

Northern Ireland

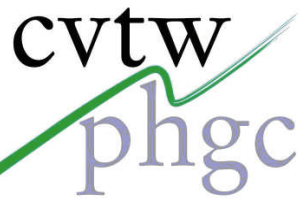


DENTAL VOCATIONAL TRAINING PORTFOLIO

**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.



cvtw
phgc

Committee for Vocational Training for Wales
Pwllgor Hyfforddiant Galwedigaethol Cymru

Key Dates in your training programme 2011 - 2012

AUGUST 2011	Wednesday 3 August 2011 – Scheme commences.
18 OCTOBER 2011 7 FEBRUARY 2012 24 APRIL 2012 31 JULY 2012	Assessment Review Panel (ARP) dates.
29 NOVEMBER 2011	Submission of 1 Core Skill, Medical Emergencies, to your adviser by 29 November 2011.
5 / 6 JUNE 2012	You will have a clinical case written up to MJDF standard and be prepared to present it to a panel on 5 or 6 June 2012.
JUNE 2012	Submission of End of Year form by 26 June 2012.
AUGUST 2012	The training programme finishes on Thursday 2 August 2012.

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

Northern Ireland



Medical & Dental Training Agency

We are delighted to welcome you to Vocational Training in Northern Ireland. We are pleased you have chosen to undertake your VT 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: 028 9040 0014), who will be able to arrange a meeting with Dr Hussey.

We wish you every success over the forthcoming years.

A handwritten signature in black ink that reads "David L. Hussey".

Dr David Hussey
Postgraduate Dental Dean

A handwritten signature in black ink that reads "Siobhan Cusley".

Ms Siobhan Cusley
Adviser on General Dental Practice
(Vocational Training)

A handwritten signature in black ink that reads "Alison Johnston".

Ms Alison Johnston
Adviser on General Dental Practice
(Vocational Training)

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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 VOCATIONAL TRAINING

Welcome to the Northern Ireland Vocational 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 VT 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 Vocational 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 Vocational 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 vocational 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 vocational 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 YEAR 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 YEAR 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:

