

The two-year longitudinal dental foundation training programme: an option worth revisiting

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Key points

Outlines what the GPT/LDFT schemes are and what they involve in the UK.

Draws attention to possible upcoming changes to how dentistry is to be delivered in the future and reforms in dental education and training.

Discusses possible expansion and development of future GPT/LDFT schemes nationally.

Two-year longitudinal dental foundation training (LDFT) programmes are available for dental graduates through a national recruitment process. These two-year schemes have been around for many years and enable foundation dentists to gain valuable experiences in general practice as well as the hospital and community services. However, the LDFT schemes have closed in Northern Ireland, Scotland and Wales in recent years, leaving the North East England General Professional Training (GPT) scheme and the Yorkshire and Humberside LDFT scheme as the only two LDFT/GPT schemes left. With the Health Education England (HEE) 'Advancing Dental Care' project in progress, HEE are looking at reforming dental education and training to meet new and continued expectations. LDFT/GPT has been highlighted already in stage one of the project and will be considered further in stage two. Following frequent discussions in the project, this could offer an opportunity to expand and develop future LDFT/GPT schemes around the UK.

What is longitudinal dental foundation training?

Longitudinal dental foundation training (also known as LDFT, general professional training, GPT) is a two-year training programme, that incorporates dental foundation training competencies and also dental core training 1 (DCT 1) competencies.¹ Therefore, on completion of the LDFT/GPT programme, the foundation dentist is eligible to apply directly for a dental core training 2 (DCT 2) post, rather than having to apply for a DCT 1 post (Fig. 1). While undertaking the two-year post, foundation dentists spend time in both primary care (dental practice) and secondary care (hospital) environments.

Undergraduate dental students and dentists have been reported to have limited

knowledge on what LDFT/GPT is and what the programme involves.^{2,3} Although most of the jobs vacant around the country after graduation through national recruitment are the one-year dental foundation posts, there are two LDFT/GPT schemes available.

History of LDFT/GPT

Following numerous years as a voluntary scheme, in October 1993, completing vocational training for one year within approved general primary care dental practices became a compulsory requirement in order for new dental graduates or licentiates to practise within the National Health Service (NHS).^{4,5}

There had also been many suggestions and discussions, spanning for nearly two decades, for two-year postgraduate training plans to be in place for new dental graduates or licentiates.⁶ Following this, in 1995, the Chief Dental Officer's report recommended forming pilot schemes in order to 'test the feasibility of introducing a two-year period of General Professional Training.'⁷ This recommendation was fortified in a 1996 white paper which indicated that 'the government intends to support the development of general professional training in the NHS, ideally for all

dentists after graduation.'⁸ As a result, several differently organised general professional training schemes were piloted in numerous parts of the UK and they started becoming more established.

LDFT/GPT schemes opened in Northern Ireland, Scotland, Wales and England. However, the LDFT schemes have closed in Northern Ireland, Scotland and Wales in recent years, leaving only the North East England GPT scheme and the Yorkshire and Humberside LDFT scheme as the two LDFT/GPT schemes left. The Wales LDFT scheme was the latest one to stop with September 2016 as its last intake and it ended in August 2018. No reasons were published for their closure.

What do the LDFT/GPT schemes involve?

In the North East GPT scheme, GPTs spend half of their time in a primary care environment (dental practice) and half of their time in a secondary care environment (at the Newcastle Dental Hospital within the Royal Victoria Infirmary). In essence, this results in GPTs spending one full week in practice and the next week in hospital, and this cycle continues for the two years.

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GPT practices are normally within an hour's drive of the Newcastle Dental Hospital, which is based in Newcastle city centre. The dentists-in-training complete their dental foundation training (DFT) part of the GPT scheme in these practices, which is the same as the DFT element completed on the one-year DFT schemes.

The hospital element is divided into two components (Table 1):

1. One-year rotation working in restorative dentistry
2. One year completing three four-monthly rotations in oral surgery, paediatric dentistry and orthodontics, and the dental emergency clinic.

In hospital, GPTs rotate around numerous departments over the two years gaining experience as outlined in Table 2.

In the Yorkshire and Humberside LDFT scheme, in total there are six dental practices, each paired to a secondary care placement. These secondary care placements currently are: Bradford 1, Bradford 2, Hull, Leeds, Wakefield and York (Table 3). The dentists-in-training spend half of their time in a primary care environment and half their time in a secondary care environment over the two-year programme.

The successes of the LDFT/GPT schemes

GPT in the North East of England was introduced 22 years ago, in 1996, and is more relevant than ever today.⁹ It was established in line with the 1996 white paper,⁸ giving dentists a breadth of experience in both primary and secondary care at the start of their career.

