to deliver implant-retained or supported prostheses.	x	x	X

Specialty	DCT 1, 2, 3 The trainee should at the end of the training:	DCiP 1, 3, 4		
		DCiP2		
		2.1	2.2	2.3
C2 Orthodontics	Have a basic understanding of orthodontic provision in the secondary care service.	x		
	Be able to make basic orthodontic diagnoses and undertake basic and emergency orthodontic treatments	x	x	X
C3 Oral Surgery	Have an understanding of oral surgery provision in primary and secondary care with reference to the surgical management of oral mucosal, salivary gland and oro-facial pain.	x		X
	Be able to make working diagnoses, undertake initial and emergency treatments and know when to refer	x	x	
	Have an understanding of the importance of medical history and co-morbidities in patient care.	x		X
	Be able to diagnose and manage straightforward oral surgery treatments under local anaesthesia with consideration of co-morbid states, the outcomes of care and involvement of other specialties as necessary.	x	x	X
	Have an in depth understanding of the pathological basis of oral surgery diagnoses and the role of targeted investigations in the support of clinician decision making.	x		X
C4 Paediatric Dentistry	Have a basic understanding of paediatric dentistry provision in the secondary care service.	x		X
	Be able to make basic paediatric dental diagnoses and undertake basic and emergency dental treatments for children	x	x	
	Have a practical set of skills and knowledge base to deliver a range of dental management for children in primary and secondary care.	x	x	x
Specialty	DCT 1; 2; 3 The trainee should at the end of the training:	DCiP 1, 3, 4		

		DCiP2		
		2.1	2.2	2.3
C5 Special Care Dentistry / Behaviour management and Anxiolysis	Have an understanding of the improvement of oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of a number of these factors.	x		x
	Have an understanding of a holistic approach that is specialist led in order to meet the complex requirements of people with special needs.	x	x	x
	Have an understanding of disability issues and the impact that they can have on oral health; as well as a comprehensive understanding of the impact that oral health can have on the lives of people with disabilities and complex needs.	x		x
C6 Oral Medicine	Have an understanding of oral medicine provision in primary and secondary care with reference to the non-surgical management of oral mucosal, salivary gland and nonodontogenic causes of oro-facial pain.	x	x	x
	Be able to make working diagnoses, undertake initial and emergency treatments and know when to refer.	x	x	x
	Understanding of the importance of medical history and co-morbidities in patient care.	x		x
	Be able to diagnose and manage straight forward oral medicine diagnoses with consideration of co-morbid states, the response to interventions over time and involvement of other specialties as necessary.	x	x	x
	Understanding of the pathological basis of oral medicine diagnoses and the role of targeted investigations in the support of clinical decision-making	x		x
C8 Dental and Maxillofacial Radiology	Have a basic understanding of DMF/Radiology provision in the secondary care service.	x		x
	Have an up to date knowledge of Ionising Radiation Protection guidance and best practice.	x		x
Specialty	DCT 1; 2; 3 The trainee should at the end of the training	DCiP 1, 3, 4		
		DCiP2		
		2.1	2.2	2.3

C7 Oral Pathology	Have an understanding of the range of oral diseases that contribute to oral and dental disease	x		X
	Have an awareness of diagnostic processes in oral pathology.	X		x
	Understands the range of oral pathologies and able to construct differential diagnoses and arrange investigations.	x		x
	Be able to interpret pathological reports for a range of common oral diseases.	x		x
	Be able to explain oral pathology findings to patients and answer questions appropriately.	x	x	x
C9 Oral Microbiology	Have an understanding of the role of the diagnostic microbiology in the management of orofacial infection	x		x
	Be able to undertake sampling of lesions and interpret reports, with assistance, if required.	x	x	
	Be able to apply principles of infection prevention and control to everyday practice.	X		x
	Have a working knowledge of antimicrobial stewardship principles	x	x	x
	Be competent to request and interpret microbiological investigations, and recognise when expert advice may be required.	X	x	x
	Be competent to participate in clinical governance relating to antimicrobial stewardship and quality management systems relating to decontamination.	x		X
C10 Dental Public Health & Epidemiology	The prevention of dental disease including water fluoridation.			X
	Strategies for improving oral health (e.g. Delivering Better Oral Health in England).		X	x
	The role alcohol plays in dental disease and traumatic injury		x	x
	The role smoking and tobacco products play in oral health and how to offer brief intervention and referral.		X	x
	The impact of dementia on society, oral disease and dental services.	x	x	x

Appendix 6.4: Guidance for Educational and Clinical Supervisors

Responsibility of the Supervisor

A supervisor is an appropriately trained and experienced clinician responsible for the education and growth of trainees in the clinical and non-clinical environment. A trainer has a central role in ensuring patient safety while education is taking place, providing appropriate supervision when needed and is involved in, and actively contributes, to the learning culture.

Supervisors provide trainees with specific, timely and honest feedback for learning and may have specific responsibility for assessment. The trainee's Educational Supervisor may also be a trainer; however, they will have key responsibility in directly monitoring the progress of their selected trainee. It will be expected that the trainee will be able to adequately evidence outcomes against the initially agreed PDP as well as the MYPDT curriculum learning outcomes at each of the formal reviews in the timeline.

It is essential that the employer and the dental profession recognise the supervisors' central roles in:

- Providing educational support in the workplace
- Helping the trainee understand the value of the e-portfolio.
- Supporting the trainee in their reflective practice and working with them to nurture personal growth.
- Providing judgement about a trainee's progress. This may include both positive and constructive feedback, the latter of which should be given with defined goals for the future.
- Undertaking and directing SLEs and giving immediate feedback and action points for the trainee's development.
- Teaching both in the workplace and as part of structured learning program and contributing to other forms of learning.
- Leading a culture of education and learning where every clinical encounter affords an opportunity to improve.
- Encouraging trainees to develop skills for managing both acute and long-term conditions.
- Encouraging trainees to develop skills for working in an interdisciplinary team.

Appendix 6.5: Guidance for Trainees

Trainees will be expected to comply with the educational agreement and abide by established protocols as expected of a professional. The trainee will be expected to be proactive in their learning journey working with their ES to ensure that their personal development plans and actions plans agreed to ensure progression with their learning. Trainees will be expected to:

- Behave professionally with probity.
- Comply with protocols and processes.
- Ensure that they follow the organisational operating code of conduct and familiarise themselves with the setting.
- Ensure that they comply with the mandatory training requirements.
- Comply with proactively setting meetings with their ES.
- Agree a personal development plan within 2 months of starting.
- Raise any issues or concerns early with the ES.
- Proactively work with the CS and seek feedback.
- Engage in completing their work-based assessments timely.
- Communicate if they are struggling and seek help.
- Empower themselves in being honest and open so that appropriate support and help can be given.
- Engage in reflective practice, identifying key learning points from strengths, and areas for improvement.
- Demonstrate commitment to lifelong learning and professional growth.
- Engage in collaborative learning, sharing knowledge with team members and working with others to engage with learning opportunities.
- Assimilate all types of feedback, taking on board constructive feedback in a positive manner.