

# COPDEND: Consultation on the Dental Foundation Training Competency Framework.

We very much welcome your feedback. This may be provided in any format, although responses to the questions below would be appreciated.

Alternatively, responses can be provided online at the following link:

<http://fluidsurveys.com/surveys/lindapc/copdend-dft-curriculum-national-consultation/>

Name of individual providing feedback:

Professor Paul A Brunton

Please indicate whether feedback is being provided on behalf of an organisation, or on an individual basis.

on behalf of the Faculty of Dental Surgery, The Royal College of Surgeons of England

## Consultation questions

1. Is the content of the competency framework appropriate (please consider each Domain)? Are there any gaps?

Generally we feel this is a well written and concise document. Our specific comments are as follows:

In the Clinical Domain point 1 section 16 it says: 'to perform an accurate assessment of the patient to enable the early diagnosis of orofacial neoplastic change'. The wording of this is good but it ought to have added in the term 'pre neoplastic conditions' or preferably the current term is 'oral potentially malignant diseases' as these are much more common than the neoplasms themselves. Later on in the other domains this is correctly stated.

In the Clinical Domain number 5 it says that a dentist should assess hard and soft tissue developmental abnormalities and identify conditions. We are not too sure what is meant by "identify". Does it mean diagnose or simply identify them as abnormal? It isn't terribly clear and we would prefer to see that at least a working or differential diagnosis for these conditions is provided, rather than just recognising them as abnormal. This would then at least match the undergraduate learning outcomes.

Clinical Domain 2 point 5 uses the expression 'informed consent'. The word 'informed' should be deleted so that it simply says 'valid consent'.

In Clinical Domain 2 point 6 indicates the NHS regulations will be interpreted relevant to the country of training. Should it not say 'devolved nation', not country?

In Clinical Domain 3 point 7 it includes tobacco and alcohol but omits betel quid use which is a much more powerful carcinogen. We suggest that you either list the substances or simply state 'substances detrimental to oral and general health'.

In Clinical Domain 6 Periodontology section items 5 and 12 seem repetitive. We suggest that these could be usefully combined.

According to Clinical Domain section 9 Management of the Developing Dentition, the trainee should demonstrate the ability to recognise problems related to orthodontic treatment, relieve trauma and discomfort due to appliances and a range of emergency repairs to orthodontic appliances when required. We suggest that at the end of this sentence the words 'including repair and replacement of retainers' are added.

We are pleased to see information on good antibiotic prescribing.

Communication Domain 3 point 3 requires effective communication verbally and in writing. We assume that you mean orally and in writing? This is also the same in 3.5 two lines down. We also feel that point 3.3 doesn't make sense as it stands.

In the Professionalism Domain under part 4 point 1 covering clinical action for whistleblowing on colleagues the same item appears to be covered three pages before in the Professionalism Domain 1 under Ethics numbers 1.5 and 1.6. We do not think that it needs to be covered in both sections.

Could we add two new parts in the Professional Domain in the Ethics section? One to explain that where there is a conflict between the financial benefits of the practice and the clinical need of the patient the patient's clinical needs should take precedence. A second one to describe the importance of ethical advertising promoting only what is in the best interest of the patient's oral health with an honest appraisal of the dental practitioner's own abilities.

Under Management and Leadership 2 domain Legislative item 2 point 1 we felt it was interesting as it requires knowledge and importance of a membership of a professional indemnity organisation. This is clearly a good idea but we understand that indemnity is currently available from other commercial insurers. If so, should it simply not state 'indemnity organisations'? Section 2:

The section on Consent should include knowledge and understanding of the Mental Capacity Act or the Adults with Incapacity Act Scotland.

The legislation section should also include knowledge and understanding of the regulators e.g. CQC or whatever body is appropriate for their region.

Section 4 We do not feel that ILS is required unless the trainee is doing intravenous sedation, which is unlikely at this stage in their career.

2. Are the competencies within the DFT curriculum achievable, within 1 year postgraduate training in a General Dental Practice?

*Please expand text box as required*

It would appear to us that the existing curriculum has been adapted to be provided within a year rather than the initial two-year period of foundation training that was envisaged. This is of some concern to us specifically how will the learning outcomes be assessed within foundation training over a one year programme. Who will deliver the assessments? What quality assurance measures will be put in place? These obviously are potential barriers to successful implementation. Without an assessment structure in place that supports and develops the learning outcomes of the curriculum we feel it would fail to engage with the trainees and fail to enable them to focus on this important objective during this crucial period of their professional development.

3. What are the barriers to the implementation of the curriculum?

See above

4. Should this curriculum apply to all routes to a foundation training certificate (i.e. 'by equivalence' and traditional routes).

Yes

5. Does this curriculum reflect what might be expected of a dentist delivering routine General Dental Practice (tier / level 1)?

*Please expand text box as required*

The curriculum contains a sensible spread of areas that we would expect a dental practitioner to be competent in. With the exception of the areas around the Management and Leadership domain areas they are almost identical to what we would expect from an undergraduate student. The document does comment that there is a continuum of professional development between the different stages of dental training, however many of the areas have already been tested and students deemed competent at an undergraduate level. We wonder whether it would be possible to clarify the differences in level required for each domain between the GDC *Preparing for Practice* document and the *Dental Foundation Training* document. This is essential we feel before an appropriate assessment of the realisation of these additional learning outcomes at a higher level can be demonstrated as planned.

Many thanks for your time.