

Northern Ireland



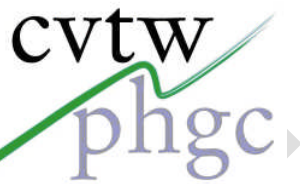
Medical & Dental Training Agency

# **DENTAL GENERAL PROFESSIONAL TRAINING PORTFOLIO**

**This portfolio must be brought to every study day and training event.**

**This portfolio is based on a document by the Welsh Deanery who made it available for use in Northern Ireland.**

**NIMDTA would like to acknowledge and thank the Welsh Deanery for the use of this material.**



**Committee for Vocational Training for Wales**  
**Pwllgor Hyfforddiant Galwedigaethol Cymru**

### Key Dates in your training programme 2011 - 2013

<b>3 AUGUST 2011</b>	Wednesday 3 August 2011 – Scheme commences.
<b>17 OCTOBER 2011 7 FEBRUARY 2012 24 APRIL 2012 31 JULY 2012</b>	Assessment Review Panel (ARP) dates.  *(Training Year 2 dates will be forwarded in due course)
<b>29 NOVEMBER 2011</b>	Submission of 1 Core Skill, Medical Emergencies to your adviser by 29 November 2011.
<b>APRIL 2013</b>	You will have a clinical case written up to MJDF standard and be prepared to present it to a panel.
<b>JUNE 2013</b>	Submission of End of Training Years survey.
<b>AUGUST 2013</b>	The training programme finishes Friday 2 August 2013

**This portfolio must be brought to every study day and training event.**

We are delighted to welcome you to General Professional Training in Northern Ireland. We are pleased you have chosen to undertake your GPT year here. We would also wish to congratulate you on your appointment.

You now have every opportunity to further develop your skills while gaining wider experience in primary dental care.

This portfolio has been designed following consultation with all stakeholders involved in Welsh dental vocational training. The Welsh Deanery has generously made it available for use in Northern Ireland. We gratefully acknowledge the help given to us by the Welsh Deanery and the work of Mr Richard Herbert in the production of the portfolio. It has been developed to be a value based portfolio which prompts you continually to reflect on your experiences throughout the year.

You are encouraged to identify your own professional learning requirements in order for your Trainer and Adviser to facilitate your further development. This portfolio will provide evidence of your commitment to your own continuing professional development and should be retained, as it may be requested by the GDC.

Your Postgraduate Dental Dean, Dr David Hussey is always available to give you any assistance or advice when planning your future career. If you feel that you need that advice, please contact Ms Lesley Whan (Tel: 02890 400014), who will be able to arrange a meeting with Dr Hussey.

We wish you every success over the forthcoming years.



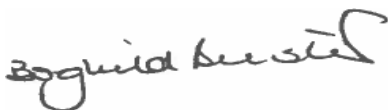
**Dr David Hussey**  
**Postgraduate Dental Dean**



**Dr Adrian Farquharson**  
**Adviser on General Professional Training**



**Dr Matthew Preston**  
**Associate Adviser on General Professional Training**



**Dr Borghild Breistein**  
**Adviser on Community Dentistry**

**Dr Brian Mullally**  
**Adviser on Hospital Dentistry**

# CONTENTS

	<b>Page</b>
My Details	1
Trainer's Details	2
Welcome to General Professional Training	3
Introduction	4
Your 2 Years in Practice	5 – 6
The Dental Foundation Training Curriculum	7 – 9
Dental General Professional Training Educational Agreement	10
Aim of General Professional Training for General Dental Practice	11
Objectives of General Professional Training for General Dental Practice	12
What is expected of the Trainers?	13 – 14
What is expected of the GPT?	15
Direct Observation Procedural Skills DOPS Guidance	16
Direct Observation Procedural Skills DOPS Category Descriptors	17
Direct Observation Procedural Skills DOPS Example	18
Dental Case Based Discussion D-CbD	19 – 20
Case Based Discussion D-CbD Assessment Form Example	21 – 22
Patient Assessment Questionnaire PAQ Example	23
Team Assessment of Behaviour TAB Example	24
Initial Clinical Experience Checklist	25 – 26
Expectations for the Training Years	27
Values for good dental practice	28
Your Training Agreement	29
Induction Checklist for new GPTs	31 – 34
Work Analysis Log	35
Professional Development Weekly / Monthly Record Sheets	36
GPT Experience Record (Weeks 1 & 2)	37
Direct Observation Procedural Skills DOPS Week 1 (01)	38
Direct Observation Procedural Skills DOPS Week 2 (02)	39
GPT Experience Record (Weeks 3 & 4)	41
Direct Observation Procedural Skills DOPS Week 3 (03)	42
Direct Observation Procedural Skills DOPS Week 4 (04)	43
GPT Experience Record (Weeks 5 & 6)	45
Direct Observation Procedural Skills DOPS Week 5 (05)	46
Direct Observation Procedural Skills DOPS Week 6 (06)	47
GPT Experience Record (Weeks 7 & 8)	49
Direct Observation Procedural Skills DOPS Week 7 (07)	50
Direct Observation Procedural Skills DOPS Week 8 (08)	51
First Clinical Peer Review & Report Guide	53 – 54
Collaborative Clinical Records Audit	55
Key to Points to Check In Patients Clinical Records	56
Clinical Records Audit Sheets	57 – 60
GPT Experience Record (Weeks 9 & 10)	61
GPT Experience Record (Weeks 11 & 12)	63

## CONTENTS

Direct Observation Procedural Skills DOPS Month 3 - October (09)	64
GPT Experience Record (Weeks 13 & 14)	65
GPT Experience Record (Weeks 15 & 16)	67
Direct Observation Procedural Skills DOPS Month 4 - November (10)	68
Case Based Discussion Assessment Form Month 4 – November (01)	69 – 70
Self-Assessment of GPT Progress (at 4 months)	71
Assessment of GPT by Trainer (at 4 months)	72
Clinical Experience Checklist 2	73 – 74
Acquisition of Clinical Experience (at 4 months)	75
Radiography Review & Audit between GPT & Trainer (Month 4)	76
GPT Experience Record (Months 5 & 6)	77
Direct Observation Procedural Skills DOPS Month 5 - December (11)	78
Direct Observation Procedural Skills DOPS Month 5 - January (12)	79
Work Load Review for Month 6 (January 2012)	81
GPT Experience Record (Months 7-9)	83
Direct Observation Procedural Skills DOPS Month 7 – February (13)	84
Case Based Discussion Assessment Form Month 7 – February (02)	85 – 86
Direct Observation Procedural Skills DOPS Month 8 – March (14)	87
Direct Observation Procedural Skills DOPS Month 9 – April (15)	89
Self Assessment of GPT Progress (at 9 months)	91
Assessment of GPT by Trainer (at 9 months)	92
Acquisition of Clinical Experience (at 9 months)	93
GPT Experience Record (Months 10-12)	95
Direct Observation Procedural Skills DOPS Month 10 - May (16)	96
Case Based Discussion Assessment Form Month 10 – May (03)	97 – 98
Direct Observation Procedural Skills DOPS Month 11 – June (17)	99
Direct Observation Procedural Skills DOPS Month 12 – July (18)	101
Dental General Professional Training Portfolio Year 2	103
Clinical Experience Checklist 3	105 – 106
Personal Development Plan (at 13 months)	107 – 108
GPT Experience Record (Months 13-15)	109
Direct Observation Procedural Skills DOPS Week 1 (2) 01	111
Direct Observation Procedural Skills DOPS Week 2 (2) 02	113
Direct Observation Procedural Skills DOPS Week 3 (2) 03	115
Direct Observation Procedural Skills DOPS Week 4 (2) 04	117
Case Based Discussion Assessment Form August 2011 (04)	119 – 120
Direct Observation Procedural Skills DOPS Week 5 (2) 05	121
Direct Observation Procedural Skills DOPS Week 6 (2) 06	123
Direct Observation Procedural Skills DOPS Week 7 (2) 07	125
Direct Observation Procedural Skills DOPS Week 8 (2) 08	127
GPT Led Practice Meeting (at 14 months)	129
Direct Observation Procedural Skills DOPS Month 15 - October (2) 09	130
Case Based Discussion Assessment Form October 2012 (05)	131 – 132

## CONTENTS

GPT Experience Record (Months 16-18)	133
Direct Observation Procedural Skills DOPS Month 16 - November (2) 10	134
Direct Observation Procedural Skills DOPS Month 17 - December (2) 11	135
Case Based Discussion Assessment Form December 2012 (06)	137 – 138
Direct Observation Procedural Skills DOPS Month 18 - January (2) 12	139
GPT Experience Record (Months 19-21)	141
Direct Observation Procedural Skills DOPS Month 19 - February (2) 13	142
Case Based Discussion Assessment Form February 2013 (07)	143 – 144
Direct Observation Procedural Skills DOPS Month 20 - March (2) 14	145
Direct Observation Procedural Skills DOPS Month 21 - April (2) 15	147
Case Based Discussion Assessment Form April 2013 (08)	149 – 150
GPT Experience Record (Months 22-24)	151
Direct Observation Procedural Skills DOPS Month 22 - May (2) 16	152
Direct Observation Procedural Skills DOPS Month 23 - June (2) 17	153
Case Based Discussion Assessment Form June 2013 (09)	155 – 156
Direct Observation Procedural Skills DOPS Month 24 - July (2) 18	157
Record of Tutorials	159 – 163
Study Day Learning Summary Sheets	165 – 194
Record of other Courses & Meetings attended	195
Final Appraisal Statements	197
Adviser Final Summary	198
Finishing GPT - What next?	199
<b>ANNEXE</b>	
Advice on Project & Case Presentations	201 – 204
Patient's Consent for Reproduction of Records	205 – 206
GPT Case Presentation Form	207 – 208
GPT 1 Core Skill & Assessment Evaluations Form	209
Your Continuing Professional Development	211
Contact Details for Advisers & Dental Postgraduate Department	212
Contact Details for Postgraduate CPD Advisers & Tutors	213

SAMPLE

## MY DETAILS

Name: \_\_\_\_\_

Current address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Qualifications (with dates): \_\_\_\_\_

Dental School/University: \_\_\_\_\_

GDC Registration Number: \_\_\_\_\_

NI Number: \_\_\_\_\_

Defence Org Membership No: \_\_\_\_\_

Name & address of Defence Organisation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel No: \_\_\_\_\_

Date of joining Training Practice: \_\_\_\_\_

NHS Contract Number for: \_\_\_\_\_

Trainer signature \_\_\_\_\_ Trainee signature \_\_\_\_\_

## TRAINER'S DETAILS

**Name:**

---

**Practice address:**

---

---

---

---

**Tel No:**

---

**Fax No:**

---

**E-mail:**

---

**Home address:**

---

---

---

---

---

**Tel No:**

---

**Mobile No:**

---

**E-mail:**

---

**Qualifications  
(with dates):**

---

**Dental School:**

---

# WELCOME TO GENERAL PROFESSIONAL TRAINING

Welcome to the Northern Ireland General Professional Training Schemes for General Dental Practice. Our aim is to make your year both educational and enjoyable, and to help in this we have sent you this guide. By now you should have accepted a training place and signed a contract.

## **Prior to commencing practice you should have:**

- agreed start dates.
- discussed and agreed your hours of work with your Trainer (35 Hours).
- agreed any out of hours cover to be provided by yourself (you should not be required to provide this during the first 3 months and you should normally be accompanied by your trainer).
- satisfied yourself and your Trainer that you can comply with all the terms of your contract (including attendance at the study day course).
- received a copy of the contract.
- received a copy of the GPT Study Day Programme.

## **Before your contract commences:**

- you must be a member of a recognised Protection Society.
- you must have supplied NIMDTA and the BSO with any other information they may have requested.

## **By the end of the first day in practice you should have:**

- started the induction process as outlined in the training portfolio (pages 1-36) and have a clear understanding of your responsibilities and those of your trainer.

## INTRODUCTION

The purpose of this portfolio is to help you in the completion of your General Professional Training in General Dental Practice. It has several parts for you to complete which will give a record and overview of your year of Continuing Professional Developments.

At this stage in your career, you are required to complete the portfolio and keep it up to date in order to benefit fully from your tutorial sessions and the study day programme. It includes:

- Professional Development Logs (Personal and planning records)
- Self-assessments (Undertaken throughout the year)
- Clinical and practice activity logs (Qualitative / Quantitative records)
- Evidence of completion of one Core Skill: Medical Emergencies
- A final appraisal procedure

You can use your portfolio to store additional useful material or evidence of other learning you have taken for your own professional development.

The completion of your General Professional Training in General Dental Practice will include:

- Submission of your portfolio to the Postgraduate Dental Dean
- Completion of a case presentation
- Completion of the study day programme
- Completion of your practice-based year
- Completion of one Core Skill to MJDF standard

The portfolio will remain your property. During your period of General Professional Training it will be confidential to you, your Trainer and for formative assessment purposes to the Adviser and the Postgraduate Dental Dean.

You might wish to select and keep elements of the portfolio for your future career and professional development purposes.

It is important to keep the portfolio up to date. If you do not complete your training period, you will need to include the portfolio as evidence of experience equivalent to that of General Professional Training.

The portfolio was devised after extensive consultation, evaluation and review within the profession, particularly with those involved in Vocational Training for General Dental Practice.

## YOUR 2 YEARS IN PRACTICE

### **Your role in the Training Practice:**

You are employed as an assistant to the Trainer. This means that the patients that you treat will normally be registered with your Trainer and that he/she is ultimately responsible for any treatment that you may carry out. Your Trainer may therefore wish to discuss treatment plans with you before you start providing treatment. They may also want to examine patients prior to treatment to decide on their suitability.

Your Trainer will still have to care for these patients after your year is over, so it is natural that they should take an interest in the treatment that you provide; if they do not do so you should encourage them.

### **Learning within the Practice:**

The practice is the core of your development as a General Dental Practitioner. At the start of the year you should look realistically at your experience and abilities. If you feel there are skills that you need to develop discuss these with your Trainer. They should be able to help by demonstrating these skills, by finding appropriate cases, by contacting a Specialist Practice or by contacting your Adviser.

Tutorials are an essential part of in-practice learning. They **MUST** be given regularly for a minimum of 1 hour per week and the time **MUST** be during normal working hours. Tutorials are two-way and you must participate. Ask your Trainer in advance what the subject will be and do some preparation. In this way both you and your Trainer will be involved in active learning. Be prepared to set specific topics. NIMDTA have produced a Tutorial Guide for your training practice which may be used by you and your trainer.

You may well find that you have more time to work on patients than you expect due to cancellations or light bookings. Use this to your advantage to work to excellent clinical standards, e.g. regular use of rubber dam. If you have a cancellation, sit in with your Trainer and learn at the chair-side. Ask your Trainer to assist you in complex cases.

## YOUR 2 YEARS IN PRACTICE (contd)

### **Your duties towards the Practice:**

You have a duty to provide treatment to your highest standards of care. You must behave ethically with patients and staff. If there are problems within the practice you should bring them to the attention of your Trainer or Adviser, but should not gossip about them with your colleagues; confidentiality is important.

You have a duty (if asked) to provide out of hours emergency cover and domiciliary visits, but this should not be in the first 3 months. It is the Trainer's responsibility to ensure a chaperone is present and this normally should be the trainer themselves.

### **Problems within the Practice:**

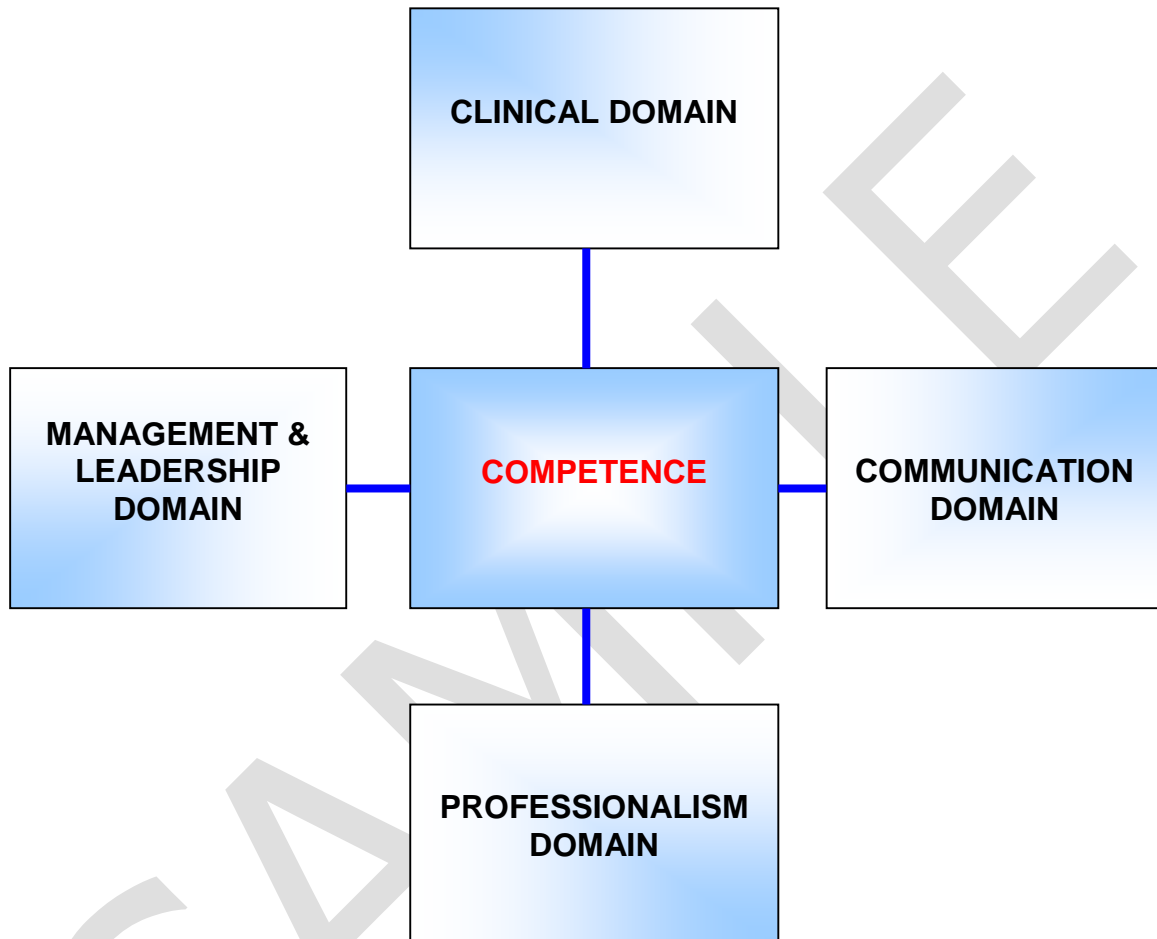
We hope that your years within the practice are enjoyable, but we also realise that problems may arise. These can range from simple misunderstandings or to difficult relationships with your Trainer or the staff. If you are unhappy with some aspect of the practice speak to your Trainer at once; they will try to rectify the situation or give you an explanation of its origin. If you are still concerned please discuss it with your Adviser, who will treat all such discussions in complete confidence. The great majority of GPTs have no problems in their Practices, but if one arises it is much better to deal with it promptly.

It is essential that you have an experienced nurse and proper cross infection control at all times during your year. If you feel you are not receiving these it is essential you talk to an Adviser so that he/she can try to rectify the problem(s). There is a Vocational Trainee representative elected by yourselves each year and this person can also be approached to air any problems with the Advisers and also with the Committee on Vocational Training (CVT(NI)).

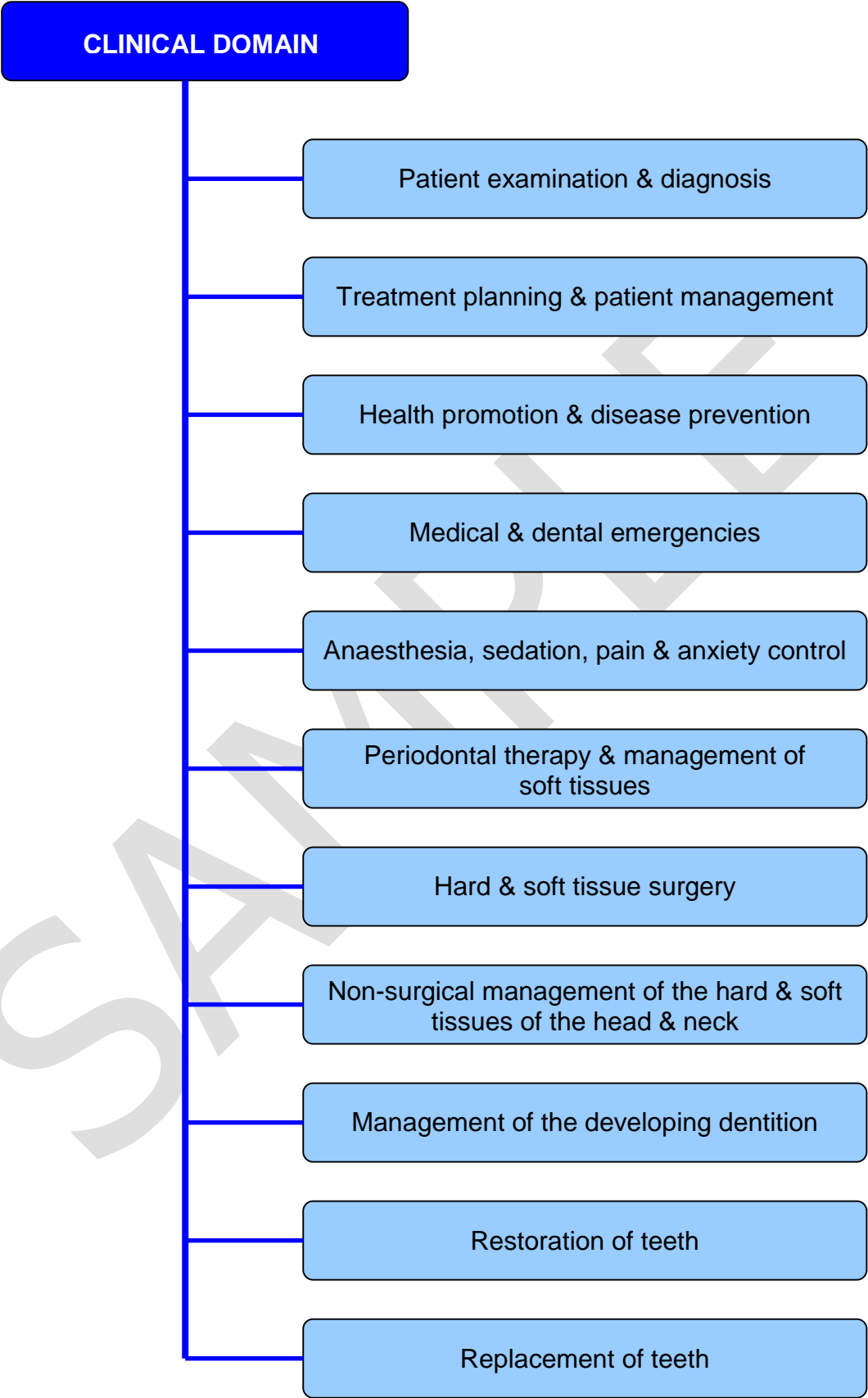
# THE DENTAL FOUNDATION TRAINING CURRICULUM

## OUTLINE

### Domains



Major competencies within each domain



**COMMUNICATION  
DOMAIN**

- Communication with...  
the **patient & family**
- Communication with...  
the **clinical team & peers**
- Communication with...  
**other professionals**

**PROFESSIONALISM  
DOMAIN**

- Ethics**
- Professionalism with regard to...  
**Patients**
- Professionalism with regard to...  
**Self**
- Professionalism with regard to...  
**Clinical team & peers**

**MANAGEMENT & LEADERSHIP  
DOMAIN**

- Personal & practice organisation**
- Legislative**
- Financial**
- Leadership & management**

# DENTAL GENERAL PROFESSIONAL TRAINING EDUCATIONAL AGREEMENT

Name of Dentist in Training: \_\_\_\_\_ GDC No: \_\_\_\_\_

At the first meeting the trainee and trainer should read and sign an educational agreement.