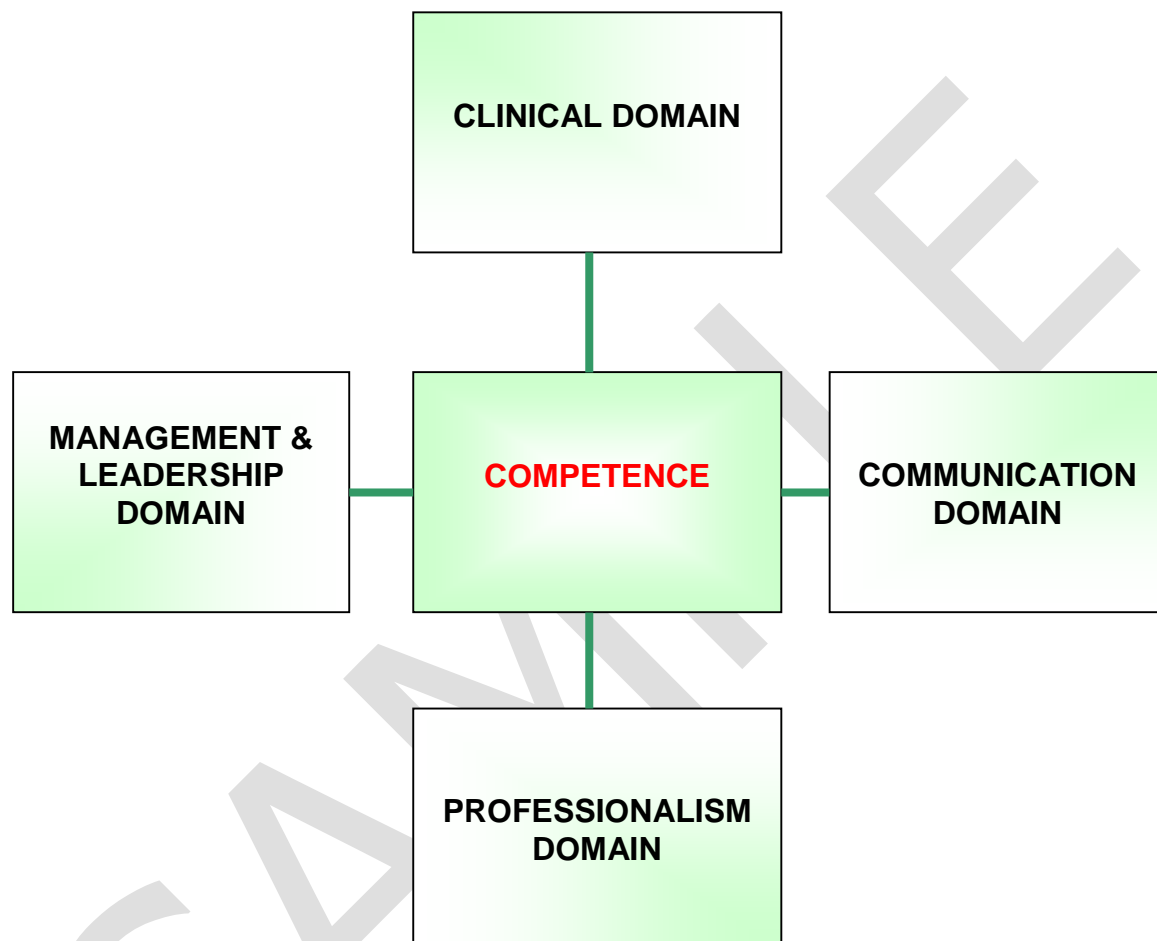
We hope that your year within the practice is enjoyable, but we also realise that problems may arise. These can range from simple misunderstandings or to difficult relationships with your Trainer or the staff. If you are unhappy with some aspect of the practice speak to your Trainer at once; they will 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 VDPs 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)).