Dentists who completed the North East of England GPT scheme and Yorkshire and Humberside LDFT scheme have become specialists and consultants around the country in a range of specialties, from restorative dentistry to orthodontics. Many also have portfolio careers, running practices or working as associates, acting as clinical advisers, and working in dental politics and dental education. The current GPT training programme director was himself a GPT in the early years of the scheme, before later becoming a GPT educational supervisor, and subsequently training programme director. These types of opportunities have been successfully taken more often than is seen in the overall cohort of dentists, with at least half of each scheme typically entering DCT 2 posts on completion of GPT.³

Fig. 1 The training pathways to DCT 2

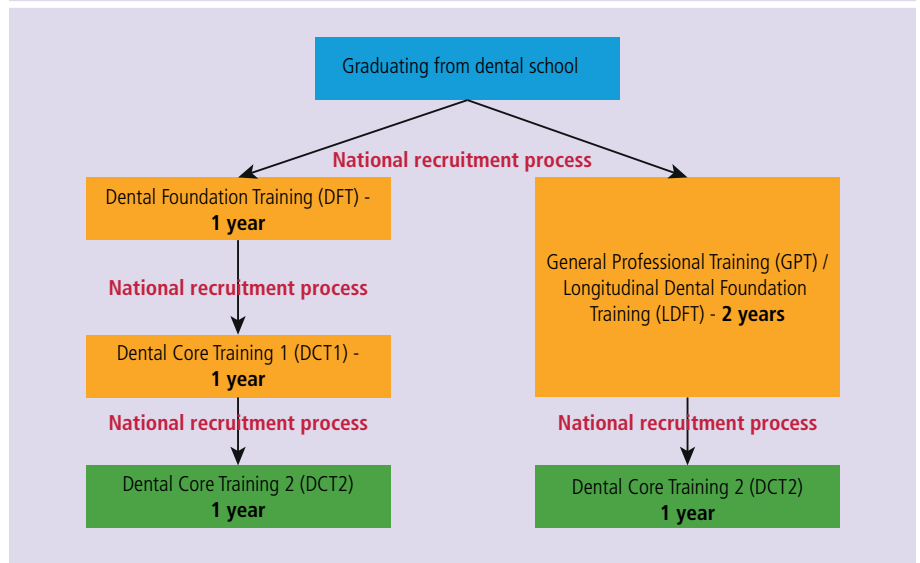


Table 1 An overview of time spent in North East England GPT hospital component

Year	Time spent	Component
1	1 year	Restorative dentistry
2	4 months	Oral surgery
	4 months	Paediatric dentistry/orthodontics
	4 months	Dental emergency clinic (DEC)

Are all newly qualified dental graduates going to be required to carry out a two-year period of GPT?

The aim of the two-year schemes is to develop newly qualified dental graduates by offering 'a valuable extended training experience in different settings.'⁴ The General Dental Council (GDC) recommends that the transition from the protected environment of undergraduate education to unsupervised practice for dentists is a steady and controlled one. The GDC have previously backed the 'further development of a longer period of general professional training immediately following graduation.'⁴ They have previously expressed an interest in transitioning the period of vocational training into a two-year period of general professional training and this could be implemented in the future.

Currently, the HEE 'Advancing Dental Care' (ADC) project is underway; where plans are being proposed for change regarding how dentistry is to be delivered in the future. HEE are looking at reforming dental education and training to meet new and continued

expectations.¹⁰ The project aims to explore and test the future direction of training and dental education through widespread engagement with stakeholders across the system. Many influential personnel have been involved so far including the chair of the Committee of Postgraduate Dental Deans and Directors (COPDEND), the office of the English Chief Dental Officer and the GDC.¹¹ The HEE ADC final report detailed a review which identified the project work streams listed in Box 1.

LDFT/GPT could become more prominent in the plans, as is evident from the ADC project workstreams in Box 1.⁹ The two-year schemes have been discussed frequently in the HEE ADC project which is still in progress. HEE published the ADC report in May 2018 on their website, which explained that phase one of the ADC project has now ended and that phase two has been approved and is underway.¹⁰ In the report, recommendation D1 clearly references both of the LDFT/GPT schemes, and views them highly positively. It states under the recommendation 'develop a number of pilots to test new training models; to 'fully scope and evaluate models identified as best practice, for instance the general professional training/longitudinal dental foundation

Table 2 Outline of experience gained while completing North East England GPT hospital component

Restorative rotation	Oral surgery rotation	Paediatric dentistry/orthodontics rotation	DEC rotation
Audit participation Oncology support clinic Sedation – inhalation, intravenous and sedation assessments Radiology – reporting on CBCT scans with the consultant radiologist Own restorative treatment sessions Consultant-led diagnostic clinics Supervising undergraduate dental students Endodontic troubleshoot clinics Assist on the implant clinic Oral medicine Periodontal surgery Dental emergency clinic Special care clinic	Consultant clinics Treatment on patients under general anaesthetic Own oral surgery treatment sessions – biopsies, surgical extractions of teeth, MRONJ/facial pain/TMD/altered sensation to nerves Dental emergency clinic	Consultant clinics Trauma sessions Paediatrics dental casualty/emergency clinics Own paediatrics treatment sessions Shadow and assist consultants on the orthodontics department – helping with new patient assessments and treatment sessions	Assess and treat adult patients who present with a dental emergency Radiology

Table 3 Outline of experience gained while completing Yorkshire and Humberside LDFT hospital component