The **Trainee dentist** will:

- Take an active part in the appraisal process including setting educational objectives and development of a personal learning plan.
- Endeavour to achieve the learning objectives by:
  - Utilising the opportunities for learning provided in everyday practice.
  - Attending all formal teaching sessions.
  - Undertaking personal study.
  - Utilising locally provided educational resources.
  - Acting on the principles of adult learning.
  - Reflecting and building upon their own learning experiences.
  - Identifying his/her learning needs.
  - Being involved in planning his/her education and training.
  - Evaluating the effectiveness of their own learning experiences.

The **Trainer** will:

- Be available for, and take an active part in the appraisal process including setting educational objectives in a personal learning plan.
- Ensure that objectives are realistic, achievable and within the scope of available learning opportunities.
- Ensure help and advice is always available.
- Ensure that there is a 'climate for learning'.
- Ensure that an individual dentist's timetable allows attendance at formal teaching sessions, is appropriate for his/her learning needs and that there is a correct balance between training and service in the post.

I have read and understand the requirements of my role as set out above.

<b>Trainee</b>	<b>Trainer</b>
Signature: _____	Signature: _____
Name (print): _____	Name (print): _____
Date: _____	Date: _____

## AIM OF GENERAL PROFESSIONAL TRAINING FOR GENERAL DENTAL PRACTICE

The aim of General Professional Training (GPT) for General Dental Practice is to meet the needs of unsupervised dental practice, by developing the clinical skills learned as an undergraduate with administrative and practice management skills to promote high ethical standards and quality of care for patients.

### **The aim is achieved by:**

- Introducing the General Professional Trainee (GPT) to general dental practice.
- Identifying personal strengths and weaknesses and balancing them through a planned programme of training.
- Enabling the GPT to practise and improve skills free from undue financial pressure.
- Promoting the implementation of peer and self-review.
- Establishing the need for professional education, training and audit as a continuing process throughout the dentist's professional life.

## OBJECTIVES OF GENERAL PROFESSIONAL TRAINING FOR GENERAL DENTAL PRACTICE

The objective of GPT is that the GPT should be eligible to practise unsupervised as a principal within General Dental Practice. By the end of the training period the GPT should be able to:

- Demonstrate the clinical skills, knowledge and values relevant to the work of a General Dental Practice principal.
- Manage the psychological aspects of patient care.
- Work successfully as a member of the practice team.
- Make competent and confident professional decisions with an awareness of personal strengths and weaknesses, including the need to refer when appropriate.
- Demonstrate that he or she is working within the relevant guidelines regarding ethics and confidentiality of general dental practice.
- Implement regulations and guidelines for the delivery of safe practice.
- Know how to draw on the wide range of advice and support available to general dental practitioners and health care workers.
- Demonstrate that he or she understands that continuing professional development should be a lifelong commitment.
- Demonstrate the necessary knowledge and some of the skills for the organisation and management of successful practice.

## WHAT IS EXPECTED OF THE TRAINERS?

The Trainers are expected to offer the GPT the following:

### Facilities Agreement

- Employ a GPT as a salaried assistant under the terms of the standard contract and, before he/she starts work to deposit a copy of the signed contract with the Postgraduate Dental Dean and to inform the Dean in advance of any intended variations in the contract (such variations to be approved by the Dental Dean prior to the start of the Trainee's employment).
- Work in the same premises as the GPT, in a surgery to which he or she has good access for not less than three days a week.
- Provide the GPT with adequate administrative support and the full-time assistance of a suitably experienced dental nurse.
- Provide satisfactory facilities (including an adequate supply of hand-pieces and instruments, sufficient to allow them to be sterilised between patients) and relevant opportunities so that a wide range of NHS practice is experienced and so that, as far as is reasonably possible, the GPT is fully occupied. Trainers must not prevent trainees from providing the full range of NHS treatment, including molar endodontics, chrome dentures, bridges etc.
- Ensure that if the GPT is involved in either out-of-hours services or domiciliary care that you are present with the Trainee at all times. Additionally in the case of out-of-hours services ensure that the Trainee does not have any involvement within the first 3 months of the contract.

### Mentoring

- Develop and implement a comprehensive induction programme in keeping with the elements and timelines outlined in the Training Portfolio. This requires the Trainer to be present within the training practice through the initial induction period. (It is envisaged that induction should last a minimum of 8 weeks).
- Be available for guidance in both clinical and administrative matters, and provide help on request or where necessary.
- Monitor and Assess the GPT's progress and professional development using the Training Portfolio provided for this purpose, deploying the stipulated methods including Direct Observation of Clinical Skills (DOPS) and Case-based Discussions (CbDs) and to provide feedback and liaise with the Adviser as necessary.

### GPT Portfolio

- Ensure that the GPT's professional development portfolio and the processes involved in assessment are maintained and kept up to date, which includes completion of 18 DOPS, 9 CbDs, PAQS, TABS, and (Direct Observation Procedural Skills, Case-based Discussions, Patient Assessment Questionnaires and Team Assessment of Behaviour,) in the stipulated time frame.

## WHAT IS EXPECTED OF THE TRAINERS? (cont)

- Set time aside to be available for **all** Adviser visit(s) as required including ad hoc visits, planned and unplanned for quality assurance.
- Advise on the final certification of the GPT's completion of General Professional Training.

### Training

- Allow and require the GPT to attend the study course of approx 30 days and ensure that holidays and other functions do not lead to absence from study days.
- Prepare and conduct regular weekly tutorials within normal practice hours, excluding lunchtime (such tutorials to be of at least one hour's duration). You are required to provide at least 39 tutorials during the training year excluding dedicated one to one Induction Training. The ideal time for tutorials is either at the beginning of the morning session or immediately after lunch.
- Acquire the skills necessary to undertake the role of Trainer. To undertake training in assessment through participation in educational courses prior to the employment of a GPT in the practice and during the training period as required.
- Be involved in 14 sessions of approved GPT educational activity during the training year, including attendance at any joint trainer/trainee days organised as part of the study day programme for GPT's.
- Attend Trainer meetings, study days and scheme assessment sessions as per contract as well as participation in 360° appraisal.
- Provide reference material for the use of the GPT and assist in the write-up of Core Skill and preparation of Case Studies.
- Trainer must provide a protected environment for development of skills and behaviour required of a GDP, without undue financial pressure.

### Additional Information

- Inform the Postgraduate Dental Dean in writing if the circumstances of either the Trainer, the GPT or the practice change in such a way as to alter the contract of employment between the Trainer and the GPT and the Trainer's ability to fulfil the requirements of the PGDD's agreement.
- At the request of the Dean to provide any documentation or information relevant to the GPT scheme within 14 days.
- To comply with all changes that may be introduced as part of the ongoing review of GPT.

## WHAT IS EXPECTED OF THE GPT?

### The GPT is expected to:

- Enter into a nationally agreed contract of employment with the Trainer.
- Attend the practice for the agreed hours and perform such clinical duties as appropriate for patient care and personal learning needs.
- Determine personal learning needs in discussion with the Trainer.
- Maintain an up to date Professional Training Portfolio, discuss it with the Trainer as part of the formative assessment process and submit it to the GPT Adviser when requested.
- Take an active part in weekly tutorials with the Trainer and the self-assessment and development profile reviews.
- Attend the 30 day study course organised during the training period; normally the only reason for not attending a study day will be sickness (prior written approval for the Adviser must be obtained for absence from the 30 day study course for reasons other than sickness).
- Complete an appropriate Case Presentation report and presentation during the training period to a level comparable with that of his/her peers.
- Write up one Core Skill to MJDF standard.
- Lead a practice staff meeting or training session.
- Actively participate in the stipulated number of DOPS, CbDs, PAQS and TABS **(EXAMPLES OF EACH ARE ON THE FOLLOWING PAGES)**.
- Comply with all changes that may be introduced as part of the ongoing review of GPT.

# DIRECT OBSERVATION PROCEDURAL SKILLS (DOPS) GUIDANCE

## **What is DOPS?**

It is essential that all trainees should be adequately assessed for competence in the practical procedures that they undertake. DOPS is a method that has been designed specifically for the assessment of practical skills. Strengths and areas for development should be identified following each DOPS encounter.

## **How should it work?**

Please ensure that the patient is aware that DOPS is being carried out. This can be introduced to the patient as being part of the practice's 'quality assurance' programme. The observed process should take no longer than 20-30 minutes. Immediate feedback should take no longer than 5 minutes.

## **Using the rating scale:**

Please use the full range of the rating scale. Comparison should be made with a dentist who is ready to complete their training year. It is expected that some ratings of 'needs improvement' will be in keeping with some trainees' level of experience. This will be particularly the case for trainees at the beginning of their training year.

## **Feedback**

In order to maximise the educational impact of using DOPS the trainer and the trainee need to identify agreed strengths and areas for development. This should be done sensitively and in a suitable environment. This feedback should be documented and will act as an educational action plan. The completed DOPS form must be signed by both the assessor and the trainee.

# DIRECT OBSERVATION PROCEDURAL SKILLS (DOPS) CATEGORY DESCRIPTORS

## Clinical Focus

Please tick all boxes which correspond to the encounter. Boxes 1-11 represent the major competencies in the clinical domain of the Curriculum for UK Dental Foundation Programme Training as follows ([www.copdend.org.uk](http://www.copdend.org.uk)):

1. Patient Examination and Diagnosis
2. Treatment planning and Patient Management
3. Health Promotion and Disease Prevention
4. Medical and Dental Emergencies
5. Anaesthesia, Sedation, Pain and Anxiety control
6. Periodontal therapy and Management of soft tissue
7. Hard and Soft Tissue Surgery
8. Non-surgical Management of the Hard and Soft Tissues of the head and neck
9. Management of the Developing Dentition
10. Restoration of Teeth
11. Replacement of Teeth

### **1 Examination and Consultation skills**

Effective use of interviewing skills for information gathering. Obtains a detailed and appropriate medical and dental history. An accurate and thorough physical examination is performed and the patient is kept informed about the procedure and clinical findings

### **2 Clinical Judgement and Diagnosis**

Trainee pulls together all information obtained during the examination and reaches an appropriate and accurate diagnosis. All risks and benefits are considered and the patient is kept fully informed.

### **3 Technical Ability and Manual Dexterity**

All technical procedures performed appropriately, accurately and efficiently. Trainee demonstrates sensitivity to the comfort of the patient.

### **4 Communication Skills**

All stages of treatment explained to the patient (and family when appropriate) in a manner which they can understand. Patient consent obtained. Education regarding disease prevention and oral health maintenance given to patient when appropriate. Trainee demonstrates effective use of the dental nurse.

### **5 Professionalism**

Trainee shows respect, courtesy and compassion for the patient and a willingness to put the needs of the patient first. Honesty and confidentiality are maintained, and the GDC guidelines regarding personal and professional conduct are adhered to at all times.

### **6 Knowledge (Level and Application)**

Trainee demonstrates an appropriate level of knowledge in the field and applies this correctly in the clinical setting in order to make an accurate diagnosis and treatment plan. Clinical knowledge is kept up to date.

### **7 Organisation**

Trainee is prepared for the patient and provides treatment in an organised manner. Time is used efficiently.

### **8 Trainees response to and reflection on the feedback provided**

The trainee recognises the learning opportunity provided by the feedback.

# Direct Observation Procedural Skills DOPS Example

**Trainee:** \_\_\_\_\_ **Evaluators Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1    2    3    4    5    6    7    8    9    10    11

**Feedback on Performance:** \_\_\_\_\_

**1 Examination and Consultation Skills**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**2 Clinical Judgement and Diagnosis**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**3 Technical Ability and Manual Dexterity**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**4 Communication Skills**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**5 Professionalism**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**6 Knowledge (Level and Application)**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**7 Organisation**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8 Trainees response to and reflection on the feedback provided**

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

## DENTAL CASE BASED DISCUSSION (D-CbD)

D-CbD involves the GPT presenting a case to the evaluator, who then judges their performance and clinical decision making across several broad areas on the basis of that presentation and any additional case notes etc available, using the 6 point scale provided. The reference point for their judgements is the standard expected upon completion of GPT. Following the GPT's presentation, and once the assessment form has been completed (with the exception of the 'Insight into own performance' criterion), the evaluator should proceed to give feedback to the GPT on their performance. This should begin with them asking the GPT to reflect on their strengths and weaknesses regarding this case so that a judgement can be made on their insight.

Only once the D-CbD assessment form has been completed, with all ratings and feedback recorded, should the evaluator proceed with a discussion of the case with the GPT.

### **Which cases to assess?**

The decision regarding which cases to assess should be made jointly between trainer and GPT. Every effort should be made to assess a wide range of cases. Cases focussing on the competencies within all 11 Clinical Major Competencies for the VT curriculum should be assessed before the end of GPT.

There are no penalties for receiving 'Needs Improvement before the end of GPT' ratings. However, such areas of performance must be addressed and reassessed before the end of the post to provide evidence that progress has been made to a satisfactory level.

### **Completing the Forms...**

The CLINICAL MAJOR COMPETENCIES COVERED section shows the numbers 1 to 11, which represent the 11 major competencies in the clinical domain of the VT curriculum. The key for these competencies is on the reverse of the form. The evaluator should be familiar with the individual competencies within each of these 11 sections, and so it may help to have a copy of curriculum to hand (can be downloaded from [www.copdend.org.uk](http://www.copdend.org.uk)). The evaluator should circle all of the major competencies that are covered by the case being assessed....e.g. A case involving a child's orthodontic assessment may cover clinical major competencies 1 (examination & diagnosis), 2 (treatment planning & patient management) and 9 (management of the developing dentition).

The evaluator should then enter further details of the case / patient encounter. This is VERY important, as the criteria within the form are broad and these details will be essential to identify specifically where the strengths and weaknesses of the GPT lie.

The main part of the D-CbD form shows the areas for assessment in the left column (areas 1-8), alongside which is a 6 point scale for ratings as follows:

- 1 – 2 = GPT performance needs improvement before reaching the standard expected upon completion of GPT
- 3 = GPT performance is borderline with that expected upon completion of GPT
- 4 = GPT performance is considered acceptable, meeting the standard expected upon completion of GPT
- 5 – 6 = GPT performance exceeds the standard expected upon completion of GPT

In addition, there is a 'not observed' box in the far right column. This should be ticked if an area was not observed during a certain procedure (resulting in the inability to award a rating). At the bottom of the ratings box, is criteria 9 "**GPT's insight into their own performance**". This can only be judged during the D-EP assessment feedback session that follows the observation...

## DENTAL CASE BASED DISCUSSION (D-CbD) (cont)

The provision of good quality feedback involves the evaluator asking the GPT at an early stage... “*What do you think went well?*”, “*What do you think didn’t go very well?*” and “*Why do you think this was the case?*” or similar. In essence, the feedback session should begin with the evaluator asking the GPT to reflect on their own performance. The answers given by the GPT to these questions should provide the evaluator with the necessary information to be able to rate the ‘insight’ criterion. If the GPT’s description of their strengths and weaknesses during the patient encounter match the opinion of the expert evaluator, then they can be considered to have a good insight on this occasion and should be rated accordingly (in such a case probably 5 or 6). If their description matches the evaluators’ opinion in many (but not all) ways, they would probably be considered to have insight that was ‘acceptable for GPT completion’. If the GPTs’ account of strengths and weak areas of performance matched the evaluators’ thoughts in only a few areas, they would probably be ‘borderline’ and if the GPT was unable to identify their strengths and weaknesses they should be rated as ‘needs improvement’ against the insight criterion.

It is important to remember that insight can be context specific, (i.e. some-one may have good insight into one area, but poor insight in another), so different cases assessed may give different results. Also, insight can be developed with time and experience, and so feedback following assessment is vital to this process.

At the bottom of the D-CbD form, there is a space for the evaluator to give written feedback. This is VERY IMPORTANT to the assessment process, as the criteria on the D-CbD form are broad. For example, if the GPT is awarded a rating of “2” for “*Follow-up & patient management*”, and no details are given in the “*Areas for development before completion of GPT*” section, then those responsible for designing further training will have no ‘Needs improvement’ scores are required to be reassessed before the end of GPT in order to show progress, it is vital for details of both poor performance, and excellent performance to be included.

On the reverse of the D-CbD form, there is a box for the evaluator to note the questions s/he will ask the GPT in order to make a judgement on the clinical decision making etc. It is likely that the evaluator will note these questions down during the GPT’s presentation.

Finally there is a space on the reverse of the D-CbD form for the evaluator to make additional notes. This space may also be used for further written feedback on good or bad performance.

### Overview of requirements for D-CbD...

- One D-CbD to be completed each month starting at month 4 (9 in total).
- Evaluator’s judgements to be made against the standard they would expect from a practitioner at the end of GPT (safe, independent practice).
- A wide range of cases to be assessed using D-CbD during GPT – all 11 major competencies within the clinical domain to be covered during GPT to some degree.
- Any learning objectives identified by assessment (i.e. ‘Need improvement’ scores awarded) should be noted and reassessed at a later date to provide evidence of progress / achievement.
- Advisers will review your D-CbD’s regularly, so the completed forms should be kept in your portfolio at all times.

# Case based Discussion (D-CbD) Assessment Form

Trainee (GPT) \_\_\_\_\_ GDC No \_\_\_\_\_ Date \_\_\_\_\_

Evaluator \_\_\_\_\_ Evaluator's Status \_\_\_\_\_

Clinical Major Competencies covered      1   2   3   4   5   6   7   8   9   10   11  
*(Please circle all that apply to this encounter – Key on reverse)*

Description of case / encounter \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Please grade the following areas using the scale 1 - 6</b>	Needs Improvement before GPT completion		Borderline for GPT completion	Acceptable for GPT completion	Above expectations for GPT completion		Not Observed
	1	2	3	4	5	6	
1. Patient record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Investigations / referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow up & patient mgt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Case presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After feedback given on the assessment please rate:</b>							
9. GPT's insight into their own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of good performance \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Areas for development before completion of General Professional Training \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Time (case presentation) \_\_\_\_\_ Time (feedback) \_\_\_\_\_

Evaluator Signature \_\_\_\_\_ GPT signature \_\_\_\_\_

*Evaluators' notes / questions should be made overleaf...*

**Please use this space to write notes and record the questions you will ask during or following the case presentation in order to assess the GPTs clinical judgement in this case:**

**Questions asked:** *(examples in 'user guide')*

SAMPLE

**Evaluator Notes:**

SAMPLE

**Clinical Major Competencies Key**

1. Patient Examination & Diagnosis
2. Treatment Planning & Patient Management
3. Health promotion & disease prevention
4. Medical & dental emergencies
5. Anaesthesia, sedation, pain & anxiety control
6. Periodontal therapy & management of soft tissues
7. Hard & soft tissue surgery
8. Non-surgical management of the hard & soft tissues of the head & neck
9. Management of the developing dentition
10. Restoration of teeth
11. Replacement of teeth

## Patient Assessment Questionnaire (PAQ)

As part of continuing education within the practice we would like you to answer a series of questions about the dentist you saw today.

All you need to do for section A is to rate your dentist for each skill shown below on a scale of 1 to 4 where 1 = poor, 2 = fair and so on.) and blacken the appropriate circle to show your choice.

If you are unsure of a question or if it is not relevant to your visit today, blacken the "can't say" circle.

All your answers are CONFIDENTIAL. The dentist will not see your answers.

<b>SECTION A</b>					
	<b>RATING SCALE</b>				
<b>HOW WAS THE DENTIST YOU SAW TODAY AT</b> .....	<b>POOR</b> 1	<b>FAIR</b> 2	<b>GOOD</b> 3	<b>EXCELLENT</b> 4	<b>CAN'T SAY</b>
1 Seeing you on time at allocated appointment time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Greeting you in a welcoming, respectful way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Asking you questions about the reasons for your visit and listening carefully to your responses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Explaining what s/he is going to do before starting to examine you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Explaining what s/he finds after examining you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Talking through the different options for your Treatment, helping you to choose without telling you what to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Indicating the likely cost of the chosen course of treatment at the outset; explaining both NHS/Private options.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Forewarning you of any likely pain involved and offering you ways of reducing pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Talking in plain language, using words you can understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Inspiring your trust and confidence; never appearing nervous or unsure of himself/herself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Advising you on how to look after your teeth & gums at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Listening to any questions you have and answering you clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Section B</b>					
Please answer the following questions about the dentist you saw today by blackening the appropriate circle.					
13 Would you recommend this dentist to a friend who wanted a dentist with an excellent personal manner?					
<input type="radio"/> Definitely not <input type="radio"/> Probably not <input type="radio"/> Not sure <input type="radio"/> Probably yes <input type="radio"/> Definitely yes					
14 Would you ask to see this dentist again?					
<input type="radio"/> Definitely not <input type="radio"/> Probably not <input type="radio"/> Not sure <input type="radio"/> Probably yes <input type="radio"/> Definitely yes					

**THANK YOU FOR YOUR HELP**

## MULTI-SOURCE FEEDBACK: 360° Team Assessment of Behaviour (TAB)

VDP/GPT's Name: \_\_\_\_\_ GDC No: \_\_\_\_\_ Practice name: \_\_\_\_\_ Date started present post: \_\_\_\_\_

Please use the comments boxes to commend good behaviour and to describe any behaviour causing you concern. Give specific examples. Information on this form will be shared with the VDPs/ GPTs Trainer and Adviser, who may ask you privately to enlarge on any concerning behaviour you report. At least 9 other forms will also be considered. The VDP/GPT will receive private feedback, but you will not be identified in person without advance discussion with you.

<b>ATTITUDE AND/OR BEHAVIOUR</b>	<i>No concern</i>	<i>You have some concern</i>	<i>You have a major concern</i>	<b>COMMENTS:</b> <i>Anything especially good?</i> If you cannot give an opinion due to lack of knowledge of the dentist say so here. <b>You must specifically comment on any behaviour that causes you concern, and this should reflect the dentists behaviour over time – not usually just a single incident.</b>
<p style="text-align: center;"><b>Maintaining trust / Professional relationship with patients</b></p> <p>Listens. Is polite and caring. Shows respect for patients' opinions, privacy, dignity and confidentiality. Is unprejudiced. Puts patients at ease. Punctual. Responsive to patients needs. Ethical</p>				Leave the form blank if you do not know the person well enough
<p style="text-align: center;"><b>Verbal communication skills</b></p> <p>Gives understandable information. Speaks good English, at the appropriate level for the patient. Explains treatment options and costs concisely &amp; accurately.</p>				
<p style="text-align: center;"><b>Team-working / Working with colleagues</b></p> <p>Respects others' roles, and works constructively in the team. Stays on time, works effectively, efficiently and communicates well. Approachable and open to suggestions and advice. Mannerly. Recognises and acknowledges good performance in others. Is unprejudiced, supportive and fair. Recognises their own role and responsibility in the post.</p>				
<p style="text-align: center;"><b>Contractual Responsibility</b></p> <p>Uses contractual hours efficiently. Good timekeeping. Takes proper responsibility. Only delegates appropriately. Does not shirk duty, copes well with varying workload. Provides adequate notice for holidays and study days. Professional approach to patient care in terms of appearance and personal hygiene. Only attempts treatment they can deliver to a consistently high standard.</p>				
<b>Name of assessor:</b>	<b>Post/ designation:</b>		<b>Signature:</b>	<b>Date:</b>

Please send the completed form, straight away, in a sealed envelope, to Gail Doak, NIMDTA, 42 Beechill Road, Belfast BT8 7RS DO NOT RETURN TO THE DENTIST.

## INITIAL CLINICAL EXPERIENCE CHECKLIST

Please complete the clinical experience checklist with your trainer to give an up to date, detailed account of your experience together with an impression of how confident you feel about various aspects of your work.

**Confidence**                      Indicate how confident you now feel on a scale of 1 to 6 (where 6 represents 'very confident' – 5 confident, - 4 almost confident, - 3 limited confidence, - 2 hesitant lacking confidence, - 1 refuse to do, extremely unconfident).

**Number**                              Approximate numbers of procedures you have carried out without significant assistance.

**Description**                      Please give an account, in the space available to add detail and salient points. In particular, provide detail regarding advanced work (e.g. bridge work).