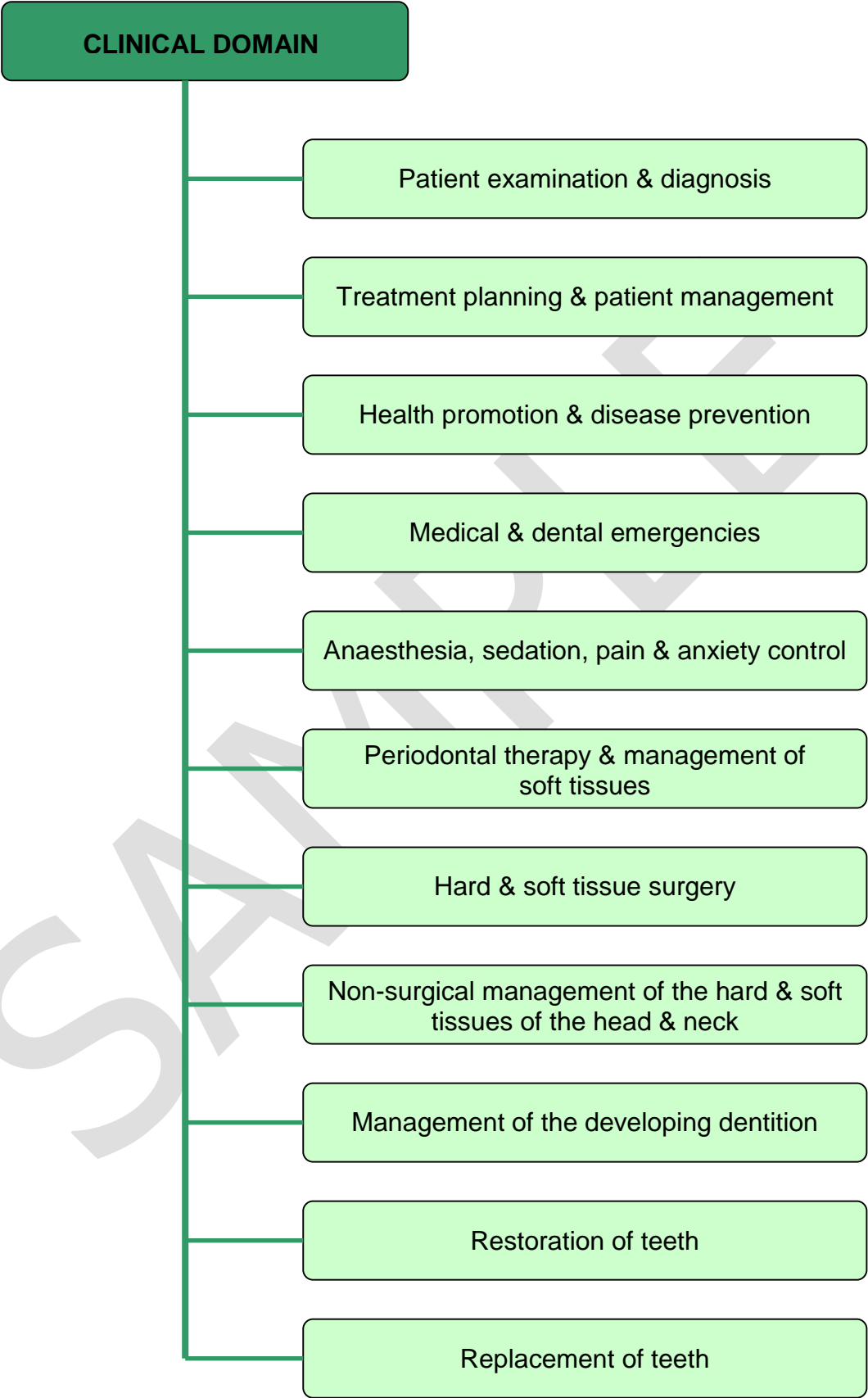
THE DENTAL FOUNDATION TRAINING CURRICULUM

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 VOCATIONAL 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.

Trainee	Trainer
Signature: _____	Signature: _____
Name (print): _____	Name (print): _____
Date: _____	Date: _____

AIM OF VOCATIONAL TRAINING FOR GENERAL DENTAL PRACTICE

The aim of Vocational Training (VT) 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 Vocational Dental Practitioner (VDP) to general dental practice.
- Identifying personal strengths and weaknesses and balancing them through a planned programme of training.
- Enabling the VDP 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 VOCATIONAL TRAINING FOR GENERAL DENTAL PRACTICE

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

Facilities Agreement

- Employ a VDP 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 VDP, in a surgery to which he or she has good access for not less than three days a week.
- Provide the VDP 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 VDP 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 VDP 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 VDP'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.

VT Portfolio

- Ensure that the VDP'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 VDP's completion of vocational training.

Training

- Allow and require the VDP 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 VDP in the practice and during the training period as required.
- Be involved in 14 sessions of approved VT educational activity during the training year, including attendance at any joint trainer/trainee days organised as part of the study day programme for VDP'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 VDP 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 VDP or the practice change in such a way as to alter the contract of employment between the Trainer and the VDP 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 VT scheme within 14 days.
- To comply with all changes that may be introduced as part of the ongoing review of VT.

WHAT IS EXPECTED OF THE VDP?

The VDP 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 VT 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 VT.

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):

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 VDP 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 VT.

Following the VDP'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 VDP on their performance. This should begin with them asking the VDP 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 VDP.

Which cases to assess?

The decision regarding which cases to assess should be made jointly between trainer and VDP. 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 VT.

