Longitudinal Joint Dental Foundation and Core Training (JDFCT) – A Pilot Evaluation

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Aim:

Traditional postgraduate dental training follows a sequential model, requiring separate national recruitment processes for Dental Foundation Training (DFT) and Dental Core Training (DCT). This approach is resource-intensive and often involves frequent relocations, posing social, financial, and logistical challenges.

The JDFCT pilot program was launched by NHS Midlands as an "early years careers" initiative to address these issues.

Our aim was to evaluate the feasibility and effectiveness of a two-year integrate training model that combines both primary and secondary care training over traditional models.

With the hope of identifying improvements which could enhance the program and understanding its effect on workforce stability, training effectiveness and continuity.

Challenges Identified:

- Initial supernumerary status in secondary care limited procedural experience.
- Reduced confidence in surgical skills, particularly oral surgery.
- Systemic barriers in the current NHS climate slowed implementation of feedback-driven improvements.
- Lack of continuity of care in secondary care
- Varying levels of support across placements

Methods:

Pilot Structure: The JDFCT program integrates primary and secondary care training over two years.

Participants: First cohort (2023-25) included six trainees, in three pairs and second cohort (2024-26) extended to eight trainees in four pairs.

Training Rotations: Alternating placements in general practice, Oral and Maxillofacial Surgery (OMFS), and community dentistry.

Supplementary Training: traditional study days aligned with DCT curriculum attended alongside traditional peers combined with additional qualifications such as SAAD (Society for the Advancement of Anaesthesia in Dentistry) and Immediate Life Support (ILS).

Evaluation Approach: Feedback collected from trainees (15) and educational supervisors (10) regarding clinical exposure, confidence, and transition experiences.. A mix of quantitative scale responses and qualitative open-text feedback were analysed to identify common themes and allow respondents elaboration

Key Benefits:

- Smoother transition between primary and secondary care.
- Broader clinical exposure and experience
- Stable mentorship and structured learning.
- More efficient progression
- Increased confidence and competence following hospital placement and exposure to complex cases
- Stronger independent clinical thinking.

Feedback:

Trainees:

The JDFCT program has been well received, with 93% of participants stating they would re-enter the program. All participants agreed it has positively impacted their career progression. Key benefits expressed were a broad exposure to both primary and secondary care, skill development in oral surgery, and a well-rounded clinical experience. However, challenges such as limited hands-on surgical opportunities, lack of continuity with patients, administrative workload, and varying levels of support were highlighted. Suggested improvements, include a standardized induction process, more oral surgery experience and adjustments to rotation structures. While modification is required trainees acknowledged the program's value in shaping their careers

Educational and clinical supervisors:

The JDFCT program is generally viewed as beneficial for trainees, with supervisors noting improvements in independence, confidence, and career readiness, particularly through concurrent exposure to both practice and hospital settings. Suggestions for improvement include adjusting milestone deadlines, reducing administration, increasing hands-on surgical experience in hospitals, and enhancing communication between educational supervisors in different clinical settings. Overall, the program offers a broad range of experiences that positively shape trainees' clinical skills and professional relationships.

Associate dean:

The Advancing Dental Care Report (Sept 2021), set out an ambitious professional healthcare education reform agenda. The recommendations of the report included efforts to improve the existing DFT model to broaden trainee experience in the NHS to deliver high quality holistic care. The introduction of a longitudinal JDFCT scheme in the Midlands Region has allow us to develop, pilot and evaluate approaches to enriching our new graduate experience. It is to early to say if a longitudinal approach will improve retention of new graduates within geographical area but early indication from the soon to complete cohort are very encouraging.

Adaptations:

The following improvements have been implemented for ongoing cohorts:

- Removal of supernumerary status.
- Modified placement structuring to increase procedural exposure.
- Placements targeted to "dental deserts," addressing workforce shortages and health inequalities
- Formation of a novel iMOS placement to increase complex oral surgery exposure

Conclusion:

The JDFCT pilot demonstrates a dynamic approach to workforce development. The programme has demonstrated significant benefits in enhancing trainee competency, confidence, and career progression while offering a structured and supportive training pathway. It has been shown to reduce the social and logistical challenges identified in early years postgraduate dental training. Although areas for improvement remain, the overall positive reception suggests that expanding and refining the JDFCT model could provide a viable alternative over traditional postgraduate dental training structures.

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