	Confidence	Your Comments
Diagnosis		
Radiography		
Treatment planning		
Control of pain		
Dental emergencies		
Dental trauma		
Prescribing		

	Number	Confidence	Your Comments
<b>Paediatric dentistry</b>			
Restorations			
SS Crowns			
Extractions			
Deciduous			
Endodontics			
<b>Orthodontics</b>			
<b>Preventive dentistry</b>			
<b>Periodontics</b>			
Simple scale			
Complete care <i>Pockets &gt;5 mm</i>			
<b>Prosthodontics</b>			
Acrylic Complete			
Acrylic Partial			
Chrome Partial			

Oral Surgery	Number	Confidence	Your Comments
Extractions			
Surgery involving flap, bone removal, suture			
<b>Restorative dentistry</b>			
Amalgam restorations			
Primary caries			
Replacement			
Anterior composite			
Primary caries			
Replacement			
Posterior composite			
Endodontics			
Incisor/Canine			
Premolar			
Molar			
Crown, veneer, gold (enter precise type)			
_____			
_____			
_____			
_____			
Bridgework			
Resin retained			
Conventional			
<b>Medical emergencies</b>			
Diagnosis			
Basic Life Support			Date of last BLS Practice <input type="text"/>
<b>Patient management</b>		<b>Confidence</b>	<b>Your Comments</b>
Children (routine care)			
Anxious children			
Children in pain			
Adults (routine care)			
Anxious adults			
Aggressive patients			
Adults in pain			

**This document is part of the criteria for the first ARP payment and must be completed in full.**

## EXPECTATIONS FOR THE TRAINING YEARS

You will need to complete the training agreement on page 10 following your initial interview.

Before you do this you should discuss the following issues, so that Trainer & GPT understand what is expected of each other, in regard to these matters:-

- Dress code
- Emergency code
- Holiday
- Sickness Policy
- Punctuality
- Open door policy
- Supervision
- Monitoring
- Attitude to staff
- Team responsibility

**Your agreement should include:-**

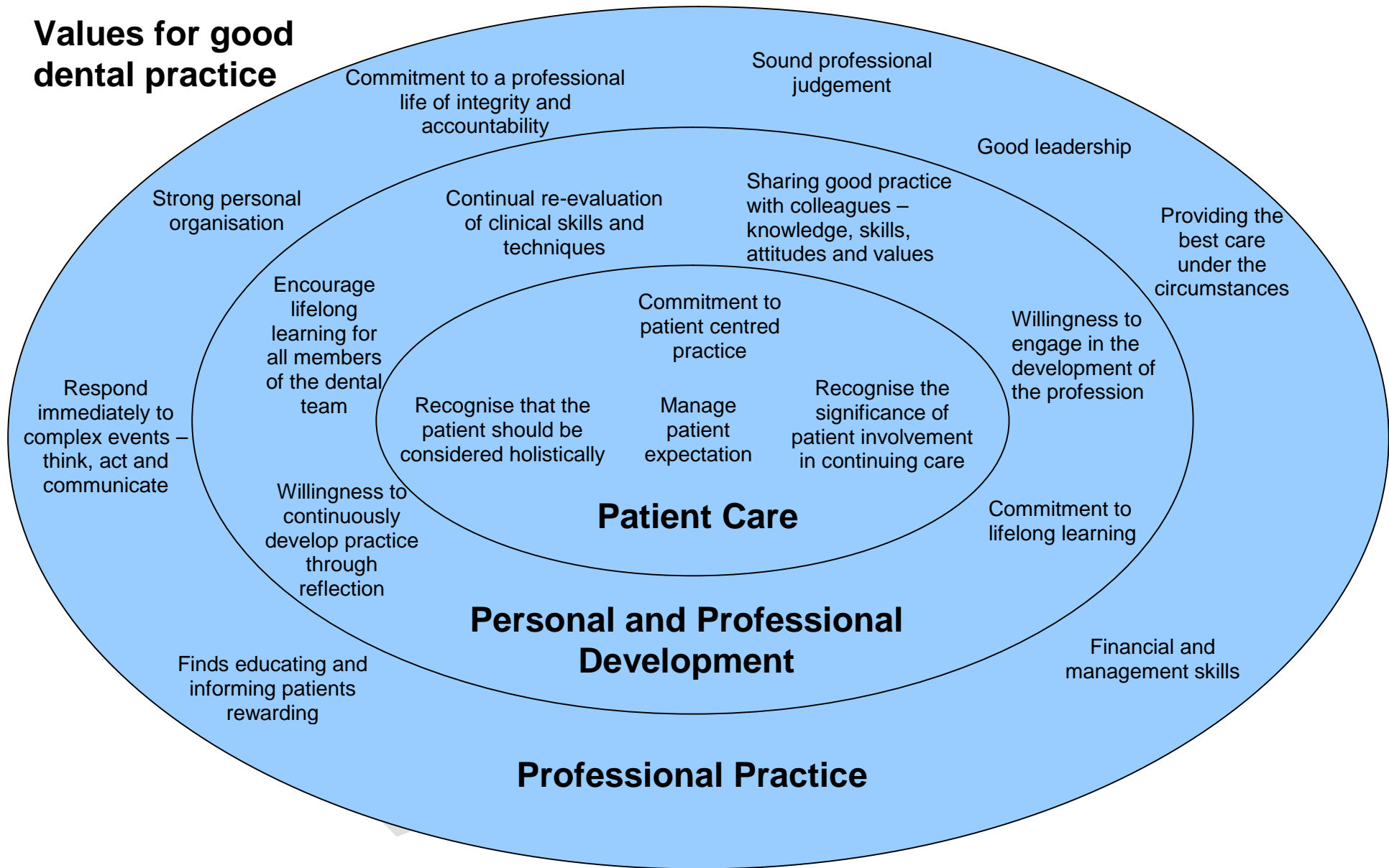
GPT's expectation of General Professional Training; including requests for training or experience in specific areas, type and amount of support most needed:

Trainer's expectations of General Professional Training; including availability of the GPT, the day to day organisation of the practice, communication, hierarchy and practice philosophy.

**The values chart on the next page may also help you in recording your initial expectations for the training.**

**The Value based Diagram describes the attributes or values that your peers would expect to find in a good dentist. The attributes described in the three circles should give you and your trainer ideas that you can develop in your training programme. Values are more than clinical competencies they are attributes and skills which may take some time and considerable effort to acquire.**

# Values for good dental practice



# YOUR TRAINING AGREEMENT

This agreement is a personalised version of the obligations of both Trainer and GPT, incorporating values and expectations discussed at initial interview.

**This is a joint exercise**

GPT	Trainer

Fortnightly hourly tutorials will normally take place on Day\_\_\_\_\_ Time\_\_\_\_\_

Total Contractual hours excluding lunch\_\_\_\_\_

**GPT Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Trainer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

SAMPLE

# INDUCTION CHECKLIST FOR NEW GPTs

## INTRODUCTION

### **Note for Trainers:**

Please use your discretion as to how and when each of these proposed components for the induction period takes place; the time frame to complete this checklist is flexible, it could be completed at the start of the contract or it may take several months to complete all of the components.

Please ensure that a range of practice staff are involved in the induction process, and that your GPT gets the chance to observe the breadth of activities in your practice e.g. working with receptionists, practice manager, nurses, other associates, hygienists and therapists. **Very few patients should be booked in on the first day.** You will probably have devised your own ways of welcoming your new GPT so that he or she is able to settle quickly into a happy and productive life in your practice. You might also want to ensure that your GPT meets or speaks to the dental technicians who work with your practice, and that he or she gets to visit their premises.

### **Note for GPTs:**

You are provided with a checklist which indicates the components which might be included in your induction. Whilst it is primarily the responsibility of the Trainer to ensure that these components are covered, please note that it is your responsibility to ensure that you are pro-active in your own induction. This might include seeking advice (especially at the outset of the GPT year) from your Trainer and others, meeting all members of the practice staff, and generally becoming a useful member of the practice team.

This form is intended to act as a guide to Trainers when developing their induction procedure for new GPTs joining the Practice. It is important to prioritise and not overload the GPT on the first day. Induction should be seen as a process to be completed over time rather than all at once. Many of these items can be covered by other members of the practice team. Some items may not be applicable to your practice, if this is the case then please mark as n/a.

**Induction should last no less than 8 weeks.**

**GENERAL (Within the First Week)**

**DATE COMPLETED**

- Introduction to Staff Members
- Practice Layout: Toilet, Tea Room, Reception Etc.
- Location of Important Items: -
  - i. Water Mains
  - ii. Electricity Mains etc
  - iii. Gas Supply
  - iv. Emergency Drugs


**GPT Signature:** \_\_\_\_\_

**Trainer Signature:** \_\_\_\_\_

**GPTs INDUCTION**

- Patient's Charter
- Newsletter
- Patient Information Leaflets
- Confidentiality


**GPT Signature:** \_\_\_\_\_

**Trainer Signature:** \_\_\_\_\_

**DAILY PROCEDURES**

- Hours of work
- Opening/Closing Practice (Alarm, Compressor, Mains, Answer phone)
- Protocol for Ordering Stock
- Routine Procedures at Start & End of Session & in between Patient


**GPT Signature:** \_\_\_\_\_

**Trainer Signature:** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

**HEALTH & SAFETY**

**DATE COMPLETED**

Health & Safety Policy	
Health & Safety Routine Checklist	
Cross Infection Policy	
CPR Procedure	
Emergency Drugs & Equipment	
Fire Drill Procedure	
Decontamination Policy for Laboratory Work	
Waste Disposal Policy	
Accident Book	
Accident Report Form	
Guidelines for Handling Mercury	
Mercury Spillage Routine	
Accidental Spillage of Infected Materials Action	
Policy for ensuring single use items are not reused	
Action in Case of Sharps Injury	
Radiation Protection – Local Rules	
Emergency X-ray Malfunction Procedure	
Guidance in Developing/Fixing	
Film Usage Record	
Risk Assessments	
Hepatitis Status Review	

**GPT Signature:** \_\_\_\_\_

**Trainer Signature:** \_\_\_\_\_

**COMPUTER TRAINING**

**DATE COMPLETED**

Data Protection	
Confidentiality	
Start Up, Shut Down & Emergency Procedures	
Correct Operator Posture & Positioning	
Finding a Patient	
Adding a Patient	
Personal Details	
Scheme Set Up	
Medical History	
Course of Treatment, Opening, Correcting, Completing	
Charting: i. Tooth Notation	
ii. Filling Materials	
Items of Treatment/Treatment Codes	
Patient Charges	
Software Support	
Hardware Support	
Appointments	
Backup	

**GPT Signature:** \_\_\_\_\_

**Trainer Signature:** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

**SURGERY PROCEDURES**

**DATE COMPLETED**

- Safety Equipment: Glasses, Gloves, Mask, Apron,
- Light Curing Unit, Radiation, Pregnancy
- Cross Infection – Training
- Cross Infection – Policy
- Care and Maintenance of Instruments
- Trays set ups
- Syringes – Loading/Unloading
- Waste Disposal: Sharps, Syringes Etc
- X-ray:
  - i. Taking
  - ii. Developing/Fixing
  - iii. Mounting/Storing
  - iv. Monitoring
- Patient Management
- Stock Control
- Equipment Care/Maintenance
- Mains Switch
- Compressor
- Aspirator Maintenance Procedures


**GPT Signature:** \_\_\_\_\_

**Trainer Signature:** \_\_\_\_\_

**REFERRALS**

- G.A. Referrals
- Orthodontic Referrals
- Oral Surgery Referrals
- Community Referrals


**GPT Signature:** \_\_\_\_\_

**Trainer Signature:** \_\_\_\_\_

**BUSINESS INDUCTION**

**DATE COMPLETED**

- Functional Structure
- Business Objective
- Equal Opportunities Policy
- Customer Care & Complaints Procedure
- Practice Manual
- Business Plan
- Medico – Legal Issues
- Freedom of Information


**GPT Signature:** \_\_\_\_\_

**Trainer Signature:** \_\_\_\_\_

**CLINICAL GOVERNANCE & PERSONAL DEVELOPMENT**

- Key Skills Write up
- Case Presentation Selection
- Subject for GPT lead Practice Meeting


**GPT Signature:** \_\_\_\_\_

**Trainer Signature:** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

# WORK ANALYSIS LOG

GPT GDC No: \_\_\_\_\_

You should complete the log, entering a date against each procedure when you have completed that process.

You need to do this on the first five occasions that you carry out a procedure. The purpose of this log is to identify areas of dentistry where you need to gain more experience.

	Date	Date	Date	Date	Date
<b>DIAGNOSIS</b>					
Extensive Exam					
Radiographs					
Study Models					
<b>RESTORATIVE</b>					
Crown (Ant)					
Crown (Post)					
Cast Post					
Conventional Bridge					
Adhesive Bridge					
Veneer					
Pin Retention					
Posterior Composite					
<b>ENDODONTICS</b>					
RCT (Anterior)					
RCT (Premolar)					
RCT (Molar)					
RCT (Deciduous)					
<b>PROSTHODONTICS</b>					
C/C					
Partial (Acrylic)					
Partial (Co-Cr)					
<b>ORAL SURGERY</b>					
XLA-Simple					
XLA-Orthodontic					
Surgical-soft Tissue					
Surgical-bone Removal					
<b>PERIODONTICS</b>					
Visit 1: Scaling					
Visit 2: Scaling					
Full Mouth Perio					
<b>ORTHODONTICS</b>					
Case Assessment					
Removable Appliances					
<b>MISCELLANEOUS</b>					
Acute Pain Control					
Trauma					
Referral letters					
Rubber Dam					
Domiciliary Visits					
Emergency Call Out					
Mouth Guards: Sports					
<b>SPECIAL INTEREST/OWN TOPIC</b>					

## PROFESSIONAL DEVELOPMENT FORTNIGHTLY / MONTHLY RECORD SHEETS

- You will be required to keep a professional development log during your General Professional Training. Its purpose is to help you to identify your achievements and your on-going learning needs.
- As a dentist, you have begun a career in which you will participate in continuing professional development along with your professional colleagues. In this way you will develop and maintain your professional skills.
- Your log gives you the opportunity to reflect on events that have happened during your General Professional Training. 'Reflection' will help you to learn from your own experience and is one aspect of professional development.
- This places a particular and professional responsibility on you to self assess, analyse your practice and plan your future activities to assist your continuing professional development.
- You are advised to keep patient confidentiality in the log by describing your clinical practice and learning without using the names of your patients.
- You will need to keep a weekly log for the first eight weeks of your General Professional Training. After the initial eight weeks, you will be expected to complete a monthly log to month 6 and then a further monthly log in month 8.
- If you are away from your practice for any reason (e.g. on holiday, ill or at a block course) show your absence in the logs.
- The headings in the logs are intended to act as prompts to help you focus your thoughts and reflections.
- The GPT year starts on a Wednesday; the first week of the Portfolio begins on the next Monday, **8<sup>th</sup> August 2011**.

**GPT EXPERIENCE RECORD**

**WEEKS 1 & 2**

GPT GDC No: \_\_\_\_\_ Fortnight commencing: 8/8/2011

**Please comment on the fortnight's events**

What has gone well in this period?

What problems have you experienced in this period?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic pages 159-163  
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired in this period:

Things I need to learn more about:

Trainer Comments:

Reviewed by Adviser (Initials)  Reviewed by Trainer (Initials)

**This document is part of the criteria for the first ARP payment and must be completed in full.**

# Direct Observation Procedural Skills (DOPS) Wks 1 & 2 01

**Trainee:** \_\_\_\_\_ **Evaluators Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1    2    3    4    5    6    7    8    9    10    11

**Feedback on Performance:** \_\_\_\_\_

- |                  |   |                                       |           |           |                  |              |          |  |
|------------------|---|---------------------------------------|-----------|-----------|------------------|--------------|----------|--|
| <b>1</b>         | <b>Examination and Consultation Skills</b>  | <input type="checkbox"/> Not observed |           |           |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1   2   3</td> <td style="width: 33%;">4   5   6</td> <td style="width: 33%;">7   8   9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1   2   3                             | 4   5   6 | 7   8   9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1   2   3        | 4   5   6   | 7   8   9                             |           |           |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |           |           |                  |              |          |  |
| <b>2</b>         | <b>Clinical Judgement and Diagnosis</b>   | <input type="checkbox"/> Not observed |           |           |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1   2   3</td> <td style="width: 33%;">4   5   6</td> <td style="width: 33%;">7   8   9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1   2   3                             | 4   5   6 | 7   8   9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1   2   3        | 4   5   6   | 7   8   9                             |           |           |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |           |           |                  |              |          |  |
| <b>3</b>         | <b>Technical Ability and Manual Dexterity</b>   | <input type="checkbox"/> Not observed |           |           |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1   2   3</td> <td style="width: 33%;">4   5   6</td> <td style="width: 33%;">7   8   9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1   2   3                             | 4   5   6 | 7   8   9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1   2   3        | 4   5   6   | 7   8   9                             |           |           |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |           |           |                  |              |          |  |
| <b>4</b>         | <b>Communication Skills</b>   | <input type="checkbox"/> Not observed |           |           |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1   2   3</td> <td style="width: 33%;">4   5   6</td> <td style="width: 33%;">7   8   9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1   2   3                             | 4   5   6 | 7   8   9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1   2   3        | 4   5   6   | 7   8   9                             |           |           |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |           |           |                  |              |          |  |
| <b>5</b>         | <b>Professionalism</b>  | <input type="checkbox"/> Not observed |           |           |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1   2   3</td> <td style="width: 33%;">4   5   6</td> <td style="width: 33%;">7   8   9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1   2   3                             | 4   5   6 | 7   8   9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1   2   3        | 4   5   6   | 7   8   9                             |           |           |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |           |           |                  |              |          |  |
| <b>6</b>         | <b>Knowledge (Level and Application)</b>  | <input type="checkbox"/> Not observed |           |           |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1   2   3</td> <td style="width: 33%;">4   5   6</td> <td style="width: 33%;">7   8   9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1   2   3                             | 4   5   6 | 7   8   9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1   2   3        | 4   5   6   | 7   8   9                             |           |           |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |           |           |                  |              |          |  |
| <b>7</b>         | <b>Organisation</b>   | <input type="checkbox"/> Not observed |           |           |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1   2   3</td> <td style="width: 33%;">4   5   6</td> <td style="width: 33%;">7   8   9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1   2   3                             | 4   5   6 | 7   8   9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1   2   3        | 4   5   6   | 7   8   9                             |           |           |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |           |           |                  |              |          |  |

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8                      Trainees response to and reflection on the feedback provided**

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

# Direct Observation Procedural Skills (DOPS) Wks 1 & 2 02

**Trainee:** \_\_\_\_\_ **Evaluators Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1    2    3    4    5    6    7    8    9    10    11

**Feedback on Performance:** \_\_\_\_\_

- |                  |   |                                       |           |           |                  |              |          |  |
|------------------|---|---------------------------------------|-----------|-----------|------------------|--------------|----------|--|
| <b>1</b>         | <b>Examination and Consultation Skills</b>  | <input type="checkbox"/> Not observed |           |           |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1   2   3</td> <td style="width: 33%;">4   5   6</td> <td style="width: 33%;">7   8   9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1   2   3                             | 4   5   6 | 7   8   9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1   2   3        | 4   5   6   | 7   8   9                             |           |           |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |           |           |                  |              |          |  |
| <b>2</b>         | <b>Clinical Judgement and Diagnosis</b>   | <input type="checkbox"/> Not observed |           |           |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1   2   3</td> <td style="width: 33%;">4   5   6</td> <td style="width: 33%;">7   8   9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1   2   3                             | 4   5   6 | 7   8   9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1   2   3        | 4   5   6   | 7   8   9                             |           |           |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |           |           |                  |              |          |  |
| <b>3</b>         | <b>Technical Ability and Manual Dexterity</b>   | <input type="checkbox"/> Not observed |           |           |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1   2   3</td> <td style="width: 33%;">4   5   6</td> <td style="width: 33%;">7   8   9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1   2   3                             | 4   5   6 | 7   8   9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1   2   3        | 4   5   6   | 7   8   9                             |           |           |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |           |           |                  |              |          |  |
| <b>4</b>         | <b>Communication Skills</b>   | <input type="checkbox"/> Not observed |           |           |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1   2   3</td> <td style="width: 33%;">4   5   6</td> <td style="width: 33%;">7   8   9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1   2   3                             | 4   5   6 | 7   8   9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1   2   3        | 4   5   6   | 7   8   9                             |           |           |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |           |           |                  |              |          |  |
| <b>5</b>         | <b>Professionalism</b>  | <input type="checkbox"/> Not observed |           |           |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1   2   3</td> <td style="width: 33%;">4   5   6</td> <td style="width: 33%;">7   8   9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1   2   3                             | 4   5   6 | 7   8   9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1   2   3        | 4   5   6   | 7   8   9                             |           |           |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |           |           |                  |              |          |  |
| <b>6</b>         | <b>Knowledge (Level and Application)</b>  | <input type="checkbox"/> Not observed |           |           |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1   2   3</td> <td style="width: 33%;">4   5   6</td> <td style="width: 33%;">7   8   9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1   2   3                             | 4   5   6 | 7   8   9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1   2   3        | 4   5   6   | 7   8   9                             |           |           |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |           |           |                  |              |          |  |
| <b>7</b>         | <b>Organisation</b>   | <input type="checkbox"/> Not observed |           |           |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1   2   3</td> <td style="width: 33%;">4   5   6</td> <td style="width: 33%;">7   8   9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1   2   3                             | 4   5   6 | 7   8   9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1   2   3        | 4   5   6   | 7   8   9                             |           |           |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |           |           |                  |              |          |  |

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8                      Trainees response to and reflection on the feedback provided**

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

SAMPLE

**GPT EXPERIENCE RECORD**

**WEEKS 3 & 4**

GPT GDC No: \_\_\_\_\_ Fortnight commencing: 22/08/2011

**Please comment on the fortnight's events**

What has gone well in this period?

What problems have you experienced in this period?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic pages 159-163  
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired in this period:

Things I need to learn more about:

Trainer Comments:

Reviewed by Adviser (Initials)  Reviewed by Trainer (Initials)

**This document is part of the criteria for the first ARP payment and must be completed in full.**

# Direct Observation Procedural Skills (DOPS) Wks 3 & 4 03

**Trainee:** \_\_\_\_\_ **Evaluators Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:  Low  Moderate  High

Clinical Focus  1  2  3  4  5  6  7  8  9  10  11

**Feedback on Performance:** \_\_\_\_\_

- |          |   |                                       |
|----------|---|---------------------------------------|
| <b>1</b> | <b>Examination and Consultation Skills</b>  | <input type="checkbox"/> Not observed |
|          | <div style="width: 30%;">1 2 3<br/>NEED IMPROVEMENT</div> <div style="width: 30%;">4 5 6<br/>SATISFACTORY</div> <div style="width: 30%;">7 8 9<br/>SUPERIOR</div> |                                       |
| <b>2</b> | <b>Clinical Judgement and Diagnosis</b>   | <input type="checkbox"/> Not observed |
|          | <div style="width: 30%;">1 2 3<br/>NEED IMPROVEMENT</div> <div style="width: 30%;">4 5 6<br/>SATISFACTORY</div> <div style="width: 30%;">7 8 9<br/>SUPERIOR</div> |                                       |
| <b>3</b> | <b>Technical Ability and Manual Dexterity</b>   | <input type="checkbox"/> Not observed |
|          | <div style="width: 30%;">1 2 3<br/>NEED IMPROVEMENT</div> <div style="width: 30%;">4 5 6<br/>SATISFACTORY</div> <div style="width: 30%;">7 8 9<br/>SUPERIOR</div> |                                       |
| <b>4</b> | <b>Communication Skills</b>   | <input type="checkbox"/> Not observed |
|          | <div style="width: 30%;">1 2 3<br/>NEED IMPROVEMENT</div> <div style="width: 30%;">4 5 6<br/>SATISFACTORY</div> <div style="width: 30%;">7 8 9<br/>SUPERIOR</div> |                                       |
| <b>5</b> | <b>Professionalism</b>  | <input type="checkbox"/> Not observed |
|          | <div style="width: 30%;">1 2 3<br/>NEED IMPROVEMENT</div> <div style="width: 30%;">4 5 6<br/>SATISFACTORY</div> <div style="width: 30%;">7 8 9<br/>SUPERIOR</div> |                                       |
| <b>6</b> | <b>Knowledge (Level and Application)</b>  | <input type="checkbox"/> Not observed |
|          | <div style="width: 30%;">1 2 3<br/>NEED IMPROVEMENT</div> <div style="width: 30%;">4 5 6<br/>SATISFACTORY</div> <div style="width: 30%;">7 8 9<br/>SUPERIOR</div> |                                       |
| <b>7</b> | <b>Organisation</b>   | <input type="checkbox"/> Not observed |
|          | <div style="width: 30%;">1 2 3<br/>NEED IMPROVEMENT</div> <div style="width: 30%;">4 5 6<br/>SATISFACTORY</div> <div style="width: 30%;">7 8 9<br/>SUPERIOR</div> |                                       |

**Time: Observing** \_\_\_\_\_ mins      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**  Yes  No      **Trainee**  Yes  No

**8 Trainees response to and reflection on the feedback provided**

1 2 3  
NEED IMPROVEMENT
4 5 6  
SATISFACTORY
7 8 9  
SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

# Direct Observation Procedural Skills (DOPS) Wks 3 & 4 04

Trainee: \_\_\_\_\_ Evaluators Status: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Details of Encounter: \_\_\_\_\_

Case Complexity:  Low  Moderate  High

Clinical Focus  1  2  3  4  5  6  7  8  9  10  11

Feedback on Performance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1 **Examination and Consultation Skills**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

2 **Clinical Judgement and Diagnosis**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

3 **Technical Ability and Manual Dexterity**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

4 **Communication Skills**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

5 **Professionalism**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

6 **Knowledge (Level and Application)**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

7 **Organisation**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

Time: Observing \_\_\_\_\_ mins Providing Feedback \_\_\_\_\_ mins

Satisfaction with Evaluation:

Evaluator  Yes  No Trainee  Yes  No

8 **Trainees response to and reflection on the feedback provided**

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

Trainee Signature \_\_\_\_\_ Evaluator Signature \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

SAMPLE

**GPT EXPERIENCE RECORD**

**WEEKS 5 & 6**

GPT GDC No: \_\_\_\_\_ Fortnight commencing: **5/09/2011**

**Please comment on the fortnight's events**

What has gone well in this period?

