NHS England

To: • Educational Supervisors and
       Foundation Dentists

cc. • TPD and APD

WTE NHS England
Blenheim House
Leeds

3 April 2025

Dear Colleagues,

IRCP DFT (Primary Care) Guidance

Please find below a guide detailing the clinical experience recommendations and various assessments that should be completed by IRCP.

Guidance for Secondary Care (DCT) Programmes will be issued separately.

IRCP panels for both Primary (DFT) and Secondary (DCT) placements will convene on the 10th July 2025.

Please ensure the ES IRCP Report, with FD Comments has been completed **before close of play on Tuesday 1st July 2025** to enable your TPD time to review your portfolios, the following portfolio information should be present prior to your TPD review and the IRCP panel dates.

Portfolio Information

Patient Structured Questionnaires – May (completed and published by IRCP)

There are various methods for collating patient feedback, please start this process in now and follow the portfolio instructions for whichever method is most suitable to your practice environment.

Second MSF – May (completed and published by IRCP)

Please send invites for the second MSF at the beginning of May for completion by the end of May, if you are unable to open your second MSF, please contact your TPD.
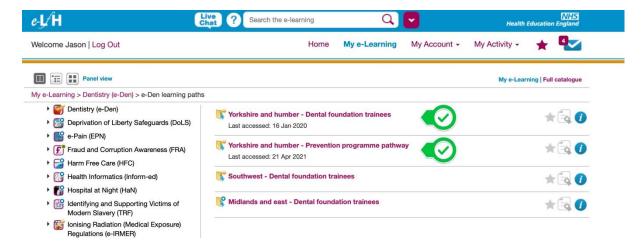
E-Learning

Completion of SCRIPT Modules (evidenced within Portfolio)
Completion of e-lfh Yorkshire and Humberside modules (x2)

Sustainability Audit

Please upload your audit summary and results to the Quality Improvement section of your Portfolio, this can be either a word document / PDF or Powerpoint.

ES IRCP Report

The ES report provides an essential evidence-based summary of the progress the FD is making during DFT. There are two sections of the ES report:

Section A
An indication on the supervision levels assigned to each EPA, which should be based on the evidence and clinical experience documented within the portfolio and a qualitative section, for overall feedback

Section B
A qualitative and formative feedback section, where more detailed feedback should be provided on progress to date, working towards the outcome of DFT, namely trainees are trusted to perform EPAs at the necessary level of supervision.

The FD has an opportunity to provide their own feedback and comments at the end of this report, this should be completed by 1st July 2025.

IRCP Outcomes

The IRCP (Interim Review of Competency Progression) panels will be sitting on the 10th July 2025

The purpose of this formative RCP process is to give guidance on areas for you to focus on for the remaining part of the DFT year. It will also recognise the progress you have made so far and incorporate TPD feedback which will be uploaded into the TPD Upload section of the report, your ES may also you the ES Upload section of the portfolio to upload any further evidence that supports your progress and development.

The IRCP report should be completed jointly between the ES and FD/FT, this can be scheduled during protected learning time.

There are three possible outcomes for IRCP.

Outcome 1: Achieving Progress at the expected rate
Outcome 2: Areas of development or experience required before completion
Outcome 5: Incomplete evidence presented

When the panels sit, they will only have the information within the portfolio to base recommendations on, if areas are incomplete then you are likely to receive an Outcome 5 which could raise a possible professionalism/engagement concern. To help you prepare, the table below details the minimum requirements. Please pay particular attention to recording your own learning needs.

Portfolio Summary Requirements

Portfolio Item	Requirements for IRCP
SLES (DOPS/mini-CEX/DCbD/DcT/DENTL)	Minimum of 14 SLEs* (+ learning needs) (these should be linked to EPAs to provide direct evidence in support of entrustment levels documented)
Learning needs created, where indicated	Up to date
Induction to Checklist and ES Induction Meeting	Completed
Pre-DFT Clinical Experience and ETD uploaded to the portfolio	Completed with any relevant learning needs documented within the portfolio
ESR (Early-Stage Review – Ad hoc ES report)	Completed with any relevant learning needs documented within the portfolio
Monthly Clinical Experience Log	Up to date and should include UDAs achieved based on practice software
Reflective Log	Evidence of appropriate reflection accounts recording within the portfolio, no minimum number described.
Protected Learning Time	A minimum of 20 recorded
PSQ (Patient Questionnaires)	Responses summarised and uploaded/available in the portfolio with ES summary recorded within IRCP.
MSF x2 (one before ESR and one before IRCP)	Completed with summary from ES recorded within IRCP report
Record Keeping Audit	Any record card audits completed by the FD should be uploaded into the Quality Improvement section of the portfolio
Significant event log	Completed where indicated with appropriate learning needs/reflection and outcomes
Patient Complaints	Completed where indicated with appropriate learning needs/reflection and outcomes, these should be included within the significant event log
BSA UDA Report	Up to date BSA UDA data report **
Interim ES Report	Completed by 19th February 2025, with FD/FT comments
e-Learning	SCRIPT Completion certificates for all Modules completed + any further e-learning completed

- * If SLE'S indicate areas for development then a learning need should be identified within the portfolio and a plan for the SLE to be repeated to evidence satisfactory progress.
- ** BSA data should be uploaded from COMPASS, please follow this link (https://youtu.be/tYnj_mKQzpo) for an explanation of the format of this report, please choose to export the report as a PDF and use the contract year 2024/25 (IMPORTANT : please download this just prior to 1st July 2025, to ensure the figures are as up to date as possible)

By the time of the Early-stage review the following linked SLE's were <u>recommended</u>

EPA 1 Assessing Managing New Patients

- mini-CEX New Adult Patient Examination

- CBD (covering radiography, clinical records, diagnosis, treatment options/planning)

EPA 2a Routine Dental Care (Restorative and Periodontics)

- DOPS Simulated Treatment (Clinical Skills Assessment)

- mini-CEX Simple Restoration involving removal of caries (+/- ID Block)

- DOPS (Endodontic Access / Pulp Extirpation and Rubber Dam Placement/Isolation) *(+/- ID Block)*

EPA 2b Routine Dental Care (Extractions and Prosthodontics)

- mini-CEX Simple XLA (+/- ID Block)

- DOPS (Impression taking techniques)

EPA 3 Assessing and Managing Children

- mini-CEX Child Examination (mixed dentition)

EPA 4 Emergency Care

- mini-CEX (emergency appointment - demonstrating alleviating patient pain through treatment)

It is expected that each EPA has linked SLE's as well as other supporting evidence, to enable entrustment levels to be assigned.

Clinical Experience Recommendations

Clinical Requirements	
Crowns/Onlays (Cast Restorations)	3 or more from any type
Dentures	4 or more from any type
Completed endodontic procedures	4 (one a multi-rooted tooth – ideally a molar)
Difficult Extraction (observed)	1 or more (difficult extraction including division of roots), observed by ES as an ADEPT
Restorations	40 or more restorations (not including GIC) - to include minimum of 5 paediatric restorations (not including GIC)
Stainless Steel crown placement (non AGP) for Paediatric patient	1 or more
Routine extractions	20 or more with at least 75% of these as adult extractions
Recommended UDAs and patient consultations	300 or more

If you have any questions or require clarification on the IRCP process and information within this guidance, please contact your TPD

Yours sincerely,

Jason

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WTE NHSE Yorkshire and Humber