Secondary care placement	Hospitals the post involves	Experience gained
Bradford 1 and 2	Bradford Royal Infirmary	Oral and maxillofacial (OMFS) and theatres Oral surgery On-call opportunities available
Hull	Hull Royal Infirmary Bransholme Health Centre – paediatric community dentistry (one day of the week)	Oral and maxillofacial (OMFS) and theatres Oral surgery Restorative – post-cancer rehabilitation and opportunities for complex treatment Orthodontics – new patient assessments and assisting clinicians with ongoing treatment On-call opportunities available
Leeds	Leeds General Infirmary Leeds Dental Institute Beeston Community Healthcare Centre – paediatric community dentistry	Oral and maxillofacial (OMFS) and theatres Oral surgery Paediatric dentistry Special care dentistry Restorative On-call opportunities available
Wakefield	Pinderfields General Hospital Batley Health Centre – paediatric community dentistry	OMFS – Consultant-led clinics, white patch clinic, staff grade clinics for oral surgery referrals from primary care and theatres Oral surgery – biopsies, exodontia and acupuncture Orthodontics – new patient assessments and carrying out treatment under consultant’s supervision. Paediatric dentistry Special care dentistry On-call opportunities available
York	York District Hospital	Oral and maxillofacial (OMFS) and theatres Oral surgery On-call opportunities available

training model currently being delivered in the North East of England.⁹ From this report, an expansion of the two-year LDFT/GPT training programmes could be seen around the country, as the report also outlines, ‘Development of more dentistry-based DCT 1 posts could be combined with increased opportunities to develop more GPT type models.’⁹

The benefits of LDFT/GPT

- Can utilise the skills gained in hospital, such as treating more complicated issues, in practice. Conversely, can bring understanding and abilities gained from practice setting into activities in hospital
- Can ask consultants and more senior staff in hospital about issues the LDFT/GPT is having with their patients in practice and can enhance and lead to greater overall professional development
- The foundation dentist does not have to apply for DCT 1 and, therefore, they miss out the national recruitment process of interviews and completing the situational judgement test
- Constantly changing environment, one week in practice and one week in hospital/community dental services
- Do not go a full year without working in primary care, which would happen if they worked as a DCT1 for a full year in hospital, whereas when doing LDFT/GPT dentists work in primary and secondary care alternate weeks for two years
- Paid more than those doing DFT in the first year of GPT
- If considering specialist training in the future, LDFT/GPT provides much more experience than other DFT schemes.

The possible downsides to LDFT/GPT

- Thrown into the deep-end a lot in the hospital when the LDFT/GPT has not necessarily had time to develop their skills, fresh from dental school. Can be a steep learning curve
- Can take longer to complete treatment plans as LDFTs/GPTs work alternative weeks in primary and secondary care
- Paid less than those doing DCT 1 in the second year of GPT, but overall it comes to the same total pay across two years of LDFT/GPT as completing DFT then DCT 1
- Good organisation and time management skills are needed in order to plan things when working in different environments throughout LDFT/GPT

Box 1 Advancing Dental Care project workstreams⁹

1. Dental training pathways
2. Post-foundation workforce training and development
3. Building on the Scope of Practice – the future dental team
4. Economic models for training
5. Short-term adjustments to dental education and training

- The foundation dentist is committed to two years of full-time training, whereas a foundation dentist who has completed one year of DFT may decide not to do hospital DCT 1 after a year.

Discussion

The Royal College of Surgeons of England Faculty of Dental Surgery acknowledges that GPT provides 'exciting opportunities for the new graduate.' The Royal College outlines GPT as 'the structured further development of knowledge, skills and attitudes common to all branches of the dental profession which will provide a basis for informed career choice and improved patient care.'¹² GPT is intended to offer a wide-ranging experience in clinical training in several disciplines of dentistry and prepares individuals for additional opportunities to develop skills in the career of their choice.

For those carrying out GPT in the North East of England, the scheme provides additional Membership of the Faculty of Dental Surgery (MFDS) study days in addition to the foundation dentist study days. This enables the graduates an opportunity to be better prepared, and mentored to perform better, in the examinations offered by the Royal College of Surgeons should they wish to complete the postgraduate diploma.³

A previous evaluation was carried out of GPT for dentistry in Scotland, which showed that better opportunities were available for GPTs to develop their clinical and generic skills than dentists-in-training involved in the standard one year programmes.¹³ It said that GPT develops more knowledgeable and better informed dentists and that GPT produced dentists who follow a path of further commitment to lifelong learning and continuing professional development.

Conclusion

Overall, LDFT/GPT programmes have many benefits in that they offer newly graduated dental students a more balanced training period, as they provide the opportunity to work in primary, secondary and community clinical environments. Therefore, these posts provide valuable opportunities for career progression. Although over the many years, LDFT/GPT appears to be a shrinking concept, it should still be the gold-standard to which to aspire, as an introduction to independent practice on graduation. With the GDC and Royal College of Surgeons of England in favour of it, maybe the time is right for HEE and deaneries elsewhere in the UK to expand LDFT/GPT, in partnership with local secondary care providers, community dental services and dental practices. Through the HEE 'Advancing Dental Care'

project, this offers another opportunity for HEE and stakeholders to consider LDFT/GPT as a way forward.

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