What problems have you experienced in this period?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic pages 159-163  
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired in this period:

Things I need to learn more about:

Trainer Comments:

Reviewed by Adviser (Initials)  Reviewed by Trainer (Initials)

**This document is part of the criteria for the first ARP payment and must be completed in full.**

## Direct Observation Procedural Skills (DOPS) Wks 5 & 6 05

**Trainee:** \_\_\_\_\_ **Evaluators Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1     2     3     4     5     6     7     8     9     10     11

**Feedback on Performance:** \_\_\_\_\_

- |   |   |  |
|---|---|--|
| 1 | <b>Examination and Consultation Skills</b><br>1    2    3                                      4    5    6<br>NEED IMPROVEMENT                      SATISFACTORY    | <input type="checkbox"/> Not observed<br>7    8    9<br>SUPERIOR |
| 2 | <b>Clinical Judgement and Diagnosis</b><br>1    2    3                                      4    5    6<br>NEED IMPROVEMENT                      SATISFACTORY       | <input type="checkbox"/> Not observed<br>7    8    9<br>SUPERIOR |
| 3 | <b>Technical Ability and Manual Dexterity</b><br>1    2    3                                      4    5    6<br>NEED IMPROVEMENT                      SATISFACTORY | <input type="checkbox"/> Not observed<br>7    8    9<br>SUPERIOR |
| 4 | <b>Communication Skills</b><br>1    2    3                                      4    5    6<br>NEED IMPROVEMENT                      SATISFACTORY                   | <input type="checkbox"/> Not observed<br>7    8    9<br>SUPERIOR |
| 5 | <b>Professionalism</b><br>1    2    3                                      4    5    6<br>NEED IMPROVEMENT                      SATISFACTORY                        | <input type="checkbox"/> Not observed<br>7    8    9<br>SUPERIOR |
| 6 | <b>Knowledge (Level and Application)</b><br>1    2    3                                      4    5    6<br>NEED IMPROVEMENT                      SATISFACTORY      | <input type="checkbox"/> Not observed<br>7    8    9<br>SUPERIOR |
| 7 | <b>Organisation</b><br>1    2    3                                      4    5    6<br>NEED IMPROVEMENT                      SATISFACTORY                           | <input type="checkbox"/> Not observed<br>7    8    9<br>SUPERIOR |

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

8                      **Trainees response to and reflection on the feedback provided**

1    2    3                                      4    5    6                                      7    8    9  
 NEED IMPROVEMENT                      SATISFACTORY                                      SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

# Direct Observation Procedural Skills (DOPS) Wks 5 & 6 06

Trainee: \_\_\_\_\_ Evaluators Status: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Details of Encounter: \_\_\_\_\_

Case Complexity:  Low  Moderate  High

Clinical Focus  1  2  3  4  5  6  7  8  9  10  11

Feedback on Performance: \_\_\_\_\_

---

---

---

- |   |                                       |
|---|---------------------------------------|
| <b>1 Examination and Consultation Skills</b>    | <input type="checkbox"/> Not observed |
| 1 2 3<br>NEED IMPROVEMENT                       | 4 5 6<br>SATISFACTORY                 |
| 7 8 9<br>SUPERIOR                               |                                       |
| <b>2 Clinical Judgement and Diagnosis</b>       | <input type="checkbox"/> Not observed |
| 1 2 3<br>NEED IMPROVEMENT                       | 4 5 6<br>SATISFACTORY                 |
| 7 8 9<br>SUPERIOR                               |                                       |
| <b>3 Technical Ability and Manual Dexterity</b> | <input type="checkbox"/> Not observed |
| 1 2 3<br>NEED IMPROVEMENT                       | 4 5 6<br>SATISFACTORY                 |
| 7 8 9<br>SUPERIOR                               |                                       |
| <b>4 Communication Skills</b>                   | <input type="checkbox"/> Not observed |
| 1 2 3<br>NEED IMPROVEMENT                       | 4 5 6<br>SATISFACTORY                 |
| 7 8 9<br>SUPERIOR                               |                                       |
| <b>5 Professionalism</b>                        | <input type="checkbox"/> Not observed |
| 1 2 3<br>NEED IMPROVEMENT                       | 4 5 6<br>SATISFACTORY                 |
| 7 8 9<br>SUPERIOR                               |                                       |
| <b>6 Knowledge (Level and Application)</b>      | <input type="checkbox"/> Not observed |
| 1 2 3<br>NEED IMPROVEMENT                       | 4 5 6<br>SATISFACTORY                 |
| 7 8 9<br>SUPERIOR                               |                                       |
| <b>7 Organisation</b>                           | <input type="checkbox"/> Not observed |
| 1 2 3<br>NEED IMPROVEMENT                       | 4 5 6<br>SATISFACTORY                 |
| 7 8 9<br>SUPERIOR                               |                                       |

Time: Observing \_\_\_\_\_ mins Providing Feedback \_\_\_\_\_ mins

Satisfaction with Evaluation:

Evaluator  Yes  No Trainee  Yes  No

8 Trainees response to and reflection on the feedback provided

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

Trainee Signature \_\_\_\_\_ Evaluator Signature \_\_\_\_\_

This document is part of the criteria for the first ARP payment and must be completed in full.

SAMPLE

**GPT EXPERIENCE RECORD**

**WEEKS 7 & 8**

GPT GDC No: \_\_\_\_\_ Fortnight commencing: 19/9/2011

**Please comment on the fortnight's events**

What has gone well in this period?

What problems have you experienced in this period?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic pages 159-163  
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired in this period:

Things I need to learn more about:

Trainer Comments:

Reviewed by Adviser (Initials)

Reviewed by Trainer (Initials)

**This document is part of the criteria for the first ARP payment and must be completed in full.**

# Direct Observation Procedural Skills (DOPS) Wks 7 & 8 07

Trainee: \_\_\_\_\_ Evaluators Status: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Details of Encounter: \_\_\_\_\_

Case Complexity:  Low  Moderate  High

Clinical Focus  1  2  3  4  5  6  7  8  9  10  11

Feedback on Performance: \_\_\_\_\_

---

---

---

- |   |   |                                       |
|---|---|---------------------------------------|
| 1 | <b>Examination and Consultation Skills</b>    | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 2 | <b>Clinical Judgement and Diagnosis</b>       | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 3 | <b>Technical Ability and Manual Dexterity</b> | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 4 | <b>Communication Skills</b>                   | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 5 | <b>Professionalism</b>                        | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 6 | <b>Knowledge (Level and Application)</b>      | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 7 | <b>Organisation</b>                           | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |

Time: Observing \_\_\_\_\_ mins Providing Feedback \_\_\_\_\_ mins

Satisfaction with Evaluation:

Evaluator  Yes  No Trainee  Yes  No

8 Trainees response to and reflection on the feedback provided

1 2 3  
NEED IMPROVEMENT

4 5 6  
SATISFACTORY

7 8 9  
SUPERIOR

Trainee Signature \_\_\_\_\_ Evaluator Signature \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

# Direct Observation Procedural Skills (DOPS) Wks 7 & 8 08

Trainee: \_\_\_\_\_ Evaluators Status: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Details of Encounter: \_\_\_\_\_

Case Complexity:  Low  Moderate  High

Clinical Focus  1  2  3  4  5  6  7  8  9  10  11

Feedback on Performance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1 **Examination and Consultation Skills**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

2 **Clinical Judgement and Diagnosis**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

3 **Technical Ability and Manual Dexterity**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

4 **Communication Skills**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

5 **Professionalism**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

6 **Knowledge (Level and Application)**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

7 **Organisation**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

Time: Observing \_\_\_\_\_ mins Providing Feedback \_\_\_\_\_ mins

Satisfaction with Evaluation:

Evaluator  Yes  No Trainee  Yes  No

8 **Trainees response to and reflection on the feedback provided**

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

Trainee Signature \_\_\_\_\_ Evaluator Signature \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

SAMPLE

# FIRST CLINICAL PEER REVIEW AND REPORT GUIDE

## WEEK 8

- This week you are invited to present to your Trainer a range of clinical work eg prepared cavities, completed restorations, endodontic treatment or crown preparations.
- You and your Trainer should also compare radiographs of recent treatment plans; working models from recent treatments involving laboratory work may also be used. You should also review the record cards of the cases that you present.
- These procedures may have been carried out on the same tooth or different teeth.
- Your Trainer will present similar procedures to you.
- You are requested to write a description of your own cases and your Trainer's cases in the 'First Review Report'.
- Your Trainer will in light of all three areas viz: Induction Checklist, Clinical Experience Checklist and Peer Review Exercise, make an initial statement on your progress and prioritise your learning needs at this point in the education process.
- This process will enable us all to identify if you require additional support at this very early stage and guide you and your trainer in producing a personal development plan relevant to your needs. You and your trainer may wish to refer back to the initial training agreement and amend it as required. The first clinical peer review will be reviewed by your adviser as part of an ongoing feedback mechanism.

**FIRST CLINICAL PEER REVIEW**

**TRAINER’S PEER REVIEW  
DESCRIPTION & FIRST REVIEW REPORT**

**To be completed by the GPT**

GPT’s Name: \_\_\_\_\_

Trainer’s Name: \_\_\_\_\_

Description of procedures presented by the Trainer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of procedures presented by the GPT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GPT’s Status at First Review: This section should detail strengths and areas for development based on direct observation of clinical work in the training practice (To be completed by the Trainer)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Trainer’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

# COLLABORATIVE CLINICAL RECORDS AUDIT

## WEEK 8

### User's Guide

For a tutorial, randomly select 5 sets of Trainer's patient's records and 5 sets of GPT's patient's records with recently completed courses of treatment.

Determine a target for each criterion as a percentage (e.g. 70% of records will follow the practice protocol for radiography).

Scrutinise the clinical records for patient 1 (Trainer may wish to go first) and enter 'S' (Satisfactory), 'R' (Review) or 'N/A' in column 1, on the Trainer's audit sheet, for each criterion. Repeat for GPT patient 1, using the GPT's audit sheet, then alternate through the rest of the records, 2-5.

Give a score for each criterion for the number of 'S'; expressed as a percentage of the number of 'S + R', excluding any N/A Boxes. (See example below).

During the process, the discussion may digress and other aspects of the patient's care may be considered. This is not to be discouraged as one of the aims of the curriculum is to improve the quality of professional dialogues and enhance tutorials.

When the scoring process is complete any areas for improvement should be noted in the box available and the Trainer should sign the GPT's audit sheet.

If necessary, one or more further audit cycles, analysing the areas for improvement noted in the first cycle may be carried out.

### Example

	1	2	3	4	5	Target	Score
<b>Medical History</b>	<b>S</b>	<b>S</b>	<b>N/A</b>	<b>R</b>	<b>S</b>	<b>70%</b>	

$$\text{Score} = \frac{3 \text{ 'S' }}{3 \text{ 'S' } + 1 \text{ 'R' }} = \frac{3}{4} = 75\%$$

In this example the score is 75%, thus exceeding the set target.

## KEY TO POINTS TO CHECK IN PATIENTS CLINICAL RECORDS

<b>Medical history</b>	Has a medical history been recorded according to the practice protocol?
<b>Charting</b>	Is there a relevant charting of the teeth?
<b>BPE</b>	Is there a recent screening chart of the periodontal condition?
<b>Soft tissues</b>	Is there a record of the condition of the soft tissues?
<b>Risk factors</b>	Is there a note of risk factors such as smoking, alcohol consumption or dietary habits together with a record of any discussion that has taken place?
<b>Radiography Protocol</b>	Have appropriate radiographs been taken with due regard to the practice protocol?
<b>Protocol Justification</b>	The practitioner should record a justification for taking the radiograph.
<b>Evaluation</b>	The practice quality assurance policy should be followed.
<b>Findings</b>	A record of relevant information gleaned from the radiograph.
<b>Valid consent</b>	Where appropriate there should be a record of the patient's consent to treatment with details of options, risks and prognoses.
<b>Treatment plan</b>	Where appropriate, is there a written treatment plan?
<b>Estimate</b>	Where appropriate, was the patient given an estimate of the cost? Was form HS45DC used as appropriate?
<b>Treatment</b>	Is the record of treatment carried out complete?
<b>Legibility</b>	Are the written notes legible? (not relevant of computer record)
<b>Signature</b>	Are written notes signed?
<b>Conversational notes (optional)</b>	Has the clinician noted an 'aide memoir' to facilitate conversation at the next visit?

## CLINICAL RECORDS AUDIT SHEET

**GPT Name** \_\_\_\_\_ **Date** \_\_\_\_\_ **Audit Cycle** 1

Enter 'S' for satisfactory and 'R' for review as relevant for each case discussed

	1	2	3	4	5	Target	Score
Medical History							
Charting							
BPE							
Soft Tissues							
Risk factors							
<b>Radiography</b>							
Protocol							
Justification							
Evaluation							
Findings							
Valid Consent							
Treatment plan							
Estimate							
Treatment							
Legibility							
Signature							
Conversational Notes							

Please note any changes you will make to your clinical record keeping following this audit.

**GPT's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

## CLINICAL RECORDS AUDIT SHEET

**Trainer Name** \_\_\_\_\_ **Date** \_\_\_\_\_ **Audit Cycle** 1

Enter 'S' for satisfactory and 'R' for review as relevant for each case discussed

	1	2	3	4	5	Target	Score
Medical History							
Charting							
BPE							
Soft Tissues							
Risk factors							
<b>Radiography</b>							
Protocol							
Justification							
Evaluation							
Findings							
Valid Consent							
Treatment plan							
Estimate							
Treatment							
Legibility							
Signature							
Conversational Notes							

Please note any changes you will make to your clinical record keeping following this audit.

**Trainer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

## CLINICAL RECORDS AUDIT SHEET

**GPT Name** \_\_\_\_\_ **Date** \_\_\_\_\_ **Audit Cycle** 2

Enter 'S' for satisfactory and 'R' for review as relevant for each case discussed

	1	2	3	4	5	Target	Score
Medical History							
Charting							
BPE							
Soft Tissues							
Risk factors							
<b>Radiography</b>							
Protocol							
Justification							
Evaluation							
Findings							
Valid Consent							
Treatment plan							
Estimate							
Treatment							
Legibility							
Signature							
Conversational Notes							

Please note any changes you will make to your clinical record keeping following this audit.

**GPT's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

## CLINICAL RECORDS AUDIT SHEET

**Trainer Name** \_\_\_\_\_ **Date** \_\_\_\_\_ **Audit Cycle** 2

Enter 'S' for satisfactory and 'R' for review as relevant for each case discussed

	1	2	3	4	5	Target	Score
Medical History							
Charting							
BPE							
Soft Tissues							
Risk factors							
<b>Radiography</b>							
Protocol							
Justification							
Evaluation							
Findings							
Valid Consent							
Treatment plan							
Estimate							
Treatment							
Legibility							
Signature							
Conversational Notes							

Please note any changes you will make to your clinical record keeping following this audit.

**Trainer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

**GPT EXPERIENCE RECORD**

**WEEKS 9 & 10**

GPT GDC No: \_\_\_\_\_ Fortnight commencing: 3/10/2011

**Please comment on the fortnight's events**

What has gone well in this period?

What problems have you experienced in this period?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic pages 159-163  
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired in this period:

Things I need to learn more about:

Trainer Comments:

Reviewed by Adviser (Initials)  Reviewed by Trainer (Initials)

**This document is part of the criteria for the first ARP payment and must be completed in full.**

SAMPLE

**GPT EXPERIENCE RECORD**

**WEEKS 11 & 12**

GPT GDC No: \_\_\_\_\_ Fortnight commencing: 17/10/2011

**Please comment on the fortnight's events**

What has gone well in this period?

What problems have you experienced in this period?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic pages 159-163  
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired in this period:

Things I need to learn more about:

Trainer Comments:

Reviewed by Adviser (Initials)

Reviewed by Trainer (Initials)

**This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.**

# Direct Observation Procedural Skills Month 3-October 09

Trainee: \_\_\_\_\_ Evaluators Status: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Details of Encounter: \_\_\_\_\_

Case Complexity:  Low  Moderate  High

Clinical Focus  1  2  3  4  5  6  7  8  9  10  11

Feedback on Performance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1 **Examination and Consultation Skills**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

2 **Clinical Judgement and Diagnosis**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

3 **Technical Ability and Manual Dexterity**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

4 **Communication Skills**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

5 **Professionalism**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

6 **Knowledge (Level and Application)**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

7 **Organisation**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

Time: Observing \_\_\_\_\_ mins Providing Feedback \_\_\_\_\_ mins

Satisfaction with Evaluation:

Evaluator  Yes  No Trainee  Yes  No

8 **Trainees response to and reflection on the feedback provided**

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

Trainee Signature \_\_\_\_\_ Evaluator Signature \_\_\_\_\_

This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.

**GPT EXPERIENCE RECORD**

**WEEKS 13 & 14**

GPT GDC No: \_\_\_\_\_ Fortnight commencing: 31/10/2011

**Please comment on the fortnight's events**

What has gone well in this period?

What problems have you experienced in this period?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic pages 159-163  
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired in this period:

Things I need to learn more about:

Trainer Comments:

Reviewed by Adviser (Initials)

Reviewed by Trainer (Initials)

**This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.**

SAMPLE

**GPT EXPERIENCE RECORD**

**WEEKS 15 & 16**

GPT GDC No: \_\_\_\_\_ Fortnight commencing: 14/11/2011

**Please comment on the fortnight's events**

What has gone well in this period?

What problems have you experienced in this period?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic pages 159-163  
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired in this period:

Things I need to learn more about:

Trainer Comments:

Reviewed by Adviser (Initials)

Reviewed by Trainer (Initials)

**This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.**

# Direct Observation Procedural Skills Month 4-November 10

**Trainee:** \_\_\_\_\_ **Evaluators Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1    2    3    4    5    6    7    8    9    10    11

**Feedback on Performance:** \_\_\_\_\_

**1 Examination and Consultation Skills**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**2 Clinical Judgement and Diagnosis**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**3 Technical Ability and Manual Dexterity**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**4 Communication Skills**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**5 Professionalism**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**6 Knowledge (Level and Application)**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**7 Organisation**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8 Trainees response to and reflection on the feedback provided**

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.**

## Case based Discussion Assessment Form Month 4-November 01

Trainee (GPT) \_\_\_\_\_ GDC No \_\_\_\_\_ Date \_\_\_\_\_

Evaluator \_\_\_\_\_ Evaluator's Status \_\_\_\_\_

Clinical Major Competencies covered      1   2   3   4   5   6   7   8   9   10   11  
 (Please circle all that apply to this encounter – Key on reverse)

Description of case / encounter \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please grade the following areas using the scale 1 - 6	Needs Improvement before GPT completion		Borderline for GPT completion	Acceptable for GPT completion	Above expectations for GPT completion		Not Observed
	1	2	3	4	5	6	
1. Patient record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Investigations / referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow up & patient mgt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Case presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After feedback given on the assessment please rate:</b>							
9. GPT's insight into their own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of good performance \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Areas for development before completion of General Professional Training \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Time (case presentation) \_\_\_\_\_ Time (feedback) \_\_\_\_\_

Evaluator Signature \_\_\_\_\_ GPT signature \_\_\_\_\_

*Evaluators' notes / questions should be made overleaf...*

**Please use this space to write notes and record the questions you will ask during or following the case presentation in order to assess the GPTs clinical judgement in this case:**

**Questions asked:** *(examples in 'user guide')*

**Evaluator Notes:**

**Clinical Major Competencies Key**

- 1. Patient Examination & Diagnosis
- 2. Treatment Planning & Patient Management
- 3. Health promotion & disease prevention
- 4. Medical & dental emergencies
- 5. Anaesthesia, sedation, pain & anxiety control
- 6. Periodontal therapy & management of soft tissues
- 7. Hard & soft tissue surgery
- 8. Non-surgical management of the hard & soft tissues of the head & neck
- 9. Management of the developing dentition
- 10. Restoration of teeth
- 11. Replacement of teeth

**This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.**

## SELF-ASSESSMENT OF GPT PROGRESS (at 4 months)

In the evaluation of your progress through General Professional Training, please indicate on a six point scale what you consider to be your ability at this point in time.

**Very Unsatisfactory**      1      2      3      4      5      6      **Very Satisfactory**

**Note:** It is expected that most of the judgements will fall in the middle of the range (3, 4) if satisfactory. **GPT: If you feel you need help from your Trainer in developing your skills, please indicate so in the right-hand column.**

		Comments
A	History taking	
B	Examination of patients	
C	Making a diagnosis	
D	Treatment planning	
E	Quality of record keeping	
F	Clinical Ability	
G	Communication with patients	
H	Professional relationship with the team	
I	General professional attitude	

**GPT's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.**

## ASSESSMENT OF GPT BY TRAINER (at 4 months)

Please refer back to the initial training agreement made at the start of the training year and jointly amend, alter or rewrite in view of the current learning needs identified.

In the evaluation of your GPT's progress through General Professional Training, please indicate on a six point scale what you consider to be their ability at this point in time.

**Very Unsatisfactory**      1      2      3      4      5      6      **Very Satisfactory**

**Note:** It is expected that most of the judgements will fall in the middle of the range (3, 4) if satisfactory. **GPT: If you feel you need help from your Trainer in developing your skills, please indicate so in the right-hand column.**

		Comments
A	History taking	
B	Examination of patients	
C	Making a diagnosis	
D	Treatment planning	
E	Quality of record keeping	
F	Clinical Ability	
G	Communication with patients	
H	Professional relationship with the team	
I	General professional attitude	

**Trainer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.

## CLINICAL EXPERIENCE CHECKLIST 2

Please complete the clinical experience checklist with your trainer to give an up to date, detailed account of your experience together with an impression of how confident you feel about various aspects of your work.

**Confidence**                      Indicate how confident you now feel on a scale of 1 to 6 (where 6 represents 'very confident' – 5 confident, - 4 almost confident, - 3 limited confidence, - 2 hesitant lacking confidence, - 1 refuse to do, extremely unconfident).

**Number**                              Approximate numbers of procedures you have carried out without significant assistance.

**Description**                      Please give an account, in the space available to add detail and salient points. In particular, provide detail regarding advanced work (e.g. bridge work).