There are no penalties for receiving 'Needs Improvement before the end of VT' 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). 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 VDP 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 = VDP performance needs improvement before reaching the standard expected upon completion of VT
- 3 = VDP performance is borderline with that expected upon completion of VT
- 4 = VDP performance is considered acceptable, meeting the standard expected upon completion of VT
- 5 – 6 = VDP performance exceeds the standard expected upon completion of VT

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 "**VDP'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 VDP 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 VDP to reflect on their own performance. The answers given by the VDP to these questions should provide the evaluator with the necessary information to be able to rate the ‘insight’ criterion. If the VDP’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 VT completion’. If the VDPs’ 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 VDP 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 VDP is awarded a rating of “2” for “*Follow-up & patient management*”, and no details are given in the “*Areas for development before completion of VT*” section, then those responsible for designing further training will have no ‘Needs improvement’ scores are required to be reassessed before the end of VT 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 VDP 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 VDP’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 VT (safe, independent practice).
- A wide range of cases to be assessed using D-CbD during VT – all 11 major competencies within the clinical domain to be covered during VT 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 (VDP) _____ 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 VT completion		Borderline for VT completion	Acceptable for VT completion	Above expectations for VT 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"/>
After feedback given on the assessment please rate:							
9. VDP'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 Vocational Training

Time (case presentation) _____ Time (feedback) _____

Evaluator Signature _____ VDP 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 VDPs 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.

SECTION A					
	RATING SCALE				
HOW WAS THE DENTIST YOU SAW TODAY AT	POOR 1	FAIR 2	GOOD 3	EXCELLENT 4	CAN'T SAY
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"/>
Section 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.

ATTITUDE AND/OR BEHAVIOUR	<i>No concern</i>	<i>You have some concern</i>	<i>You have a major concern</i>	COMMENTS: <i>Anything especially good?</i> If you cannot give an opinion due to lack of knowledge of the dentist say so here. 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.
<p style="text-align: center;">Maintaining trust / Professional relationship with patients</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;">Verbal communication skills</p> <p>Gives understandable information. Speaks good English, at the appropriate level for the patient. Explains treatment options and costs concisely & accurately.</p>				
<p style="text-align: center;">Team-working / Working with colleagues</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;">Contractual Responsibility</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>				
Name of assessor:	Post/ designation:		Signature:	Date:

Please send the completed form, straight away, in a sealed envelope, to Laura Scott, NIMDTA, 42 Beechill Road, Belfast BT8 7RL 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
Paediatric dentistry			
Restorations			
SS Crowns			
Extractions			
Deciduous			
Endodontics			
Orthodontics			
Preventive dentistry			
Periodontics			
Simple scale			
Complete care <i>Pockets >5 mm</i>			
Prosthodontics			
Acrylic Complete			
Acrylic Partial			
Chrome Partial			

Oral Surgery	Number	Confidence	Your Comments
Extractions			
Surgery involving flap, bone removal, suture			
Restorative dentistry			
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			
Medical emergencies			
Diagnosis			
Basic Life Support			Date of last BLS Practice <input type="text"/>
Patient management		Confidence	Your Comments
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 YEAR

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 & VDP 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:-

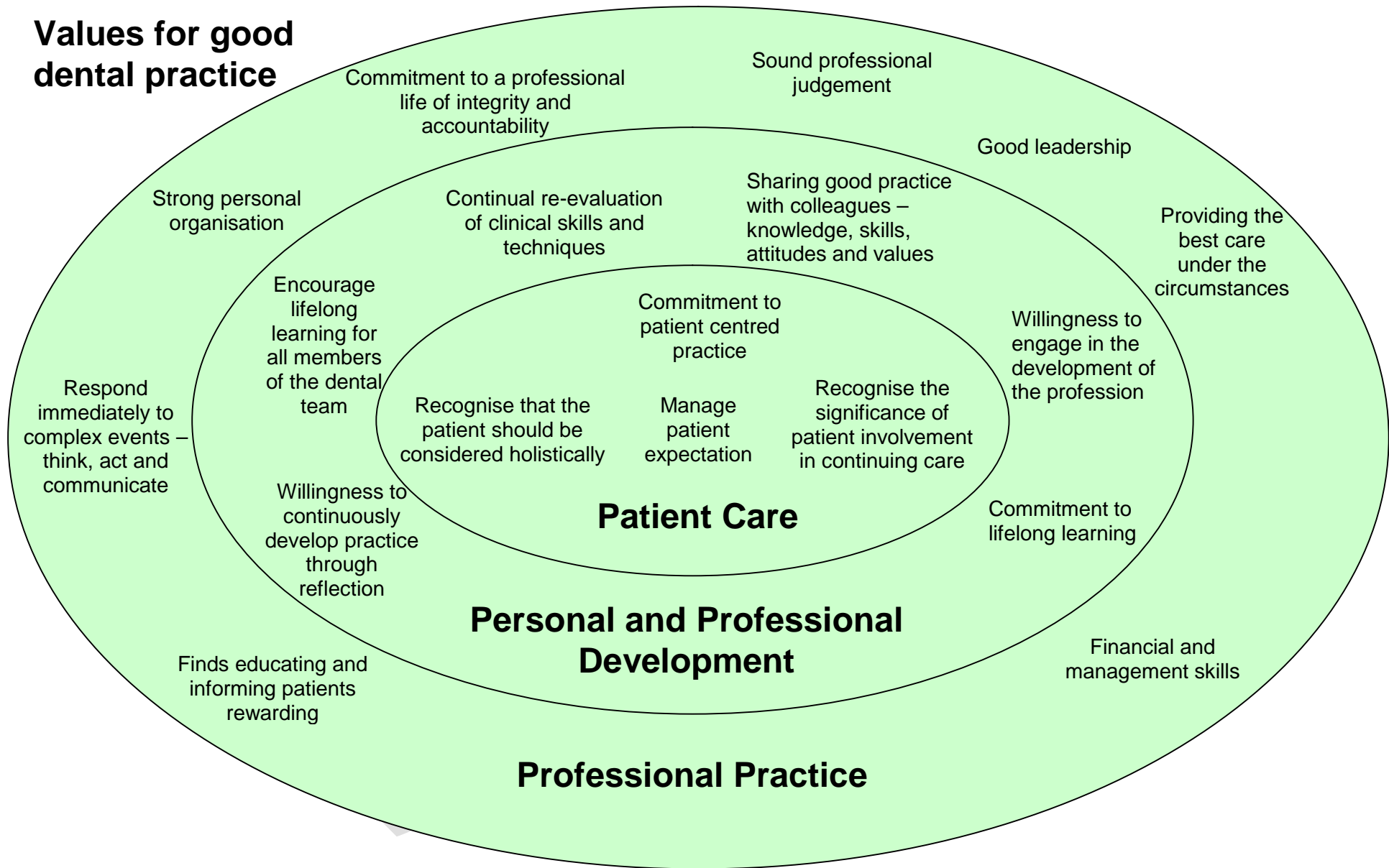
VDP's expectation of vocational training; including requests for training or experience in specific areas, type and amount of support most needed:

Trainer's expectations of vocational training; including availability of the VDP, 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 VDP, incorporating values and expectations discussed at initial interview.

This is a joint exercise

VDP	Trainer

Weekly hourly tutorials will normally take place on Day _____ Time _____

Total Contractual hours excluding lunch _____

VDP 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 VDPs

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 VDP 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 VDP 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 VDP meets or speaks to the dental technicians who work with your practice, and that he or she gets to visit their premises.

Note for VDPs:

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 VT 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 VDPs joining the Practice. It is important to prioritise and not overload the VDP 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

VDP Signature: _____

Trainer Signature: _____

VDPs INDUCTION

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

VDP 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

VDP Signature: _____

Trainer Signature: _____

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

WORK ANALYSIS LOG

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

PROFESSIONAL DEVELOPMENT WEEKLY / MONTHLY RECORD SHEETS

- You will be required to keep a professional development log during your vocational 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 vocational 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 vocational 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 VT year starts on a Wednesday; the first week of the Portfolio begins on the next Monday, **8th August 2011**.