	Confidence	Your Comments
Diagnosis		
Radiography		
Treatment planning		
Control of pain		
Dental emergencies		
Dental trauma		
Prescribing		

	Number	Confidence	Your Comments
<b>Paediatric dentistry</b>			
Restorations			
SS Crowns			
Extractions			
Deciduous			
Endodontics			
<b>Orthodontics</b>			
<b>Preventive dentistry</b>			
<b>Periodontics</b>			
Simple scale			
Complete care <i>Pockets &gt;5 mm</i>			
<b>Prosthodontics</b>			
Acrylic Complete			
Acrylic Partial			
Chrome Partial			

Oral Surgery	Number	Confidence	Your Comments
Extractions			
Surgery involving flap, bone removal, suture			
<b>Restorative dentistry</b>			
Amalgam restorations			
Primary caries			
Replacement			
Anterior composite			
Primary caries			
Replacement			
Posterior composite			
Endodontics			
Incisor/Canine			
Premolar			
Molar			
Crown, veneer, gold (enter precise type)			
_____			
_____			
_____			
_____			
Bridgework			
Resin retained			
Conventional			
<b>Medical emergencies</b>			
Diagnosis			
Basic Life Support			Date of last BLS Practice <input type="text"/>
<b>Patient management</b>		<b>Confidence</b>	<b>Your Comments</b>
Children (routine care)			
Anxious children			
Children in pain			
Adults (routine care)			
Anxious adults			
Aggressive patients			
Adults in pain			

**This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.**

## ACQUISITION OF CLINICAL EXPERIENCE (at 4 months)

### DO YOU THINK YOU ARE:

- A Gaining about the expected amount of clinical experience?  
**YES / NO (please select)**
- B Seeing too few patients to gain sufficient experience?  
**YES / NO**
- C Seeing so many patients that you do not have enough time to learn from the job?  
**YES / NO**
- D Given sufficient help with administration such as letter writing, and organisation of the Practice?  
**YES / NO**
- E Do you have the continual support of an experienced dental nurse?  
**YES / NO**

### GPT'S OVERALL ASSESSMENT OF TRAINING

**Comments on training and experience gained:**

**Suggestion for improvement within the training programme:**

**Agreed Action Plan:**

**GPT's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.**

## RADIOGRAPHY REVIEW AND AUDIT BETWEEN GPT AND TRAINER (Month 4)

The GPT and Trainer are expected to bring to a tutorial, ten of their most recent radiographs. The radiographs should then be jointly assessed against the Quality Criteria in the box below which has been adapted from the Faculty of General Dental Practitioner's book 'Selection Criteria for Dental Radiography'.

QUALITY ASSESSMENT OF RADIOGRAPHS	
Rating	Quality Criteria
1	Excellent – no errors of exposure, positioning or processing
2	Diagnostically acceptable – some errors of exposure, positioning or processing, but which do not detract from the diagnostic utility of the radiograph
3	Unacceptable – errors of exposure, positioning or processing which render the radiograph diagnostically unacceptable

## RECORD SHEET

	1	2	3	4	5	6	7	8	9	10
Trainer X-Ray Grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GPT X-Ray Grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agreed targets %

Grade 1	70
Grade 2	20
Grade 3	10

Achieved targets %

	Trainer	GPT
Grade 1		
Grade 2		
Grade 3		

Comments for future action:

This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.

**GPT EXPERIENCE RECORD**

**MONTHS 5 & 6**

GPT GDC No: \_\_\_\_\_

Months: Dec / Jan

**Please comment on the months' events**

What has gone well in this period?

What problems have you experienced in this period?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic pages 159-163  
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired in this period:

Things I need to learn more about:

Trainer Comments:

Day book total for December £ \_\_\_\_\_  
Day book total for January £ \_\_\_\_\_

Reviewed by Adviser (Initials) \_\_\_\_\_

Reviewed by Trainer (Initials) \_\_\_\_\_

**This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.**

**Direct Observation Procedural Skills Month 5-December 11**

**Trainee:** \_\_\_\_\_ **Evaluators Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:      Low            Moderate            High

Clinical Focus    1    2    3    4    5    6    7    8    9    10    11

**Feedback on Performance:** \_\_\_\_\_

1	<b>Examination and Consultation Skills</b>	<input type="checkbox"/> Not observed																		
	<table border="0"> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td> <td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td> <td style="text-align: center;">7</td><td style="text-align: center;">8</td><td style="text-align: center;">9</td> </tr> <tr> <td colspan="3">NEED IMPROVEMENT</td> <td colspan="3">SATISFACTORY</td> <td colspan="3">SUPERIOR</td> </tr> </table>	1	2	3	4	5	6	7	8	9	NEED IMPROVEMENT			SATISFACTORY			SUPERIOR			
1	2	3	4	5	6	7	8	9												
NEED IMPROVEMENT			SATISFACTORY			SUPERIOR														
2	<b>Clinical Judgement and Diagnosis</b>	<input type="checkbox"/> Not observed																		
	<table border="0"> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td> <td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td> <td style="text-align: center;">7</td><td style="text-align: center;">8</td><td style="text-align: center;">9</td> </tr> <tr> <td colspan="3">NEED IMPROVEMENT</td> <td colspan="3">SATISFACTORY</td> <td colspan="3">SUPERIOR</td> </tr> </table>	1	2	3	4	5	6	7	8	9	NEED IMPROVEMENT			SATISFACTORY			SUPERIOR			
1	2	3	4	5	6	7	8	9												
NEED IMPROVEMENT			SATISFACTORY			SUPERIOR														
3	<b>Technical Ability and Manual Dexterity</b>	<input type="checkbox"/> Not observed																		
	<table border="0"> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td> <td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td> <td style="text-align: center;">7</td><td style="text-align: center;">8</td><td style="text-align: center;">9</td> </tr> <tr> <td colspan="3">NEED IMPROVEMENT</td> <td colspan="3">SATISFACTORY</td> <td colspan="3">SUPERIOR</td> </tr> </table>	1	2	3	4	5	6	7	8	9	NEED IMPROVEMENT			SATISFACTORY			SUPERIOR			
1	2	3	4	5	6	7	8	9												
NEED IMPROVEMENT			SATISFACTORY			SUPERIOR														
4	<b>Communication Skills</b>	<input type="checkbox"/> Not observed																		
	<table border="0"> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td> <td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td> <td style="text-align: center;">7</td><td style="text-align: center;">8</td><td style="text-align: center;">9</td> </tr> <tr> <td colspan="3">NEED IMPROVEMENT</td> <td colspan="3">SATISFACTORY</td> <td colspan="3">SUPERIOR</td> </tr> </table>	1	2	3	4	5	6	7	8	9	NEED IMPROVEMENT			SATISFACTORY			SUPERIOR			
1	2	3	4	5	6	7	8	9												
NEED IMPROVEMENT			SATISFACTORY			SUPERIOR														
5	<b>Professionalism</b>	<input type="checkbox"/> Not observed																		
	<table border="0"> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td> <td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td> <td style="text-align: center;">7</td><td style="text-align: center;">8</td><td style="text-align: center;">9</td> </tr> <tr> <td colspan="3">NEED IMPROVEMENT</td> <td colspan="3">SATISFACTORY</td> <td colspan="3">SUPERIOR</td> </tr> </table>	1	2	3	4	5	6	7	8	9	NEED IMPROVEMENT			SATISFACTORY			SUPERIOR			
1	2	3	4	5	6	7	8	9												
NEED IMPROVEMENT			SATISFACTORY			SUPERIOR														
6	<b>Knowledge (Level and Application)</b>	<input type="checkbox"/> Not observed																		
	<table border="0"> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td> <td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td> <td style="text-align: center;">7</td><td style="text-align: center;">8</td><td style="text-align: center;">9</td> </tr> <tr> <td colspan="3">NEED IMPROVEMENT</td> <td colspan="3">SATISFACTORY</td> <td colspan="3">SUPERIOR</td> </tr> </table>	1	2	3	4	5	6	7	8	9	NEED IMPROVEMENT			SATISFACTORY			SUPERIOR			
1	2	3	4	5	6	7	8	9												
NEED IMPROVEMENT			SATISFACTORY			SUPERIOR														
7	<b>Organisation</b>	<input type="checkbox"/> Not observed																		
	<table border="0"> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td> <td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td> <td style="text-align: center;">7</td><td style="text-align: center;">8</td><td style="text-align: center;">9</td> </tr> <tr> <td colspan="3">NEED IMPROVEMENT</td> <td colspan="3">SATISFACTORY</td> <td colspan="3">SUPERIOR</td> </tr> </table>	1	2	3	4	5	6	7	8	9	NEED IMPROVEMENT			SATISFACTORY			SUPERIOR			
1	2	3	4	5	6	7	8	9												
NEED IMPROVEMENT			SATISFACTORY			SUPERIOR														

**Time: Observing** \_\_\_\_\_ mins            **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**            Yes            No            **Trainee**            Yes            No

8	<b>Trainees response to and reflection on the feedback provided</b>																		
	<table border="0"> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td> <td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td> <td style="text-align: center;">7</td><td style="text-align: center;">8</td><td style="text-align: center;">9</td> </tr> <tr> <td colspan="3">NEED IMPROVEMENT</td> <td colspan="3">SATISFACTORY</td> <td colspan="3">SUPERIOR</td> </tr> </table>	1	2	3	4	5	6	7	8	9	NEED IMPROVEMENT			SATISFACTORY			SUPERIOR		
1	2	3	4	5	6	7	8	9											
NEED IMPROVEMENT			SATISFACTORY			SUPERIOR													

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.**

# Direct Observation Procedural Skills Month 6 - January 12

Trainee: \_\_\_\_\_ Evaluators Status: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Details of Encounter: \_\_\_\_\_

Case Complexity:  Low  Moderate  High

Clinical Focus  1  2  3  4  5  6  7  8  9  10  11

Feedback on Performance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |   |   |                                       |
|---|---|---------------------------------------|
| 1 | <b>Examination and Consultation Skills</b>    | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 2 | <b>Clinical Judgement and Diagnosis</b>       | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 3 | <b>Technical Ability and Manual Dexterity</b> | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 4 | <b>Communication Skills</b>                   | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 5 | <b>Professionalism</b>                        | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 6 | <b>Knowledge (Level and Application)</b>      | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 7 | <b>Organisation</b>                           | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |

Time: Observing \_\_\_\_\_ mins Providing Feedback \_\_\_\_\_ mins

Satisfaction with Evaluation:

Evaluator  Yes  No Trainee  Yes  No

8 Trainees response to and reflection on the feedback provided

1 2 3  
NEED IMPROVEMENT

4 5 6  
SATISFACTORY

7 8 9  
SUPERIOR

Trainee Signature \_\_\_\_\_ Evaluator Signature \_\_\_\_\_

This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.

SAMPLE

## WORK LOAD REVIEW FOR MONTH 6 (Jan 2012)

You should collect the data shown below during your sixth month in the practice i.e. January 2012.

	<b>Numbers</b>
1. Total number of patient appointments (see Appointment Book)	_____
2. Number of patients seen by GPT (see Daybook)	_____
3. Number of clinical hours worked	_____
4. Unfilled hours (including DNA's)	_____
5. Number of adult patient appointments seen	_____
6. Number of children appointments seen	_____

**You should review your workload with your trainer to ensure that you have an appropriate workload and mix of both Patient and Treatment types.**

**This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.**

SAMPLE

**GPT EXPERIENCE RECORD**

**MONTHS 7 - 9**

GPT GDC No: \_\_\_\_\_

Months: Feb/Mar/April

**Please comment on the months' events**

What has gone well in this period?

What problems have you experienced in this period?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic pages 159-163  
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired in this period:

Things I need to learn more about:

Trainer Comments:

**Day book total for February** £ \_\_\_\_\_  
**Day book total for March** £ \_\_\_\_\_  
**Day book total for April** £ \_\_\_\_\_

Reviewed by Adviser (Initials)

Reviewed by Trainer (Initials)

**This document is part of the criteria for the 3<sup>rd</sup> ARP payment and must be completed in full.**

## Direct Observation Procedural Skills Month 7-February 13

**Trainee:** \_\_\_\_\_ **Evaluators Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1     2     3     4     5     6     7     8     9     10     11

**Feedback on Performance:** \_\_\_\_\_

**1 Examination and Consultation Skills**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**2 Clinical Judgement and Diagnosis**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**3 Technical Ability and Manual Dexterity**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**4 Communication Skills**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**5 Professionalism**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**6 Knowledge (Level and Application)**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**7 Organisation**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8 Trainees response to and reflection on the feedback provided**

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the 3<sup>rd</sup> ARP payment and must be completed in full.**

## Case based Discussion Assessment Form Month 7-February 02

Trainee (GPT) \_\_\_\_\_ GDC No \_\_\_\_\_ Date \_\_\_\_\_

Evaluator \_\_\_\_\_ Evaluator's Status \_\_\_\_\_

Clinical Major Competencies covered      1   2   3   4   5   6   7   8   9   10   11  
 (Please circle all that apply to this encounter – Key on reverse)

Description of case / encounter \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please grade the following areas using the scale 1 - 6	Needs Improvement before GPT completion		Borderline for GPT completion	Acceptable for GPT completion	Above expectations for GPT completion		Not Observed
	1	2	3	4	5	6	
1. Patient record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Investigations / referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow up & patient mgt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Case presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After feedback given on the assessment please rate:</b>							
9. GPT's insight into their own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of good performance

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Areas for development before completion of General Professional Training

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

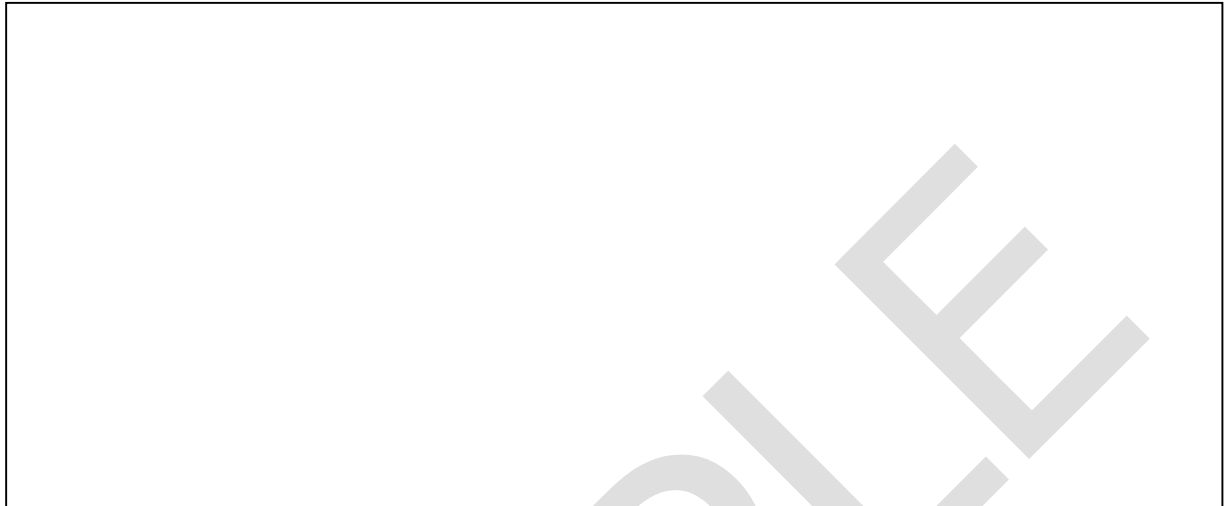
Time (case presentation) \_\_\_\_\_ Time (feedback) \_\_\_\_\_

Evaluator Signature \_\_\_\_\_ GPT signature \_\_\_\_\_

*Evaluators' notes / questions should be made overleaf...*

**Please use this space to write notes and record the questions you will ask during or following the case presentation in order to assess the GPTs clinical judgement in this case:**

**Questions asked:** *(examples in 'user guide')*



**Evaluator Notes:**



**Clinical Major Competencies Key**

1. Patient Examination & Diagnosis
2. Treatment Planning & Patient Management
3. Health promotion & disease prevention
4. Medical & dental emergencies
5. Anaesthesia, sedation, pain & anxiety control
6. Periodontal therapy & management of soft tissues
7. Hard & soft tissue surgery
8. Non-surgical management of the hard & soft tissues of the head & neck
9. Management of the developing dentition
10. Restoration of teeth
11. Replacement of teeth

**This document is part of the criteria for the 3<sup>rd</sup> ARP payment and must be completed in full.**



SAMPLE

# Direct Observation Procedural Skills Month 9 - April 15

Trainee: \_\_\_\_\_ Evaluators Status: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Details of Encounter: \_\_\_\_\_

Case Complexity:  Low  Moderate  High

Clinical Focus  1  2  3  4  5  6  7  8  9  10  11

Feedback on Performance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1 **Examination and Consultation Skills**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

2 **Clinical Judgement and Diagnosis**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

3 **Technical Ability and Manual Dexterity**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

4 **Communication Skills**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

5 **Professionalism**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

6 **Knowledge (Level and Application)**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

7 **Organisation**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

Time: Observing \_\_\_\_\_ mins Providing Feedback \_\_\_\_\_ mins

Satisfaction with Evaluation:

Evaluator  Yes  No Trainee  Yes  No

8 **Trainees response to and reflection on the feedback provided**

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

Trainee Signature \_\_\_\_\_ Evaluator Signature \_\_\_\_\_

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

SAMPLE

## SELF-ASSESSMENT OF GPT PROGRESS (at 9 months)

In the evaluation of your progress through General Professional Training, please indicate on a six point scale what you consider to be your ability at this point in time.

**Very Unsatisfactory**      1      2      3      4      5      6      **Very Satisfactory**

**Note:**                      It is expected that most of the judgements will fall in the upper range i.e. 4 to 6, if satisfactory.

		Comments
A	History taking	
B	Examination of patients	
C	Making a diagnosis	
D	Treatment planning	
E	Quality of record keeping	
F	Clinical Ability	
G	Communication with patients	
H	Professional relationship with the team	
I	General professional attitude	

**GPT's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

## ASSESSMENT OF GPT BY TRAINER (at 9 months)

In the evaluation of your GPT's progress through General Professional Training, please indicate on a six point scale what you consider to be their ability at this point in time.

**Very Unsatisfactory**      1      2      3      4      5      6      **Very Satisfactory**

**Note:**                      It is expected that most of the judgements will fall in the upper range i.e. 4 to 6, if satisfactory.

		Comments
A	History taking	
B	Examination of patients	
C	Making a diagnosis	
D	Treatment planning	
E	Quality of record keeping	
F	Clinical Ability	
G	Communication with patients	
H	Professional relationship with the team	
I	General professional attitude	

**Trainer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

## ACQUISITION OF CLINICAL EXPERIENCE (at 9 months)

### DO YOU THINK YOU ARE:

- A Gaining about the expected amount of clinical experience?  
**YES / NO (please select)**
- B Seeing too few patients to gain sufficient experience?  
**YES / NO**
- C Seeing so many patients that you do not have enough time to learn from the job?  
**YES / NO**
- D Given sufficient help with administration such as letter writing, and organisation of the Practice?  
**YES / NO**
- E Do you have the continual support of an experienced dental nurse?  
**YES / NO**

### GPT'S OVERALL ASSESSMENT OF TRAINING

**Comments on training and experience gained:**

**Suggestion for improvement within the training programme:**

**Agreed Action Plan:**

**GPT's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

SAMPLE

**GPT EXPERIENCE RECORD**

**MONTHS 10-12**

GPT GDC No: \_\_\_\_\_

Months: May/June/July

**Please comment on the month's events**

What has gone well in this period?

What problems have you experienced in this period?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic pages 159-163  
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired in this period:

Things I need to learn more about:

Trainer Comments:

**Day book total for May**      £ \_\_\_\_\_  
**Day book total for June**    £ \_\_\_\_\_  
**Day book total for July**     £ \_\_\_\_\_

Reviewed by Adviser (Initials)

Reviewed by Trainer (Initials)

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

# Direct Observation Procedural Skills Month 10-May 16

**Trainee:** \_\_\_\_\_ **Evaluators Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                     Moderate                     High

Clinical Focus    1    2    3    4    5    6    7    8    9    10    11

**Feedback on Performance:** \_\_\_\_\_

**1 Examination and Consultation Skills**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**2 Clinical Judgement and Diagnosis**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**3 Technical Ability and Manual Dexterity**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**4 Communication Skills**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**5 Professionalism**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**6 Knowledge (Level and Application)**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**7 Organisation**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Time: Observing** \_\_\_\_\_ mins                    **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                     Yes                     No                    **Trainee**                     Yes                     No

**8 Trainees response to and reflection on the feedback provided**

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

## Case based Discussion Assessment Form

Month 10- May 03

Trainee (GPT) \_\_\_\_\_ GDC No \_\_\_\_\_ Date \_\_\_\_\_

Evaluator \_\_\_\_\_ Evaluator's Status \_\_\_\_\_

Clinical Major Competencies covered      1   2   3   4   5   6   7   8   9   10   11  
 (Please circle all that apply to this encounter – Key on reverse)

Description of case / encounter \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please grade the following areas using the scale 1 - 6	Needs Improvement before GPT completion		Borderline for GPT completion	Acceptable for GPT completion	Above expectations for GPT completion		Not Observed
	1	2	3	4	5	6	
1. Patient record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Investigations / referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow up & patient mgt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Case presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After feedback given on the assessment please rate:</b>							
9. GPT's insight into their own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of good performance \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Areas for development before completion of General Professional Training \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Time (case presentation) \_\_\_\_\_ Time (feedback) \_\_\_\_\_

Evaluator Signature \_\_\_\_\_ GPT signature \_\_\_\_\_

*Evaluators' notes / questions should be made overleaf...*

**Please use this space to write notes and record the questions you will ask during or following the case presentation in order to assess the GPTs clinical judgement in this case:**

**Questions asked:** *(examples in 'user guide')*

Empty box for recording questions asked.

**Evaluator Notes:**

Empty box for recording evaluator notes.

**Clinical Major Competencies Key**

1. Patient Examination & Diagnosis
2. Treatment Planning & Patient Management
3. Health promotion & disease prevention
4. Medical & dental emergencies
5. Anaesthesia, sedation, pain & anxiety control
6. Periodontal therapy & management of soft tissues
7. Hard & soft tissue surgery
8. Non-surgical management of the hard & soft tissues of the head & neck
9. Management of the developing dentition
10. Restoration of teeth
11. Replacement of teeth

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

# Direct Observation Procedural Skills Month 11- June 17

**Trainee:** \_\_\_\_\_ **Evaluators Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1     2     3     4     5     6     7     8     9     10     11

**Feedback on Performance:** \_\_\_\_\_

**1 Examination and Consultation Skills**     Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**2 Clinical Judgement and Diagnosis**     Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**3 Technical Ability and Manual Dexterity**     Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**4 Communication Skills**     Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**5 Professionalism**     Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**6 Knowledge (Level and Application)**     Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**7 Organisation**     Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8 Trainees response to and reflection on the feedback provided**

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

SAMPLE

# Direct Observation Procedural Skills Month 12- July 18

Trainee: \_\_\_\_\_ Evaluators Status: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Details of Encounter: \_\_\_\_\_

Case Complexity:  Low  Moderate  High

Clinical Focus  1  2  3  4  5  6  7  8  9  10  11

Feedback on Performance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |   |   |                                       |
|---|---|---------------------------------------|
| 1 | <b>Examination and Consultation Skills</b>    | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 2 | <b>Clinical Judgement and Diagnosis</b>       | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 3 | <b>Technical Ability and Manual Dexterity</b> | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 4 | <b>Communication Skills</b>                   | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 5 | <b>Professionalism</b>                        | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 6 | <b>Knowledge (Level and Application)</b>      | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 7 | <b>Organisation</b>                           | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |

Time: Observing \_\_\_\_\_ mins Providing Feedback \_\_\_\_\_ mins

Satisfaction with Evaluation:

Evaluator  Yes  No Trainee  Yes  No

8 Trainees response to and reflection on the feedback provided

1 2 3  
NEED IMPROVEMENT

4 5 6  
SATISFACTORY

7 8 9  
SUPERIOR

Trainee Signature \_\_\_\_\_ Evaluator Signature \_\_\_\_\_

This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.

SAMPLE

Northern Ireland



# **DENTAL GENERAL PROFESSIONAL TRAINING PORTFOLIO**

## **YEAR 2**

SAMPLE

## CLINICAL EXPERIENCE CHECKLIST 3

Please complete the clinical experience checklist with your trainer to give an up to date, detailed account of your experience together with an impression of how confident you feel about various aspects of your work.