VT EXPERIENCE RECORD

(All sections must be completed)

WEEK 1

VDP GDC No: _____

Week commencing: _____

8/8/2011

Please comment on the week's events

What has gone well this week?

What problems have you experienced this week?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic page 115-119
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired this week:

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) Week 1 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: _____

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.

VT EXPERIENCE RECORD

WEEK 2

VDP GDC No: _____

Week commencing: **15/8/2011**

Please comment on the week's events

What has gone well this week?

What problems have you experienced this week?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic page 115-119
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired this week:

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) Week 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: _____

- | | | | | | | | | |
|------------------|---|---------------------------------------|-----------|-----------|------------------|--------------|----------|--|
| 1 | Examination and Consultation Skills | <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 | | | | | | |
| 2 | Clinical Judgement and Diagnosis | <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 | | | | | | |
| 3 | Technical Ability and Manual Dexterity | <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 | | | | | | |
| 4 | Communication Skills | <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 | | | | | | |
| 5 | Professionalism | <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 | | | | | | |
| 6 | Knowledge (Level and Application) | <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 | | | | | | |
| 7 | Organisation | <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.

VT EXPERIENCE RECORD

WEEK 3

VDP GDC No: _____

Week commencing: 22/8/2011

Please comment on the week's events

What has gone well this week?

What problems have you experienced this week?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic page 115-119
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired this week:

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) Week 3 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: _____

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

VT EXPERIENCE RECORD

WEEK 4

VDP GDC No: _____

Week commencing: 29/8/2011

Please comment on the week's events

What has gone well this week?

What problems have you experienced this week?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic page 115-119
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired this week:

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

FIRST CLINICAL PEER REVIEW AND REPORT GUIDE

- 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 VDP

VDP's Name: _____

Trainer's Name: _____

Description of procedures presented by the Trainer:

Description of procedures presented by the VDP:

VDP'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

User's Guide

For a tutorial, randomly select 5 sets of Trainer's patient's records and 5 sets of VDP'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 VDP patient 1, using the VDP'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 VDP'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
Medical History	S	S	N/A	R	S	70%	

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

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

KEY TO POINTS TO CHECK IN PATIENTS CLINICAL RECORDS

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

CLINICAL RECORDS AUDIT SHEET

VDP 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							
Radiography							
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.

VDP's Signature _____ Date _____

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							
Radiography							
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** _____

CLINICAL RECORDS AUDIT SHEET

VDP 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							
Radiography							
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.

VDP's Signature _____ Date _____

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							
Radiography							
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** _____

VT EXPERIENCE RECORD

WEEK 5

VDP GDC No: _____

Week commencing: 5/9/2011

Please comment on the week's events

What has gone well this week?

What problems have you experienced this week?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic page 115-119
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired this week:

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) Week 5 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 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.

VT EXPERIENCE RECORD

WEEK 6

VDP GDC No: _____

Week commencing: 12/9/2011

Please comment on the week's events

What has gone well this week?

What problems have you experienced this week?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic page 115-119
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired this week:

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) Week 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: _____

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.

VT EXPERIENCE RECORD

WEEK 7

VDP GDC No: _____

Week commencing: 19/9/2011

Please comment on the week's events

What has gone well this week?

What problems have you experienced this week?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic page 115-119
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired this week:

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) Week 7 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 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.

VT EXPERIENCE RECORD

WEEK 8

VDP GDC No: _____

Week commencing: 26/9/2011

Please comment on the week's events

What has gone well this week?

What problems have you experienced this week?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic page 115-119
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired this week:

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.

SELF-ASSESSMENT OF VDP PROGRESS (at 2 months)

In the evaluation of your progress through Vocational 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. **VDP: 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	

VDP's Signature: _____ **Date:** _____

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

ASSESSMENT OF VDP BY TRAINER (at 2 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 VDP's progress through Vocational 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. **VDP: 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 first 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
Paediatric dentistry			
Restorations			
SS Crowns			
Extractions			
Deciduous			
Endodontics			
Orthodontics			
Preventive dentistry			
Periodontics			
Simple scale			
Complete care <i>Pockets >5 mm</i>			
Prosthodontics			
Acrylic Complete			
Acrylic Partial			
Chrome Partial			

Oral Surgery	Number	Confidence	Your Comments
Extractions			
Surgery involving flap, bone removal, suture			
Restorative dentistry			
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			
Medical emergencies			
Diagnosis			
Basic Life Support			Date of last BLS Practice <input type="text"/>
Patient management		Confidence	Your Comments
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.

ACQUISITION OF CLINICAL EXPERIENCE (at 2 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

VDP'S OVERALL ASSESSMENT OF TRAINING

Comments on training and experience gained:

--

Suggestion for improvement within the training programme:

--

Agreed Action Plan:

--

VDP's Signature: _____ Date: _____

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

RADIOGRAPHY REVIEW AND AUDIT BETWEEN VDP AND TRAINER

The VDP 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"/>
VDP 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	VDP
Grade 1		
Grade 2		
Grade 3		

Comments for future action:

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

WORK LOAD REVIEW FOR MONTH 3 (October)

You should collect the data shown below during your third month in the practice i.e. October 2011.

	Numbers
1. Total number of patient appointments (see Appointment Book)	_____
2. Number of patients seen by VDP (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 second ARP payment and must be completed in full.

SAMPLE

VT EXPERIENCE RECORD

MONTH 3

VDP GDC No: _____

Month: October

Please comment on the month's events

What has gone well this month?

What problems have you experienced this month?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic page 115-119
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired this month:

Things I need to learn more about:

Trainer Comments:

Day book total for month 3 £ _____

Reviewed by Adviser (Initials)

Reviewed by Trainer (Initials)

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

VT EXPERIENCE RECORD

MONTH 4

VDP GDC No: _____

Month: **November**

Please comment on the month's events

What has gone well this month?

What problems have you experienced this month?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic page 115-119
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired this month:

Things I need to learn more about:

Trainer Comments:

Day book total for month 4 £ _____

Reviewed by Adviser (Initials)

Reviewed by Trainer (Initials)

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

Case based Discussion Assessment Form Month 4-November 01

Trainee (VDP) _____ 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 VT completion		Borderline for VT completion	Acceptable for VT completion	Above expectations for VT 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"/>
After feedback given on the assessment please rate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. VDP'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 Vocational Training

Time (case presentation) _____ Time (feedback) _____

Evaluator Signature _____ VDP 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 VDPs 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 second ARP payment and must be completed in full.

VT EXPERIENCE RECORD

MONTH 5

VDP GDC No: _____

Month: December

Please comment on the month's events

What has gone well this month?

What problems have you experienced this month?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic page 115-119
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired this month:

Things I need to learn more about:

Trainer Comments:

Day book total for month 5 £ _____

Reviewed by Adviser (Initials)

Reviewed by Trainer (Initials)

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

Case based Discussion Assessment Form Month 5-December 02

Trainee (VDP) _____ 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 VT completion		Borderline for VT completion	Acceptable for VT completion	Above expectations for VT 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"/>
After feedback given on the assessment please rate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. VDP's insight into their own performance	<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 Vocational Training _____

Time (case presentation) _____ Time (feedback) _____

Evaluator Signature _____ VDP 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 VDPs 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 second ARP payment and must be completed in full.

VT EXPERIENCE RECORD

MONTH 6

VDP GDC No: _____

Month: January

Please comment on the month's events

What has gone well this month?

What problems have you experienced this month?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic page 115-119
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired this month:

Things I need to learn more about:

Trainer Comments:

Day book total for month 6 £ _____

Reviewed by Adviser (Initials)

Reviewed by Trainer (Initials)

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

Case based Discussion Assessment Form Month 6-January 03

Trainee (VDP) _____ 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 VT completion		Borderline for VT completion	Acceptable for VT completion	Above expectations for VT 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"/>
After feedback given on the assessment please rate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. VDP'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 Vocational Training

Time (case presentation) _____ Time (feedback) _____

Evaluator Signature _____ VDP 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 VDPs 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 second ARP payment and must be completed in full.