**Confidence** Indicate how confident you now feel on a scale of 1 to 6 (where 6 represents 'very confident' – 5 confident, - 4 almost confident, - 3 limited confidence, - 2 hesitant lacking confidence, - 1 refuse to do, extremely unconfident).

**Number** Approximate numbers of procedures you have carried out without significant assistance.

**Description** Please give an account, in the space available to add detail and salient points. In particular, provide detail regarding advanced work (e.g. bridge work).

	Confidence	Your Comments
Diagnosis		
Radiography		
Treatment planning		
Control of pain		
Dental emergencies		
Dental trauma		
Prescribing		

	Number	Confidence	Your Comments
<b>Paediatric dentistry</b>			
Restorations			
SS Crowns			
Extractions			
Deciduous			
Endodontics			
<b>Orthodontics</b>			
<b>Preventive dentistry</b>			
<b>Periodontics</b>			
Simple scale			
Complete care <i>Pockets &gt;5 mm</i>			
<b>Prosthodontics</b>			
Acrylic Complete			
Acrylic Partial			
Chrome Partial			

Oral Surgery	Number	Confidence	Your Comments
Extractions			
Surgery involving flap, bone removal, suture			
<b>Restorative dentistry</b>			
Amalgam restorations			
Primary caries			
Replacement			
Anterior composite			
Primary caries			
Replacement			
Posterior composite			
Endodontics			
Incisor/Canine			
Premolar			
Molar			
Crown, veneer, gold (enter precise type)			
_____			
_____			
_____			
_____			
Bridgework			
Resin retained			
Conventional			
<b>Medical emergencies</b>			
Diagnosis			
Basic Life Support			Date of last BLS Practice <input type="text"/>
<b>Patient management</b>		<b>Confidence</b>	<b>Your Comments</b>
Children (routine care)			
Anxious children			
Children in pain			
Adults (routine care)			
Anxious adults			
Aggressive patients			
Adults in pain			

**This document is part of the criteria for the first ARP payment and must be completed in full.**

## **PERSONAL DEVELOPMENT PLAN (at 13 months)**

The Personal Development Plan is designed to help you describe what you aim to achieve your training programme. It should be the product of discussion with your trainer and should be updated as often as is necessary, accepting of course that you should be able to refer back to the goals that you set yourself at the beginning.

The template provided in the Portfolio is a good example to start with. If in agreement with your trainer you want to develop or adapt the form, then you are encouraged to do so.

### **What is the learning need?**

The Curriculum for UK Dental Foundation Programme Training covers a very wide range of core skills, both clinical and non-clinical. Everyone will have his or her own strong and weak points and it is important to begin to identify what you should focus on. Learning needs will also vary as you develop through the Training Programme and your experience builds and your PDP should be updated as you make progress.

Similarly, although broad in nature, different competencies in curriculum may be more pertinent in different practices. As you consider the opportunities available in your practice, you should plan how you intend to make the most of them.

### **How was this identified?**

As you progress in the Training Programme, self-evaluation, reflective practice, multi source feedback and direct assessment will all provide different perspectives on your performance and development. It is important when setting your learning needs to be aware of what you are considering and that you are not missing important feedback that may be available to you. For example, if all your learning needs originate from one feedback source, it may be worth re-examining what other information is available to you.

### **How will this be addressed and by when?**

This should identify what you intend to do during the year, how you will develop your learning and, most importantly, how you will be assessed. While reflective practice is extremely important, the development in the portfolio of a series of assessments that shows development against the curriculum and progression towards competence is one of the key goals of the programme.

Setting yourself a target is always a good way to ensure progress. Discuss and agree realistic and achievable targets for making progress with your trainer/adviser and record them here.

**ADDRESSING YOUR LEARNING NEEDS**

**Personal Development Plan**

Name: \_\_\_\_\_

Trainer: \_\_\_\_\_

PDP Date: \_\_\_\_\_

**What is the learning need?**


**How was this identified?**


**How will this be addressed, and by when?**


**Date Completed?**

--

Trainee: \_\_\_\_\_ Trainer: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

**GPT EXPERIENCE RECORD**

**MONTHS 13-15**

GPT GDC No: \_\_\_\_\_

Months: August/September/October

**Please comment on the month's events**

What has gone well in this period?

What problems have you experienced in this period?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic pages 159-163  
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired in this period:

Things I need to learn more about:

Trainer Comments:

**Day book total for August**                    £ \_\_\_\_\_  
**Day book total for September**                    £ \_\_\_\_\_  
**Day book total for October**                    £ \_\_\_\_\_

Reviewed by Adviser (Initials)  Reviewed by Trainer (Initials)

**This document is part of the criteria for the first ARP payment and must be completed in full.**

SAMPLE

## Direct Observation Procedural Skills (DOPS) Week 1 (2) 01

**Trainee** \_\_\_\_\_ **Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:  Low  Moderate  High

Clinical Focus  1  2  3  4  5  6  7  8  9  10  11

**Feedback on Performance:** \_\_\_\_\_

---



---



---

- |                  |   |                                       |       |       |                  |              |          |  |
|------------------|---|---------------------------------------|-------|-------|------------------|--------------|----------|--|
| <b>1</b>         | <b>Examination and Consultation Skills</b>  | <input type="checkbox"/> Not observed |       |       |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1 2 3</td> <td style="width: 33%;">4 5 6</td> <td style="width: 33%;">7 8 9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1 2 3                                 | 4 5 6 | 7 8 9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1 2 3            | 4 5 6   | 7 8 9                                 |       |       |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |       |       |                  |              |          |  |
| <b>2</b>         | <b>Clinical Judgement and Diagnosis</b>   | <input type="checkbox"/> Not observed |       |       |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1 2 3</td> <td style="width: 33%;">4 5 6</td> <td style="width: 33%;">7 8 9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1 2 3                                 | 4 5 6 | 7 8 9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1 2 3            | 4 5 6   | 7 8 9                                 |       |       |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |       |       |                  |              |          |  |
| <b>3</b>         | <b>Technical Ability and Manual Dexterity</b>   | <input type="checkbox"/> Not observed |       |       |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1 2 3</td> <td style="width: 33%;">4 5 6</td> <td style="width: 33%;">7 8 9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1 2 3                                 | 4 5 6 | 7 8 9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1 2 3            | 4 5 6   | 7 8 9                                 |       |       |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |       |       |                  |              |          |  |
| <b>4</b>         | <b>Communication Skills</b>   | <input type="checkbox"/> Not observed |       |       |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1 2 3</td> <td style="width: 33%;">4 5 6</td> <td style="width: 33%;">7 8 9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1 2 3                                 | 4 5 6 | 7 8 9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1 2 3            | 4 5 6   | 7 8 9                                 |       |       |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |       |       |                  |              |          |  |
| <b>5</b>         | <b>Professionalism</b>  | <input type="checkbox"/> Not observed |       |       |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1 2 3</td> <td style="width: 33%;">4 5 6</td> <td style="width: 33%;">7 8 9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1 2 3                                 | 4 5 6 | 7 8 9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1 2 3            | 4 5 6   | 7 8 9                                 |       |       |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |       |       |                  |              |          |  |
| <b>6</b>         | <b>Knowledge (Level and Application)</b>  | <input type="checkbox"/> Not observed |       |       |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1 2 3</td> <td style="width: 33%;">4 5 6</td> <td style="width: 33%;">7 8 9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1 2 3                                 | 4 5 6 | 7 8 9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1 2 3            | 4 5 6   | 7 8 9                                 |       |       |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |       |       |                  |              |          |  |
| <b>7</b>         | <b>Organisation</b>   | <input type="checkbox"/> Not observed |       |       |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1 2 3</td> <td style="width: 33%;">4 5 6</td> <td style="width: 33%;">7 8 9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1 2 3                                 | 4 5 6 | 7 8 9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1 2 3            | 4 5 6   | 7 8 9                                 |       |       |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |       |       |                  |              |          |  |

**Time: Observing** \_\_\_\_\_ mins      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**  Yes  No      **Trainee**  Yes  No

**8 Trainees response to and reflection on the feedback provided**

1 2 3	4 5 6	7 8 9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

SAMPLE

# Direct Observation Procedural Skills (DOPS) Week 2 (2) 02

Trainee \_\_\_\_\_ Status: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Details of Encounter: \_\_\_\_\_

Case Complexity:  Low  Moderate  High

Clinical Focus  1  2  3  4  5  6  7  8  9  10  11

Feedback on Performance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1	<b>Examination and Consultation Skills</b>	<input type="checkbox"/> Not observed
	1 2 3 NEED IMPROVEMENT	4 5 6 SATISFACTORY
		7 8 9 SUPERIOR
2	<b>Clinical Judgement and Diagnosis</b>	<input type="checkbox"/> Not observed
	1 2 3 NEED IMPROVEMENT	4 5 6 SATISFACTORY
		7 8 9 SUPERIOR
3	<b>Technical Ability and Manual Dexterity</b>	<input type="checkbox"/> Not observed
	1 2 3 NEED IMPROVEMENT	4 5 6 SATISFACTORY
		7 8 9 SUPERIOR
4	<b>Communication Skills</b>	<input type="checkbox"/> Not observed
	1 2 3 NEED IMPROVEMENT	4 5 6 SATISFACTORY
		7 8 9 SUPERIOR
5	<b>Professionalism</b>	<input type="checkbox"/> Not observed
	1 2 3 NEED IMPROVEMENT	4 5 6 SATISFACTORY
		7 8 9 SUPERIOR
6	<b>Knowledge (Level and Application)</b>	<input type="checkbox"/> Not observed
	1 2 3 NEED IMPROVEMENT	4 5 6 SATISFACTORY
		7 8 9 SUPERIOR
7	<b>Organisation</b>	<input type="checkbox"/> Not observed
	1 2 3 NEED IMPROVEMENT	4 5 6 SATISFACTORY
		7 8 9 SUPERIOR

Time: Observing \_\_\_\_\_ mins Providing Feedback \_\_\_\_\_ mins

Satisfaction with Evaluation:

Evaluator  Yes  No Trainee  Yes  No

8 Trainees response to and reflection on the feedback provided

1 2 3  
NEED IMPROVEMENT

4 5 6  
SATISFACTORY

7 8 9  
SUPERIOR

Trainee Signature \_\_\_\_\_ Evaluator Signature \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

SAMPLE

# Direct Observation Procedural Skills (DOPS) Week 3 (2) 03

Trainee \_\_\_\_\_ Status: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Details of Encounter: \_\_\_\_\_

Case Complexity:  Low  Moderate  High

Clinical Focus  1  2  3  4  5  6  7  8  9  10  11

Feedback on Performance: \_\_\_\_\_

---

---

---

1	<b>Examination and Consultation Skills</b>	<input type="checkbox"/> Not observed
	1 2 3 NEED IMPROVEMENT	4 5 6 SATISFACTORY
		7 8 9 SUPERIOR
2	<b>Clinical Judgement and Diagnosis</b>	<input type="checkbox"/> Not observed
	1 2 3 NEED IMPROVEMENT	4 5 6 SATISFACTORY
		7 8 9 SUPERIOR
3	<b>Technical Ability and Manual Dexterity</b>	<input type="checkbox"/> Not observed
	1 2 3 NEED IMPROVEMENT	4 5 6 SATISFACTORY
		7 8 9 SUPERIOR
4	<b>Communication Skills</b>	<input type="checkbox"/> Not observed
	1 2 3 NEED IMPROVEMENT	4 5 6 SATISFACTORY
		7 8 9 SUPERIOR
5	<b>Professionalism</b>	<input type="checkbox"/> Not observed
	1 2 3 NEED IMPROVEMENT	4 5 6 SATISFACTORY
		7 8 9 SUPERIOR
6	<b>Knowledge (Level and Application)</b>	<input type="checkbox"/> Not observed
	1 2 3 NEED IMPROVEMENT	4 5 6 SATISFACTORY
		7 8 9 SUPERIOR
7	<b>Organisation</b>	<input type="checkbox"/> Not observed
	1 2 3 NEED IMPROVEMENT	4 5 6 SATISFACTORY
		7 8 9 SUPERIOR

Time: Observing \_\_\_\_\_ mins Providing Feedback \_\_\_\_\_ mins

Satisfaction with Evaluation:

Evaluator  Yes  No Trainee  Yes  No

8 Trainees response to and reflection on the feedback provided

1 2 3  
NEED IMPROVEMENT

4 5 6  
SATISFACTORY

7 8 9  
SUPERIOR

Trainee Signature \_\_\_\_\_ Evaluator Signature \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

SAMPLE

## Direct Observation Procedural Skills (DOPS) Week 4 (2) 04

**Trainee** \_\_\_\_\_ **Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1    2    3    4    5    6    7    8    9    10    11

**Feedback on Performance:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1 Examination and Consultation Skills**                       Not observed

1   2   3                                      4   5   6                                      7   8   9  
NEED IMPROVEMENT                      SATISFACTORY                                      SUPERIOR

**2 Clinical Judgement and Diagnosis**                       Not observed

1   2   3                                      4   5   6                                      7   8   9  
NEED IMPROVEMENT                      SATISFACTORY                                      SUPERIOR

**3 Technical Ability and Manual Dexterity**                       Not observed

1   2   3                                      4   5   6                                      7   8   9  
NEED IMPROVEMENT                      SATISFACTORY                                      SUPERIOR

**4 Communication Skills**                       Not observed

1   2   3                                      4   5   6                                      7   8   9  
NEED IMPROVEMENT                      SATISFACTORY                                      SUPERIOR

**5 Professionalism**                       Not observed

1   2   3                                      4   5   6                                      7   8   9  
NEED IMPROVEMENT                      SATISFACTORY                                      SUPERIOR

**6 Knowledge (Level and Application)**                       Not observed

1   2   3                                      4   5   6                                      7   8   9  
NEED IMPROVEMENT                      SATISFACTORY                                      SUPERIOR

**7 Organisation**                       Not observed

1   2   3                                      4   5   6                                      7   8   9  
NEED IMPROVEMENT                      SATISFACTORY                                      SUPERIOR

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8 Trainees response to and reflection on the feedback provided**

1   2   3                                      4   5   6                                      7   8   9  
NEED IMPROVEMENT                      SATISFACTORY                                      SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

SAMPLE

# Case based Discussion Assessment Form

August 2012 04

Trainee (GPT) \_\_\_\_\_ GDC No \_\_\_\_\_ Date \_\_\_\_\_

Evaluator \_\_\_\_\_ Evaluator's Status \_\_\_\_\_

Clinical Major Competencies covered 1 2 3 4 5 6 7 8 9 10 11  
 (Please circle all that apply to this encounter – Key on reverse)

Description of case / encounter \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please grade the following areas using the scale 1 - 6	Needs Improvement before GPT completion		Borderline for GPT completion	Acceptable for GPT completion	Above expectations for GPT completion		Not Observed
	1	2	3	4	5	6	
1. Patient record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Investigations / referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow up & patient mgt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Case presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After feedback given on the assessment please rate:</b>							
9. GPT's insight into their own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of good performance

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Areas for development before completion of General Professional Training

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Time (case presentation) \_\_\_\_\_ Time (feedback) \_\_\_\_\_

Evaluator Signature \_\_\_\_\_ GPT signature \_\_\_\_\_

*Evaluators' notes / questions should be made overleaf...*

**Please use this space to write notes and record the questions you will ask during or following the case presentation in order to assess the GPTs clinical judgement in this case:**

**Questions asked:** *(examples in 'user guide')*

Empty box for recording questions asked.

**Evaluator Notes:**

Empty box for recording evaluator notes.

**Clinical Major Competencies Key**

1. Patient Examination & Diagnosis
2. Treatment Planning & Patient Management
3. Health promotion & disease prevention
4. Medical & dental emergencies
5. Anaesthesia, sedation, pain & anxiety control
6. Periodontal therapy & management of soft tissues
7. Hard & soft tissue surgery
8. Non-surgical management of the hard & soft tissues of the head & neck
9. Management of the developing dentition
10. Restoration of teeth
11. Replacement of teeth

**This document is part of the criteria for the first ARP payment and must be completed in full.**

# Direct Observation Procedural Skills (DOPS) Week 5 (2) 05

**Trainee** \_\_\_\_\_ **Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1     2     3     4     5     6     7     8     9     10     11

**Feedback on Performance:** \_\_\_\_\_

**1 Examination and Consultation Skills**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**2 Clinical Judgement and Diagnosis**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**3 Technical Ability and Manual Dexterity**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**4 Communication Skills**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**5 Professionalism**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**6 Knowledge (Level and Application)**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**7 Organisation**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8 Trainees response to and reflection on the feedback provided**

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

SAMPLE

## Direct Observation Procedural Skills (DOPS) Week 6 (2) 06

**Trainee** \_\_\_\_\_ **Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1    2    3    4    5    6    7    8    9    10    11

**Feedback on Performance:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1 Examination and Consultation Skills**                       Not observed

1   2   3                                      4   5   6                                      7   8   9  
NEED IMPROVEMENT                      SATISFACTORY                                      SUPERIOR

**2 Clinical Judgement and Diagnosis**                       Not observed

1   2   3                                      4   5   6                                      7   8   9  
NEED IMPROVEMENT                      SATISFACTORY                                      SUPERIOR

**3 Technical Ability and Manual Dexterity**                       Not observed

1   2   3                                      4   5   6                                      7   8   9  
NEED IMPROVEMENT                      SATISFACTORY                                      SUPERIOR

**4 Communication Skills**                       Not observed

1   2   3                                      4   5   6                                      7   8   9  
NEED IMPROVEMENT                      SATISFACTORY                                      SUPERIOR

**5 Professionalism**                       Not observed

1   2   3                                      4   5   6                                      7   8   9  
NEED IMPROVEMENT                      SATISFACTORY                                      SUPERIOR

**6 Knowledge (Level and Application)**                       Not observed

1   2   3                                      4   5   6                                      7   8   9  
NEED IMPROVEMENT                      SATISFACTORY                                      SUPERIOR

**7 Organisation**                       Not observed

1   2   3                                      4   5   6                                      7   8   9  
NEED IMPROVEMENT                      SATISFACTORY                                      SUPERIOR

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8 Trainees response to and reflection on the feedback provided**

1   2   3                                      4   5   6                                      7   8   9  
NEED IMPROVEMENT                      SATISFACTORY                                      SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

SAMPLE

# Direct Observation Procedural Skills (DOPS) Week 7 (2) 07

Trainee \_\_\_\_\_ Status: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Details of Encounter: \_\_\_\_\_

Case Complexity:  Low  Moderate  High

Clinical Focus  1  2  3  4  5  6  7  8  9  10  11

Feedback on Performance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1 **Examination and Consultation Skills**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

2 **Clinical Judgement and Diagnosis**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

3 **Technical Ability and Manual Dexterity**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

4 **Communication Skills**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

5 **Professionalism**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

6 **Knowledge (Level and Application)**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

7 **Organisation**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

Time: Observing \_\_\_\_\_ mins Providing Feedback \_\_\_\_\_ mins

Satisfaction with Evaluation:

Evaluator  Yes  No Trainee  Yes  No

8 **Trainees response to and reflection on the feedback provided**

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

Trainee Signature \_\_\_\_\_ Evaluator Signature \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

SAMPLE

## Direct Observation Procedural Skills (DOPS) Week 8 (2) 08

**Trainee** \_\_\_\_\_ **Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1    2    3    4    5    6    7    8    9    10    11

**Feedback on Performance:** \_\_\_\_\_

**1 Examination and Consultation Skills**                       Not observed

1    2    3    4    5    6    7    8    9  
NEED IMPROVEMENT    SATISFACTORY    SUPERIOR

**2 Clinical Judgement and Diagnosis**                       Not observed

1    2    3    4    5    6    7    8    9  
NEED IMPROVEMENT    SATISFACTORY    SUPERIOR

**3 Technical Ability and Manual Dexterity**                       Not observed

1    2    3    4    5    6    7    8    9  
NEED IMPROVEMENT    SATISFACTORY    SUPERIOR

**4 Communication Skills**                       Not observed

1    2    3    4    5    6    7    8    9  
NEED IMPROVEMENT    SATISFACTORY    SUPERIOR

**5 Professionalism**                       Not observed

1    2    3    4    5    6    7    8    9  
NEED IMPROVEMENT    SATISFACTORY    SUPERIOR

**6 Knowledge (Level and Application)**                       Not observed

1    2    3    4    5    6    7    8    9  
NEED IMPROVEMENT    SATISFACTORY    SUPERIOR

**7 Organisation**                       Not observed

1    2    3    4    5    6    7    8    9  
NEED IMPROVEMENT    SATISFACTORY    SUPERIOR

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8 Trainees response to and reflection on the feedback provided**

1    2    3    4    5    6    7    8    9  
NEED IMPROVEMENT    SATISFACTORY    SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the first ARP payment and must be completed in full.**

SAMPLE

## GPT LED PRACTICE MEETING (at 14 months)

GPT GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

You should place a copy of the agenda and minutes of your practice meeting at the end of this portfolio (Pocket A) together with a list of attendees of the practice meeting.

**PURPOSE OF THE MEETING**

**AGREED OUTCOMES**

**PLANS TO BE IMPLEMENTED**

**DATE OF FUTURE MEETINGS AGREED**

**PEOPLE INVOLVED IN TASK COMPLETION**

**GPT DECLARATION:**

I declare that I led a Practice Meeting on: \_\_\_\_\_

**GPT Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

## Direct Observation Procedural Skills Month 15-Oct (2) 09

Trainee \_\_\_\_\_ Status: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Details of Encounter: \_\_\_\_\_

Case Complexity:  Low  Moderate  High

Clinical Focus  1  2  3  4  5  6  7  8  9  10  11

Feedback on Performance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1 **Examination and Consultation Skills**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

2 **Clinical Judgement and Diagnosis**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

3 **Technical Ability and Manual Dexterity**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

4 **Communication Skills**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

5 **Professionalism**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

6 **Knowledge (Level and Application)**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

7 **Organisation**  Not observed

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

Time: Observing \_\_\_\_\_ mins Providing Feedback \_\_\_\_\_ mins

Satisfaction with Evaluation:

Evaluator  Yes  No Trainee  Yes  No

8 **Trainees response to and reflection on the feedback provided**

1 2 3 4 5 6 7 8 9  
NEED IMPROVEMENT SATISFACTORY SUPERIOR

Trainee Signature \_\_\_\_\_ Evaluator Signature \_\_\_\_\_

This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.

**Case based Discussion Assessment Form**

**October 2012 05**

Trainee (GPT) \_\_\_\_\_ GDC No \_\_\_\_\_ Date \_\_\_\_\_

Evaluator \_\_\_\_\_ Evaluator's Status \_\_\_\_\_

Clinical Major Competencies covered 1 2 3 4 5 6 7 8 9 10 11  
 (Please circle all that apply to this encounter – Key on reverse)

Description of case / encounter \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please grade the following areas using the scale 1 - 6	Needs Improvement before GPT completion		Borderline for GPT completion	Acceptable for GPT completion	Above expectations for GPT completion		Not Observed
	1	2	3	4	5	6	
1. Patient record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Investigations / referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow up & patient mgt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Case presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After feedback given on the assessment please rate:</b>							
9. GPT's insight into their own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of good performance

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Areas for development before completion of General Professional Training

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

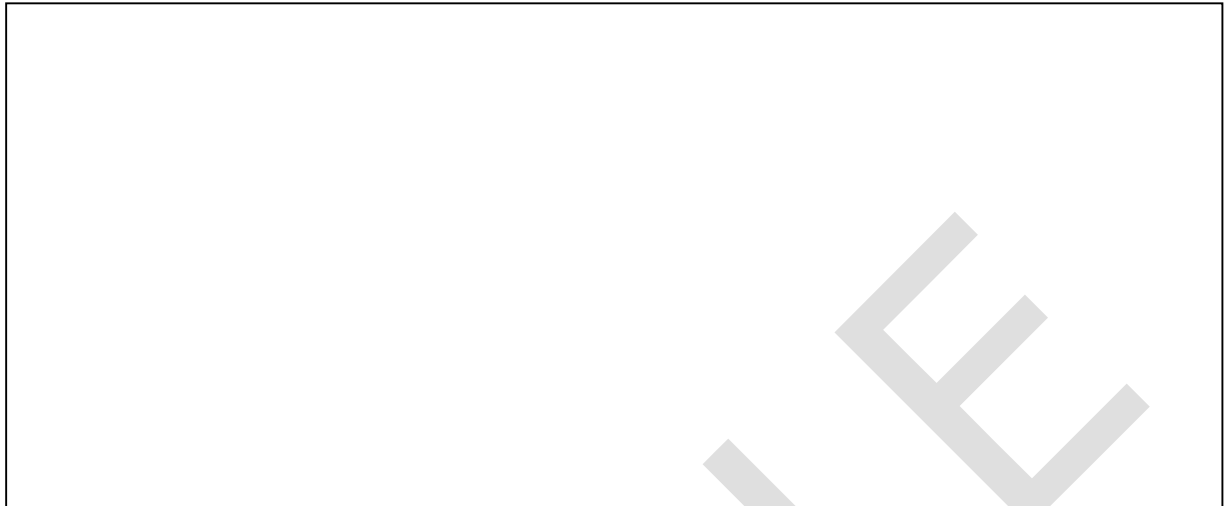
Time (case presentation) \_\_\_\_\_ Time (feedback) \_\_\_\_\_

Evaluator Signature \_\_\_\_\_ GPT signature \_\_\_\_\_

*Evaluators' notes / questions should be made overleaf...*

Please use this space to write notes and record the questions you will ask during or following the case presentation in order to assess the GPTs clinical judgement in this case:

Questions asked: *(examples in 'user guide')*



Evaluator Notes:



Clinical Major Competencies Key

1. Patient Examination & Diagnosis
2. Treatment Planning & Patient Management
3. Health promotion & disease prevention
4. Medical & dental emergencies
5. Anaesthesia, sedation, pain & anxiety control
6. Periodontal therapy & management of soft tissues
7. Hard & soft tissue surgery
8. Non-surgical management of the hard & soft tissues of the head & neck
9. Management of the developing dentition
10. Restoration of teeth
11. Replacement of teeth

**This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.**

**GPT EXPERIENCE RECORD**

**MONTHS 16-18**

GPT GDC No: \_\_\_\_\_

Months: November/December/January

**Please comment on the months' events**

What has gone well in this period?

What problems have you experienced in this period?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic pages 159-163  
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired in this period:

Things I need to learn more about:

Trainer Comments:

**Day book total for November**            £ \_\_\_\_\_  
**Day book total for December**        £ \_\_\_\_\_  
**Day book total for January**            £ \_\_\_\_\_

Reviewed by Adviser (Initials)

Reviewed by Trainer (Initials)

**This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.**

## Direct Observation Procedural Skills    Month 16-Nov (2) 10

**Trainee** \_\_\_\_\_ **Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1     2     3     4     5     6     7     8     9     10     11

**Feedback on Performance:** \_\_\_\_\_

**1            Examination and Consultation Skills**                       Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**2            Clinical Judgement and Diagnosis**                       Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**3            Technical Ability and Manual Dexterity**                       Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**4            Communication Skills**                       Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**5            Professionalism**                       Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**6            Knowledge (Level and Application)**                       Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**7            Organisation**                       Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8            Trainees response to and reflection on the feedback provided**

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.**

# Direct Observation Procedural Skills    Month 17-Dec (2) 11

**Trainee** \_\_\_\_\_ **Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1     2     3     4     5     6     7     8     9     10     11

**Feedback on Performance:** \_\_\_\_\_

**1 Examination and Consultation Skills**     Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**2 Clinical Judgement and Diagnosis**     Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**3 Technical Ability and Manual Dexterity**     Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**4 Communication Skills**     Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**5 Professionalism**     Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**6 Knowledge (Level and Application)**     Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**7 Organisation**     Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8 Trainees response to and reflection on the feedback provided**

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.**

SAMPLE

## Case based Discussion Assessment Form    December 2012 06

Trainee (GPT) \_\_\_\_\_ GDC No \_\_\_\_\_ Date \_\_\_\_\_

Evaluator \_\_\_\_\_ Evaluator's Status \_\_\_\_\_

Clinical Major Competencies covered    1   2   3   4   5   6   7   8   9   10   11  
*(Please circle all that apply to this encounter – Key on reverse)*

Description of case / encounter \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Please grade the following areas using the scale 1 - 6</b>	Needs Improvement before GPT completion		Borderline for GPT completion	Acceptable for GPT completion	Above expectations for GPT completion		Not Observed
	1	2	3	4	5	6	
1. Patient record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Investigations / referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow up & patient mgt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Case presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After feedback given on the assessment please rate:</b>							
9. GPT's insight into their own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of good performance

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Areas for development before completion of General Professional Training

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Time (case presentation) \_\_\_\_\_ Time (feedback) \_\_\_\_\_

Evaluator Signature \_\_\_\_\_ GPT signature \_\_\_\_\_

*Evaluators' notes / questions should be made overleaf...*

**Please use this space to write notes and record the questions you will ask during or following the case presentation in order to assess the GPTs clinical judgement in this case:**

**Questions asked:** *(examples in 'user guide')*

Empty box for recording questions asked.

**Evaluator Notes:**

Empty box for recording evaluator notes.

**Clinical Major Competencies Key**

1. Patient Examination & Diagnosis
2. Treatment Planning & Patient Management
3. Health promotion & disease prevention
4. Medical & dental emergencies
5. Anaesthesia, sedation, pain & anxiety control
6. Periodontal therapy & management of soft tissues
7. Hard & soft tissue surgery
8. Non-surgical management of the hard & soft tissues of the head & neck
9. Management of the developing dentition
10. Restoration of teeth
11. Replacement of teeth

**This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.**

## Direct Observation Procedural Skills Month 18-Jan (2) 12

Trainee \_\_\_\_\_ Status: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Details of Encounter: \_\_\_\_\_

Case Complexity:  Low  Moderate  High

Clinical Focus  1  2  3  4  5  6  7  8  9  10  11

Feedback on Performance: \_\_\_\_\_

---

---

---

---

- |   |   |                                       |
|---|---|---------------------------------------|
| 1 | <b>Examination and Consultation Skills</b>    | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 2 | <b>Clinical Judgement and Diagnosis</b>       | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 3 | <b>Technical Ability and Manual Dexterity</b> | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 4 | <b>Communication Skills</b>                   | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 5 | <b>Professionalism</b>                        | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 6 | <b>Knowledge (Level and Application)</b>      | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |
| 7 | <b>Organisation</b>                           | <input type="checkbox"/> Not observed |
|   | 1 2 3<br>NEED IMPROVEMENT                     | 4 5 6<br>SATISFACTORY                 |
|   |   | 7 8 9<br>SUPERIOR                     |

Time: Observing \_\_\_\_\_ mins Providing Feedback \_\_\_\_\_ mins

Satisfaction with Evaluation:

Evaluator  Yes  No Trainee  Yes  No

8 Trainees response to and reflection on the feedback provided

1 2 3  
NEED IMPROVEMENT

4 5 6  
SATISFACTORY

7 8 9  
SUPERIOR

Trainee Signature \_\_\_\_\_ Evaluator Signature \_\_\_\_\_

This document is part of the criteria for the 2<sup>nd</sup> ARP payment and must be completed in full.

SAMPLE

**GPT EXPERIENCE RECORD**

**MONTHS 19-21**

GPT GDC No: \_\_\_\_\_

Months: Feb/Mar/April

**Please comment on the months' events**

What has gone well in this period?

What problems have you experienced in this period?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic pages 159-163  
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired in this period:

Things I need to learn more about:

Trainer Comments:

**Day book total for February** £ \_\_\_\_\_  
**Day book total for March** £ \_\_\_\_\_  
**Day book total for April** £ \_\_\_\_\_

Reviewed by Adviser (Initials)

Reviewed by Trainer (Initials)

**This document is part of the criteria for the 3<sup>rd</sup> ARP payment and must be completed in full.**

# Direct Observation Procedural Skills Month 19-Feb (2) 13

**Trainee** \_\_\_\_\_ **Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1    2    3    4    5    6    7    8    9    10    11

**Feedback on Performance:** \_\_\_\_\_

**1 Examination and Consultation Skills**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**2 Clinical Judgement and Diagnosis**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**3 Technical Ability and Manual Dexterity**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**4 Communication Skills**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**5 Professionalism**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**6 Knowledge (Level and Application)**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**7 Organisation**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8 Trainees response to and reflection on the feedback provided**

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the 3<sup>rd</sup> ARP payment and must be completed in full.**

## Case based Discussion Assessment Form      February 2013 07

Trainee (GPT) \_\_\_\_\_ GDC No \_\_\_\_\_ Date \_\_\_\_\_

Evaluator \_\_\_\_\_ Evaluator's Status \_\_\_\_\_

Clinical Major Competencies covered      1   2   3   4   5   6   7   8   9   10   11  
*(Please circle all that apply to this encounter – Key on reverse)*

Description of case / encounter \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Please grade the following areas using the scale 1 - 6</b>	Needs Improvement before GPT completion		Borderline for GPT completion	Acceptable for GPT completion	Above expectations for GPT completion		Not Observed
	1	2	3	4	5	6	
1. Patient record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Investigations / referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow up & patient mgt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Case presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After feedback given on the assessment please rate:</b>							
9. GPT's insight into their own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of good performance

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Areas for development before completion of General Professional Training

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Time (case presentation) \_\_\_\_\_ Time (feedback) \_\_\_\_\_

Evaluator Signature \_\_\_\_\_ GPT signature \_\_\_\_\_

*Evaluators' notes / questions should be made overleaf...*

**Please use this space to write notes and record the questions you will ask during or following the case presentation in order to assess the GPTs clinical judgement in this case:**

**Questions asked:** *(examples in 'user guide')*

Empty box for recording questions asked.

**Evaluator Notes:**

Empty box for recording evaluator notes.

**Clinical Major Competencies Key**

1. Patient Examination & Diagnosis
2. Treatment Planning & Patient Management
3. Health promotion & disease prevention
4. Medical & dental emergencies
5. Anaesthesia, sedation, pain & anxiety control
6. Periodontal therapy & management of soft tissues
7. Hard & soft tissue surgery
8. Non-surgical management of the hard & soft tissues of the head & neck
9. Management of the developing dentition
10. Restoration of teeth
11. Replacement of teeth

**This document is part of the criteria for the 3<sup>rd</sup> ARP payment and must be completed in full.**

## Direct Observation Procedural Skills Month 20-March (2) 14

**Trainee** \_\_\_\_\_ **Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1    2    3    4    5    6    7    8    9    10    11

**Feedback on Performance:** \_\_\_\_\_

**1 Examination and Consultation Skills**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**2 Clinical Judgement and Diagnosis**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**3 Technical Ability and Manual Dexterity**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**4 Communication Skills**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**5 Professionalism**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**6 Knowledge (Level and Application)**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**7 Organisation**  Not observed

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8 Trainees response to and reflection on the feedback provided**

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the 3<sup>rd</sup> ARP payment and must be completed in full.**

SAMPLE

## Direct Observation Procedural Skills Month 21-April (2) 15

**Trainee** \_\_\_\_\_ **Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus    1    2    3    4    5    6    7    8    9    10    11

**Feedback on Performance:** \_\_\_\_\_

- |          |   |                                       |
|----------|---|---------------------------------------|
| <b>1</b> | <b>Examination and Consultation Skills</b>  | <input type="checkbox"/> Not observed |
|          | <div style="width: 30%;">1   2   3<br/>NEED IMPROVEMENT</div> <div style="width: 30%;">4   5   6<br/>SATISFACTORY</div> <div style="width: 30%;">7   8   9<br/>SUPERIOR</div> |                                       |
| <b>2</b> | <b>Clinical Judgement and Diagnosis</b>   | <input type="checkbox"/> Not observed |
|          | <div style="width: 30%;">1   2   3<br/>NEED IMPROVEMENT</div> <div style="width: 30%;">4   5   6<br/>SATISFACTORY</div> <div style="width: 30%;">7   8   9<br/>SUPERIOR</div> |                                       |
| <b>3</b> | <b>Technical Ability and Manual Dexterity</b>   | <input type="checkbox"/> Not observed |
|          | <div style="width: 30%;">1   2   3<br/>NEED IMPROVEMENT</div> <div style="width: 30%;">4   5   6<br/>SATISFACTORY</div> <div style="width: 30%;">7   8   9<br/>SUPERIOR</div> |                                       |
| <b>4</b> | <b>Communication Skills</b>   | <input type="checkbox"/> Not observed |
|          | <div style="width: 30%;">1   2   3<br/>NEED IMPROVEMENT</div> <div style="width: 30%;">4   5   6<br/>SATISFACTORY</div> <div style="width: 30%;">7   8   9<br/>SUPERIOR</div> |                                       |
| <b>5</b> | <b>Professionalism</b>  | <input type="checkbox"/> Not observed |
|          | <div style="width: 30%;">1   2   3<br/>NEED IMPROVEMENT</div> <div style="width: 30%;">4   5   6<br/>SATISFACTORY</div> <div style="width: 30%;">7   8   9<br/>SUPERIOR</div> |                                       |
| <b>6</b> | <b>Knowledge (Level and Application)</b>  | <input type="checkbox"/> Not observed |
|          | <div style="width: 30%;">1   2   3<br/>NEED IMPROVEMENT</div> <div style="width: 30%;">4   5   6<br/>SATISFACTORY</div> <div style="width: 30%;">7   8   9<br/>SUPERIOR</div> |                                       |
| <b>7</b> | <b>Organisation</b>   | <input type="checkbox"/> Not observed |
|          | <div style="width: 30%;">1   2   3<br/>NEED IMPROVEMENT</div> <div style="width: 30%;">4   5   6<br/>SATISFACTORY</div> <div style="width: 30%;">7   8   9<br/>SUPERIOR</div> |                                       |

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8                      Trainees response to and reflection on the feedback provided**

1   2   3 NEED IMPROVEMENT	4   5   6 SATISFACTORY	7   8   9 SUPERIOR
-------------------------------	---------------------------	-----------------------

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

SAMPLE

# Case based Discussion Assessment Form

April 2013 08

Trainee (GPT) \_\_\_\_\_ GDC No \_\_\_\_\_ Date \_\_\_\_\_

Evaluator \_\_\_\_\_ Evaluator's Status \_\_\_\_\_

Clinical Major Competencies covered 1 2 3 4 5 6 7 8 9 10 11  
 (Please circle all that apply to this encounter – Key on reverse)

Description of case / encounter \_\_\_\_\_

Please grade the following areas using the scale 1 - 6	Needs Improvement before GPT completion		Borderline for GPT completion	Acceptable for GPT completion	Above expectations for GPT completion		Not Observed
	1	2	3	4	5	6	
1. Patient record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Investigations / referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow up & patient mgt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Case presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After feedback given on the assessment please rate:</b>							
9. GPT's insight into their own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of good performance

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Areas for development before completion of General Professional Training

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Time (case presentation) \_\_\_\_\_ Time (feedback) \_\_\_\_\_

Evaluator Signature \_\_\_\_\_ GPT signature \_\_\_\_\_

*Evaluators' notes / questions should be made overleaf...*

**Please use this space to write notes and record the questions you will ask during or following the case presentation in order to assess the GPTs clinical judgement in this case:**

**Questions asked:** *(examples in 'user guide')*

Empty box for recording questions asked.

**Evaluator Notes:**

Empty box for recording evaluator notes.

**Clinical Major Competencies Key**

1. Patient Examination & Diagnosis
2. Treatment Planning & Patient Management
3. Health promotion & disease prevention
4. Medical & dental emergencies
5. Anaesthesia, sedation, pain & anxiety control
6. Periodontal therapy & management of soft tissues
7. Hard & soft tissue surgery
8. Non-surgical management of the hard & soft tissues of the head & neck
9. Management of the developing dentition
10. Restoration of teeth
11. Replacement of teeth

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

**GPT EXPERIENCE RECORD**

**MONTHS 22-24**

GPT GDC No: \_\_\_\_\_

Months: May/June/July

**Please comment on the months' events**

What has gone well in this period?

What problems have you experienced in this period?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic pages 159-163  
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired in this period:

Things I need to learn more about:

Trainer Comments:

**Day book total for May**      £ \_\_\_\_\_  
**Day book total for June**    £ \_\_\_\_\_  
**Day book total for July**     £ \_\_\_\_\_

Reviewed by Adviser (Initials)

Reviewed by Trainer (Initials)

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

# Direct Observation Procedural Skills    Month 22-May (2) 16

**Trainee** \_\_\_\_\_ **Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1     2     3     4     5     6     7     8     9     10     11

**Feedback on Performance:** \_\_\_\_\_

<b>1</b>	<b>Examination and Consultation Skills</b>	<input type="checkbox"/> Not observed						
	<table border="0" style="width: 100%; font-size: small;"> <tr> <td style="width: 33%;">1    2    3</td> <td style="width: 33%;">4    5    6</td> <td style="width: 33%;">7    8    9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table>	1    2    3	4    5    6	7    8    9	NEED IMPROVEMENT	SATISFACTORY	SUPERIOR	
1    2    3	4    5    6	7    8    9						
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR						
<b>2</b>	<b>Clinical Judgement and Diagnosis</b>	<input type="checkbox"/> Not observed						
	<table border="0" style="width: 100%; font-size: small;"> <tr> <td style="width: 33%;">1    2    3</td> <td style="width: 33%;">4    5    6</td> <td style="width: 33%;">7    8    9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table>	1    2    3	4    5    6	7    8    9	NEED IMPROVEMENT	SATISFACTORY	SUPERIOR	
1    2    3	4    5    6	7    8    9						
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR						
<b>3</b>	<b>Technical Ability and Manual Dexterity</b>	<input type="checkbox"/> Not observed						
	<table border="0" style="width: 100%; font-size: small;"> <tr> <td style="width: 33%;">1    2    3</td> <td style="width: 33%;">4    5    6</td> <td style="width: 33%;">7    8    9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table>	1    2    3	4    5    6	7    8    9	NEED IMPROVEMENT	SATISFACTORY	SUPERIOR	
1    2    3	4    5    6	7    8    9						
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR						
<b>4</b>	<b>Communication Skills</b>	<input type="checkbox"/> Not observed						
	<table border="0" style="width: 100%; font-size: small;"> <tr> <td style="width: 33%;">1    2    3</td> <td style="width: 33%;">4    5    6</td> <td style="width: 33%;">7    8    9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table>	1    2    3	4    5    6	7    8    9	NEED IMPROVEMENT	SATISFACTORY	SUPERIOR	
1    2    3	4    5    6	7    8    9						
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR						
<b>5</b>	<b>Professionalism</b>	<input type="checkbox"/> Not observed						
	<table border="0" style="width: 100%; font-size: small;"> <tr> <td style="width: 33%;">1    2    3</td> <td style="width: 33%;">4    5    6</td> <td style="width: 33%;">7    8    9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table>	1    2    3	4    5    6	7    8    9	NEED IMPROVEMENT	SATISFACTORY	SUPERIOR	
1    2    3	4    5    6	7    8    9						
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR						
<b>6</b>	<b>Knowledge (Level and Application)</b>	<input type="checkbox"/> Not observed						
	<table border="0" style="width: 100%; font-size: small;"> <tr> <td style="width: 33%;">1    2    3</td> <td style="width: 33%;">4    5    6</td> <td style="width: 33%;">7    8    9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table>	1    2    3	4    5    6	7    8    9	NEED IMPROVEMENT	SATISFACTORY	SUPERIOR	
1    2    3	4    5    6	7    8    9						
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR						
<b>7</b>	<b>Organisation</b>	<input type="checkbox"/> Not observed						
	<table border="0" style="width: 100%; font-size: small;"> <tr> <td style="width: 33%;">1    2    3</td> <td style="width: 33%;">4    5    6</td> <td style="width: 33%;">7    8    9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table>	1    2    3	4    5    6	7    8    9	NEED IMPROVEMENT	SATISFACTORY	SUPERIOR	
1    2    3	4    5    6	7    8    9						
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR						

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8                      Trainees response to and reflection on the feedback provided**

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

## Direct Observation Procedural Skills Month 23-June (2) 17

**Trainee** \_\_\_\_\_ **Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1    2    3    4    5    6    7    8    9    10    11

**Feedback on Performance:** \_\_\_\_\_

**1 Examination and Consultation Skills**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**2 Clinical Judgement and Diagnosis**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**3 Technical Ability and Manual Dexterity**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**4 Communication Skills**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**5 Professionalism**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**6 Knowledge (Level and Application)**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**7 Organisation**  Not observed

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8 Trainees response to and reflection on the feedback provided**

1   2   3	4   5   6	7   8   9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

SAMPLE

# Case based Discussion Assessment Form

June 2013 09

Trainee (GPT) \_\_\_\_\_ GDC No \_\_\_\_\_ Date \_\_\_\_\_

Evaluator \_\_\_\_\_ Evaluator's Status \_\_\_\_\_

Clinical Major Competencies covered 1 2 3 4 5 6 7 8 9 10 11  
 (Please circle all that apply to this encounter – Key on reverse)

Description of case / encounter \_\_\_\_\_

Please grade the following areas using the scale 1 - 6	Needs Improvement before GPT completion		Borderline for GPT completion	Acceptable for GPT completion	Above expectations for GPT completion		Not Observed
	1	2	3	4	5	6	
1. Patient record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Investigations / referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow up & patient mgt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Case presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After feedback given on the assessment please rate:</b>							
9. GPT's insight into their own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of good performance

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Areas for development before completion of General Professional Training

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Time (case presentation) \_\_\_\_\_ Time (feedback) \_\_\_\_\_

Evaluator Signature \_\_\_\_\_ GPT signature \_\_\_\_\_

*Evaluators' notes / questions should be made overleaf...*

**Please use this space to write notes and record the questions you will ask during or following the case presentation in order to assess the GPTs clinical judgement in this case:**

**Questions asked:** *(examples in 'user guide')*

Empty box for recording questions asked.

**Evaluator Notes:**

Empty box for recording evaluator notes.

**Clinical Major Competencies Key**

1. Patient Examination & Diagnosis
2. Treatment Planning & Patient Management
3. Health promotion & disease prevention
4. Medical & dental emergencies
5. Anaesthesia, sedation, pain & anxiety control
6. Periodontal therapy & management of soft tissues
7. Hard & soft tissue surgery
8. Non-surgical management of the hard & soft tissues of the head & neck
9. Management of the developing dentition
10. Restoration of teeth
11. Replacement of teeth

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

## Direct Observation Procedural Skills    Month 24-July (2) 18

**Trainee** \_\_\_\_\_ **Status:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Details of Encounter:** \_\_\_\_\_

Case Complexity:     Low                       Moderate                       High

Clinical Focus     1     2     3     4     5     6     7     8     9     10     11

**Feedback on Performance:** \_\_\_\_\_

- |                  |   |                                       |             |             |                  |              |          |  |
|------------------|---|---------------------------------------|-------------|-------------|------------------|--------------|----------|--|
| <b>1</b>         | <b>Examination and Consultation Skills</b>  | <input type="checkbox"/> Not observed |             |             |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1    2    3</td> <td style="width: 33%;">4    5    6</td> <td style="width: 33%;">7    8    9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1    2    3                           | 4    5    6 | 7    8    9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1    2    3      | 4    5    6   | 7    8    9                           |             |             |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |             |             |                  |              |          |  |
| <b>2</b>         | <b>Clinical Judgement and Diagnosis</b>   | <input type="checkbox"/> Not observed |             |             |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1    2    3</td> <td style="width: 33%;">4    5    6</td> <td style="width: 33%;">7    8    9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1    2    3                           | 4    5    6 | 7    8    9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1    2    3      | 4    5    6   | 7    8    9                           |             |             |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |             |             |                  |              |          |  |
| <b>3</b>         | <b>Technical Ability and Manual Dexterity</b>   | <input type="checkbox"/> Not observed |             |             |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1    2    3</td> <td style="width: 33%;">4    5    6</td> <td style="width: 33%;">7    8    9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1    2    3                           | 4    5    6 | 7    8    9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1    2    3      | 4    5    6   | 7    8    9                           |             |             |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |             |             |                  |              |          |  |
| <b>4</b>         | <b>Communication Skills</b>   | <input type="checkbox"/> Not observed |             |             |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1    2    3</td> <td style="width: 33%;">4    5    6</td> <td style="width: 33%;">7    8    9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1    2    3                           | 4    5    6 | 7    8    9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1    2    3      | 4    5    6   | 7    8    9                           |             |             |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |             |             |                  |              |          |  |
| <b>5</b>         | <b>Professionalism</b>  | <input type="checkbox"/> Not observed |             |             |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1    2    3</td> <td style="width: 33%;">4    5    6</td> <td style="width: 33%;">7    8    9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1    2    3                           | 4    5    6 | 7    8    9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1    2    3      | 4    5    6   | 7    8    9                           |             |             |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |             |             |                  |              |          |  |
| <b>6</b>         | <b>Knowledge (Level and Application)</b>  | <input type="checkbox"/> Not observed |             |             |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1    2    3</td> <td style="width: 33%;">4    5    6</td> <td style="width: 33%;">7    8    9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1    2    3                           | 4    5    6 | 7    8    9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1    2    3      | 4    5    6   | 7    8    9                           |             |             |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |             |             |                  |              |          |  |
| <b>7</b>         | <b>Organisation</b>   | <input type="checkbox"/> Not observed |             |             |                  |              |          |  |
|                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1    2    3</td> <td style="width: 33%;">4    5    6</td> <td style="width: 33%;">7    8    9</td> </tr> <tr> <td>NEED IMPROVEMENT</td> <td>SATISFACTORY</td> <td>SUPERIOR</td> </tr> </table> | 1    2    3                           | 4    5    6 | 7    8    9 | NEED IMPROVEMENT | SATISFACTORY | SUPERIOR |  |
| 1    2    3      | 4    5    6   | 7    8    9                           |             |             |                  |              |          |  |
| NEED IMPROVEMENT | SATISFACTORY  | SUPERIOR                              |             |             |                  |              |          |  |

**Time: Observing** \_\_\_\_\_ mins                      **Providing Feedback** \_\_\_\_\_ mins

**Satisfaction with Evaluation:**

**Evaluator**                       Yes                       No                      **Trainee**                       Yes                       No

**8                      Trainees response to and reflection on the feedback provided**

1    2    3	4    5    6	7    8    9
NEED IMPROVEMENT	SATISFACTORY	SUPERIOR

**Trainee Signature** \_\_\_\_\_ **Evaluator Signature** \_\_\_\_\_

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

SAMPLE

## RECORD OF TUTORIALS

	Date	Subject	Trainer Signature	GPT Signature	GPT/Trainer Comments/Feedback
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

**This document is part of the criteria for the ARP payments and must be completed in full.**

SAMPLE

# RECORD OF TUTORIALS

	Date	Subject	Trainer Signature	GPT Signature	GPT/Trainer Comments/Feedback
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					

This document is part of the criteria for the ARP payments and must be completed in full.

SAMPLE

## RECORD OF TUTORIALS

	Date	Subject	Trainer Signature	GPT Signature	GPT/Trainer Comments/Feedback
<b>35</b>					
<b>36</b>					
<b>37</b>					
<b>38</b>					
<b>39</b>					

**This document is part of the criteria for the ARP payments and must be completed in full.**

SAMPLE

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....  
.....  
.....

Additional comments:

.....  
.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## STUDY DAY LEARNING SUMMARY

GPT Name: \_\_\_\_\_ GDC No: \_\_\_\_\_

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Title: \_\_\_\_\_

Facilitator: \_\_\_\_\_

Please briefly list 4 things that you have learnt on this study day

1.
2.
3.
4.

Is there anything that you feel wasn't covered adequately, or that you would like further information or advice on?

.....

.....

.....

Additional comments:

.....

.....

Online Evaluation Completed  (please tick)  
Travel & Subsistence will not be paid unless completed.

## RECORD OF OTHER COURSES AND MEETINGS ATTENDED

Course Title	Venue	Date	Main topics	Speakers

You should retain this sheet as evidence of your CPD record during your General Professional Training year as it may be required by the GDC

SAMPLE

## FINAL APPRAISAL STATEMENTS

- Use the headings as guidance and add any other relevant information you wish to have included in your appraisal.
- You and your Trainer need to sign the final joint appraisal statement. The Adviser will complete and sign a summary sheet to record your completion process.
- The Postgraduate Dental Dean will keep a copy of the final appraisal statement and the Adviser's summary as a confidential record of your General Professional Training.

### ***This is a joint exercise***

Please agree statements that reflect the GPT's experience and achievements in the following areas:

(You should reflect on the values for good dental practice diagram on page 28 help you complete this section)

#### **PATIENT CARE**

#### **PERSONAL & PROFESSIONAL DEVELOPMENT**

#### **PROFESSIONAL PRACTICE**

#### **ADMINISTRATION AND MANAGEMENT**

#### **OTHER COMMENTS**

GPT's Signature: \_\_\_\_\_ Trainer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This document is part of the criteria for the 4<sup>th</sup> ARP payment and must be completed in full.**

## ADVISER FINAL SUMMARY

I can confirm that \_\_\_\_\_ has completed their GPT year.

He / She has completed  Study days

He / She has completed a full training year

He / She has presented a Core Skills project to the GPT scheme

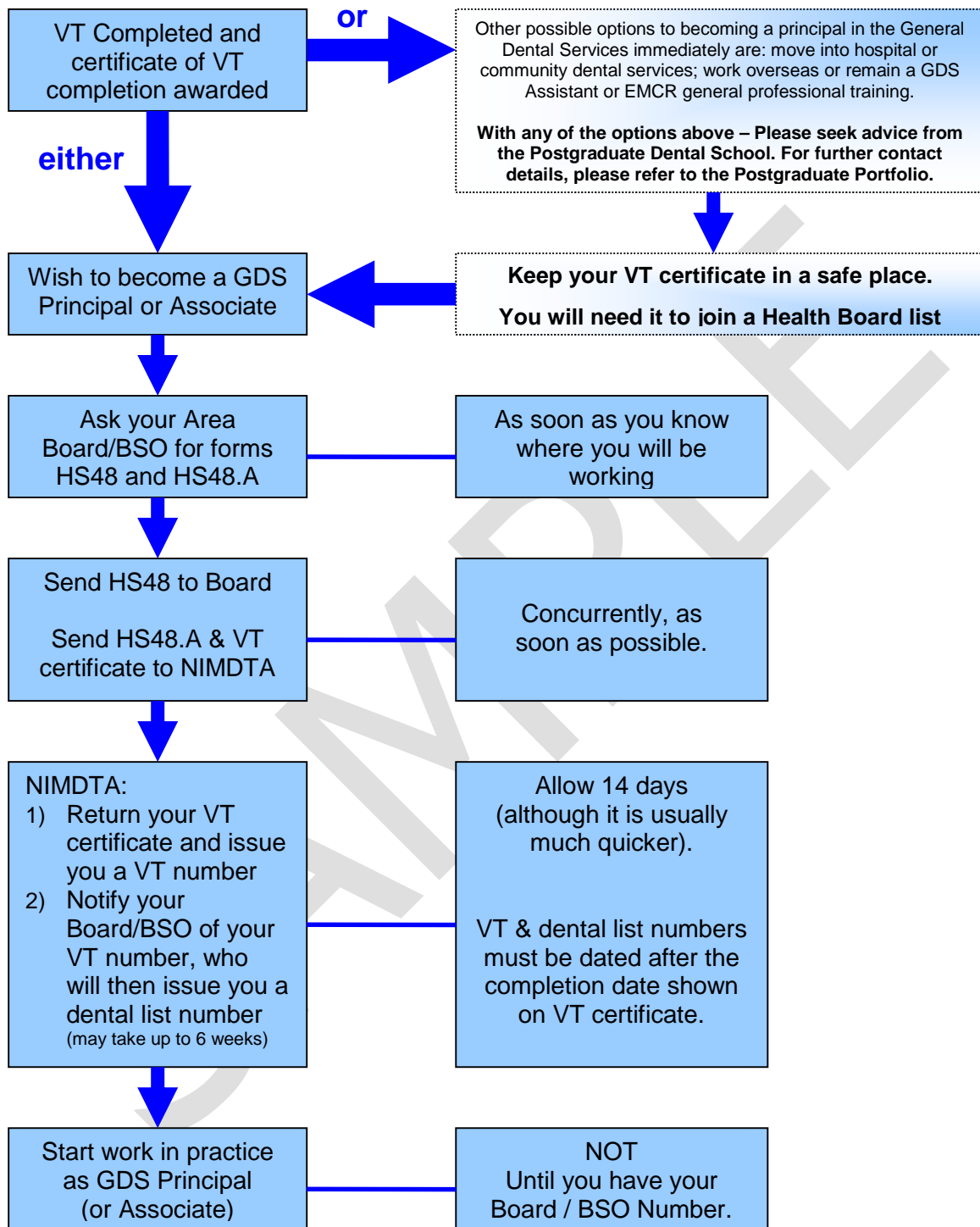
He / She has presented a Case Presentation to the GPT scheme  Reviewed by selected panel of peers

He / She has completed their CVT(NI) Training Portfolio

**Scheme Adviser Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## FINISHING GPT - WHAT NEXT?



SAMPLE

# ADVICE ON PROJECT AND CASE PRESENTATIONS

## INTRODUCTION

1. Introduce yourself to the Assessment Panel:

My name is \_\_\_\_\_

I qualified at \_\_\_\_\_ Dental School

My General Professional Training has been with (name of trainer) \_\_\_\_\_

2. Inform the Assessment Panel of the title of your case presentation and the reason you decided to undertake this particular case study.

## PRESENTATION

1. Speak slowly and clearly
2. Maintain eye contact with the Assessment Panel Members.
3. Project your voice.
4. Use body language.

## ENDING

1. Make your thanks.

**Your presentation will be evaluated against the criteria on pages 207-208**

# ADVICE ON CASE PRESENTATIONS

## PATIENT SELECTION

- Choose patients where your clinical judgement and breadth of experience match the technical requirements of the case. The case should have more than one clinical discipline.
- Obtain permission from the chosen patients to use their records. (see consent form on page 205-206)
- Choose forms of treatment you do regularly.
- Don't be reluctant to present treatment, but make sure it is done well. Complexity is not an advantage.

## GENERAL TIPS

- You would be wise to start at least three cases, and then there is one to fall back on if you have a disaster.
- Start early and avoid a last minute rush.
- Have a colleague look at the patient and your presentation 2 or 3 weeks before handing it in as a check you haven't missed anything.
- Your presentation should be for a maximum of 20 minutes.
- A successful GPT case presentation may be presented to obtain credits towards the MJDF.
- If the Assessment Panel does not feel that your presentation is up to standard you will be asked to re-present your presentation to the PGDD in July.
- When starting your presentation, introduce yourself, the practice and your patient: provide the context in which you met the patient (e.g. this patient presented to me in my first month of General Professional Training).

## ADVICE ON CASE PRESENTATIONS (contd)

### Your Presentation should include:

1. An introduction which should include the patient's reason for attendance, aspirations and expectations.
2. Examination which should include:
  - Patient's appearance
  - Personal and family details – refer to the patient by a code letter
  - Medical history
  - Past dental experience
3. Dental Examination:
  - Extra-oral
  - Intra-oral including periodontal assessment
  - Oral hygiene
  - Special investigations – radiographs, vitality tests, study models, photographs etc.
4. You should draw your conclusions and establish a diagnosis.
5. Form a treatment plan encompassing immediate and long term requirements.
6. Record the actual treatment in dated sequence. Don't repeat the details of the routine treatment time after time.
7. Study models and x-rays where appropriate. Do not take x-rays for the purpose of this presentation; only take them if they are clinically necessary. If you want to get credits for the MFGDP then photographs must be included to aid understanding of the case.  
Label your radiographs etc and either mount them at the appropriate point in the text or attach them as an appendix and refer to them in the text by number.  
Copies of other documentary material, e.g. consultant letters, instructions to the patient etc should be included. Photocopies of the completed HS45 would be of interest.
8. Describe any reassessment and subsequent alterations to the treatment plan.
9. Describe any optional treatment plans. In other words if a bridge was constructed could a denture have been constructed instead etc.
10. Summary and conclusions. Consider what you have done, and discuss:
  - Have the aims of the treatment plan been achieved?
  - Have you learnt anything from the case?
  - Would you tackle a similar case the same way?

## ADVICE ON CASE PRESENTATIONS (contd)

11. If using PowerPoint to make your presentation (which we recommend you to do), remember the following tips:

- Use bullet points (like short sentences) rather than whole paragraphs of text
- Limit your bullet points to a maximum of 6 per slide
- Don't just read from the slides: use them as a prompt for you and an aide-memoire for your audience.
- Make eye contact with your audience.
- Avoid the use of red or green as text or background colours: approximately 10% of the general population is red/green colour-blind.
- Avoid the use of block capitals: this is like shouting at your audience.
- Ensure that your text size and type (the font) is appropriate for your venue: usually this means using a minimum of 28 point, in a clear and easily legible font like Arial.
- Always avoid the use of gimmicks like extraneous animation or sounds – these make what might otherwise be a reasonably good presentation look very amateur.
- Prepare a back-up of a CD-rom copy, flipchart pages, overhead transparencies or memory stick.
- Prepare a handout using the feature in Power Point which allows your audience to annotate your slides.

## PATIENT'S CONSENT FOR REPRODUCTION OF RECORDS

### NOTE TO PATIENTS:

Most qualified dental practitioners in the UK have to undertake further postgraduate examinations to ensure their own professional development. By consenting to the limited use of your dental records, you will be helping in this educational process.

However, please be aware that you have the right to choose whether or not you would like your records to be used in this way. Whatever you decide will have no impact on the quality of care you can expect to receive from this dental practice in the future.

Your dentist \_\_\_\_\_ (insert dentist's name) will explain how the records might be used in the examination.

I of \_\_\_\_\_ *insert patient's full name and address*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

give my consent to records of my dental treatment, including photographs, radiographs and models of my teeth and jaws being used for the purpose of producing a log diary which may also be used for the purpose of supporting an examination entry for the MFGDP (a postgraduate dental examination).

YES/NO (Please delete as applicable in each case)

I understand that no part of the records, including the case report of my treatment, may be produced or divulged to anyone outside the examination process without my further consent.

YES/NO

I understand that I am entitled, in accordance with current legislation, to look at these records including the case presentation transcribed from the records.

YES/NO

I am giving my consent freely and understand that if I do **not** wish to consent to the use of my records, this decision will have no adverse effect on my future dental treatment or care in this practice.

YES/NO

I have been given the opportunity to ask any questions I might have about this form, and am happy with the explanations provided to me.

YES/NO

My consent is only in respect of the dental practitioner whose name appears below. I have been given a copy of this consent form.

YES/NO

Patient signature: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE TO GPT: Insert your name and training practice address below: -**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**GPT's DECLARATION**

I declare that the treatment of the case presented in this case report is my own work produced during time spent in my GPT year.

*Insert date and signature here*

Date \_\_\_\_\_

Signature \_\_\_\_\_

## GPT CASE PRESENTATIONS

**Name of GPT:** \_\_\_\_\_

**Name of Trainer:** \_\_\_\_\_

**NB: PRESENTATION SHOULD NOT EXCEED 20 MINUTES**

CASE PRESENTATION	SCORE 1 – 5 (5 Highest)
Preparation & Research	
Collection of relevant Case Presentation	
Content of Case Presentation	
Professionalism of Delivery	
Overall Effort	
Quality of dental history and social history (note taking)	
Quality and appropriateness of radiographs and study models	
Diagnostic process	
Treatment planning options	
Treatment undertaken	
Prognosis and follow up care	
Review and follow up care	

**TOTAL SCORE**

**NB – A selected panel of your peers will score your presentation under each of the above headings and the final score will be an aggregate of the points awarded for each of the categories shown above.**

## CASE PRESENTATION

**GPT SELF EVALUATION**

**ADVISER'S FEEDBACK (IF REQUIRED)**

# GPT 1 CORE SKILL & ASSESSMENT EVALUATIONS

Name of GPT: \_\_\_\_\_

Name of Trainer: \_\_\_\_\_

	Satisfactory	On Time	Adviser Initials
Medical Emergencies			
PAQ's			
TAB's			

**GPT SELF EVALUATION**

**ADVISER'S FEEDBACK (IF REQUIRED)**

SAMPLE

## YOUR CONTINUING PROFESSIONAL DEVELOPMENT

Having now completed your General Professional Training, you have the responsibility and commitment to continue your own professional development.

The GDC requires that all dentists to undertake a minimum of fifteen hours of verifiable CPD and 35 hours non-verifiable CPD per year. You will need to complete over a five year period 75 verifiable CPD hours and 175 non-verifiable CPD hours.

Verifiable CPD should be based upon:	Non-verifiable CPD could include:
<ul style="list-style-type: none"> <li>• Concise educational aims and objectives - the activity should have a clear purpose or goal</li> <li>• Clear anticipated outcomes - you should know what you can expect to gain as a result of taking part in the activity</li> <li>• Quality control - you should have an opportunity to comment, with a view to improving quality</li> <li>• Documentary proof of attendance or been involved in Verifiable CPD by obtaining a certificate of participation from the course/activity provider. You may be asked to submit this proof to the GDC</li> </ul>	<ul style="list-style-type: none"> <li>• Reading professional journals</li> <li>• Research</li> <li>• Presenting lectures/seminars</li> <li>• Practice meetings</li> <li>• Committee meetings</li> <li>• CPD tutor meeting visits</li> <li>• Discussion periods/questions at the end of formal meetings</li> </ul>

You are also required to complete fifteen hours of audit in every 3 year cycle. The Postgraduate Department will supply you biannually with a Postgraduate Dental Calendar, which lists all the activities organized by the Continuing Education Department of NIMDTA.

To ensure that you are complying with the regulations, the GDC may write to you towards the end of years 1-4 within your five-year cycle, asking you to submit an annual return of the CPD hours (both verifiable and general) that you have completed that year. The GDC will keep a tally of your yearly totals.

At the end of year 5 of every CPD cycle, the GDC will check your yearly totals to see, on the basis of the returns you have submitted, whether or not you have met the 250 hour requirement. If you have not, you will be sent notification of erasure, but you may apply for a 6-month period of grace to complete the outstanding CPD. There will be a mechanism in place to allow you to appeal against erasure.

**While you are continuing your education by attending the relevant courses, you can claim allowances these paid on completion of a CPDA1 (revised 1/2009). The CPDA1 is available from NIMDTA on completion of an Article 44 course in N Ireland (or section 63 in England) or other approved course.**

## CONTACT DETAILS

VOCATIONAL TRAINING ADVISERS		
Ms Siobhan Cushley	Tel: Mobile: Email:	02890 400009 / 02890 400017 07860 707782 <a href="mailto:siobhan.cushley@nimdta.gov.uk">siobhan.cushley@nimdta.gov.uk</a>
Ms Alison Johnston	Tel: Mobile: Email:	02890 400009 / 02890 400017 07775 578296 <a href="mailto:alison.johnston@nimdta.gov.uk">alison.johnston@nimdta.gov.uk</a>
GENERAL PROFESSIONAL TRAINING ADVISERS		
Dr Adrian Farquharson Adviser	Tel: Fax: Mobile: Email:	02890 400027 02890 798312 07902 244283 <a href="mailto:adrian.farquharson@nimdta.gov.uk">adrian.farquharson@nimdta.gov.uk</a>
Dr Matthew Preston Associate Adviser	Tel: Fax: Email:	02890 400027 02890 798312 <a href="mailto:matthew.preston@nimdta.gov.uk">matthew.preston@nimdta.gov.uk</a>
COMMUNITY & HOSPITAL ADVISERS		
Dr Borghild Breistein Adviser on Community Dentistry	Tel:	02890 400027 <a href="mailto:borghild.breistein@nimdta.gov.uk">borghild.breistein@nimdta.gov.uk</a>
Dr Brian Mullally Adviser on Hospital Dentistry	Tel:	02890 400009 <a href="mailto:b.mullally@gub.ac.uk">b.mullally@gub.ac.uk</a>
DENTAL POSTGRADUATE DEPARTMENT		
Dr David Hussey Postgraduate Dental Dean	Tel: Fax: Email:	02890 400014 02890 798312 <a href="mailto:david.hussey@nimdta.gov.uk">david.hussey@nimdta.gov.uk</a>
Ms Lesley Whan Dental Training Co-Ordinator	Tel: Fax: Email:	02890 400014 02890 798312 <a href="mailto:lesley.whan@nimdta.gov.uk">lesley.whan@nimdta.gov.uk</a>
Mrs Marbeth Erskine Dental Executive Officer (VT)	Tel: Fax: Email:	02890 400009 02890 798312 <a href="mailto:marbeth.erskine@nimdta.gov.uk">marbeth.erskine@nimdta.gov.uk</a>
Ms Laura Scott Dental Executive Officer (VT)	Tel: Fax: Email:	02890 400017/ 43 02890 798312 <a href="mailto:laura.scott@nimdta.gov.uk">laura.scott@nimdta.gov.uk</a>
Mrs Beverly Leckey Dental Executive Officer (GPT)	Tel: Fax: Email:	02890 400027 02890 798312 <a href="mailto:beverly.leckey@nimdta.gov.uk">beverly.leckey@nimdta.gov.uk</a>
USEFUL WEBSITES		
General Dental Council	<a href="http://www.gdc-uk.org/">http://www.gdc-uk.org/</a>	
British Dental Association	<a href="http://www.bda.org/">http://www.bda.org/</a>	
Committee of Postgraduate Deans & Directors	<a href="http://www.copdend.org/">http://www.copdend.org/</a>	
Committee for Vocational Training in N Ireland	<a href="http://www.nimdta.gov.uk">http://www.nimdta.gov.uk</a>	
British Dental Journal	<a href="http://www.bdj.co.uk">http://www.bdj.co.uk</a>	
Faculty of General Dental Practice	<a href="http://www.fgdp.org.uk">http://www.fgdp.org.uk</a>	
Department of Health SS&PS	<a href="http://www.dhsspsni.gov.uk">http://www.dhsspsni.gov.uk</a>	
Faculty of Dental Surgery	<a href="http://www.rcseng.ac.uk/fds">http://www.rcseng.ac.uk/fds</a>	
Emerald	<a href="http://www.emeraldinsight.com">http://www.emeraldinsight.com</a>	
National Disability Authority	<a href="http://www.nda.ie">http://www.nda.ie</a>	
Health Promotion Agency	<a href="http://www.healthpromotionagency.org.uk">http://www.healthpromotionagency.org.uk</a>	

## CONTACT DETAILS FOR POSTGRADUATE CPD ADVISERS & TUTORS & AUDIT FACILITATORS

### OUTLINE OF CPD ALLOWANCES

**CPD Allowances** can be claimed for approved courses. Practitioners can claim up to 6 sessions or 15 hours.

This allowance is currently paid at a rate of £227.70 per session.

You must use a CPDA1 (revised 1/2009) to claim this, which will be distributed at the course.

### ADVISER ON GENERAL DENTAL PRACTICE (CPD)

Mr David McCarter	Tel:	02890 400023
	Fax:	02890 798312
	Email:	<a href="mailto:david.mccarter@nimdta.gov.uk">david.mccarter@nimdta.gov.uk</a>

### ASSOCIATE ADVISER ON GENERAL DENTAL PRACTICE (CPD)

Dr Brid Hendron	Tel:	02890 400023
	Fax:	02890 798312
	Email:	<a href="mailto:brid.hendron@nimdta.gov.uk">brid.hendron@nimdta.gov.uk</a>

### DENTAL CARE PROFESSIONAL TUTORS

Ms Amanda Jackson	Tel:	02890 400027
	Fax:	02890 798312
	Email:	<a href="mailto:amanda.jackson@nimdta.gov.uk">amanda.jackson@nimdta.gov.uk</a>
Ms Elaine Fugard	Tel:	02890 400027
	Fax:	02890 798312
	Email:	<a href="mailto:elaine.fugard@nimdta.gov.uk">elaine.fugard@nimdta.gov.uk</a>

### DENTAL CONTINUING EDUCATION DEPARTMENT

Ms Roisin Moss Dental Administrator (CE)	Tel:	02890 400023
	Fax:	02890 798312
	Email:	<a href="mailto:roisin.moss@nimdta.gov.uk">roisin.moss@nimdta.gov.uk</a>
Ms Ann-Marie Collins Dental Administrator (DCPs)	Tel:	02890 400027
	Fax:	02890 798312
	Email:	<a href="mailto:annmarie.collins@nimdta.gov.uk">annmarie.collins@nimdta.gov.uk</a>