SELF-ASSESSMENT OF VDP PROGRESS (at 6 months)

In the evaluation of your progress through Vocational 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	

VDP's Signature: _____ **Date:** _____

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

ASSESSMENT OF VDP BY TRAINER (at 6 months)

In the evaluation of your VDP's progress through Vocational 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 second ARP payment and must be completed in full.

ACQUISITION OF CLINICAL EXPERIENCE (at 6 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

VDP'S OVERALL ASSESSMENT OF TRAINING

Comments on training and experience gained:

Suggestion for improvement within the training programme:

Agreed Action Plan:

VDP's Signature: _____ **Date:** _____

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

SAMPLE

PERSONAL DEVELOPMENT PLAN (at 6 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 second ARP payment and must be completed in full.

VDP LED PRACTICE MEETING (at 7 months)

VDP 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

VDP DECLARATION:

I declare that I led a Practice Meeting on: _____

VDP Signature: _____ Date: _____

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

SAMPLE

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 | <input type="checkbox"/> Not observed |
| | 1 2 3 4 5 6 | 7 8 9 |
| | NEED IMPROVEMENT SATISFACTORY | SUPERIOR |
| 2 | Clinical Judgement and Diagnosis | <input type="checkbox"/> Not observed |
| | 1 2 3 4 5 6 | 7 8 9 |
| | NEED IMPROVEMENT SATISFACTORY | SUPERIOR |
| 3 | Technical Ability and Manual Dexterity | <input type="checkbox"/> Not observed |
| | 1 2 3 4 5 6 | 7 8 9 |
| | NEED IMPROVEMENT SATISFACTORY | SUPERIOR |
| 4 | Communication Skills | <input type="checkbox"/> Not observed |
| | 1 2 3 4 5 6 | 7 8 9 |
| | NEED IMPROVEMENT SATISFACTORY | SUPERIOR |
| 5 | Professionalism | <input type="checkbox"/> Not observed |
| | 1 2 3 4 5 6 | 7 8 9 |
| | NEED IMPROVEMENT SATISFACTORY | SUPERIOR |
| 6 | Knowledge (Level and Application) | <input type="checkbox"/> Not observed |
| | 1 2 3 4 5 6 | 7 8 9 |
| | NEED IMPROVEMENT SATISFACTORY | SUPERIOR |
| 7 | Organisation | <input type="checkbox"/> 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 third ARP payment and must be completed in full.

SAMPLE

Case based Discussion Assessment Form Month 7-February 04

Trainee (VDP) _____ 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 VT completion		Borderline for VT completion	Acceptable for VT completion	Above expectations for VT 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"/>
After feedback given on the assessment please rate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. VDP's insight into their own performance	<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 Vocational Training _____

Time (case presentation) _____ Time (feedback) _____

Evaluator Signature _____ VDP 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 VDPs 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 third ARP payment and must be completed in full.

VT EXPERIENCE RECORD

MONTH 8

VDP GDC No: _____

Month: **March**

Please comment on the month's events

What has gone well this month?

What problems have you experienced this month?

How were the problems resolved?

What have you learnt from the above?

What tutorial topics were discussed:- record subject / topic page 115-119
(Please use the space below to outline tutorial learning outcomes in full)

New ideas/skills acquired this month:

Things I need to learn more about:

Trainer Comments:

Day book total for month 8 £ _____

Reviewed by Adviser (Initials)

Reviewed by Trainer (Initials)

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

Case based Discussion Assessment Form Month 8 - March 05

Trainee (VDP) _____ 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 VT completion		Borderline for VT completion	Acceptable for VT completion	Above expectations for VT 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"/>
After feedback given on the assessment please rate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. VDP's insight into their own performance	<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 Vocational Training

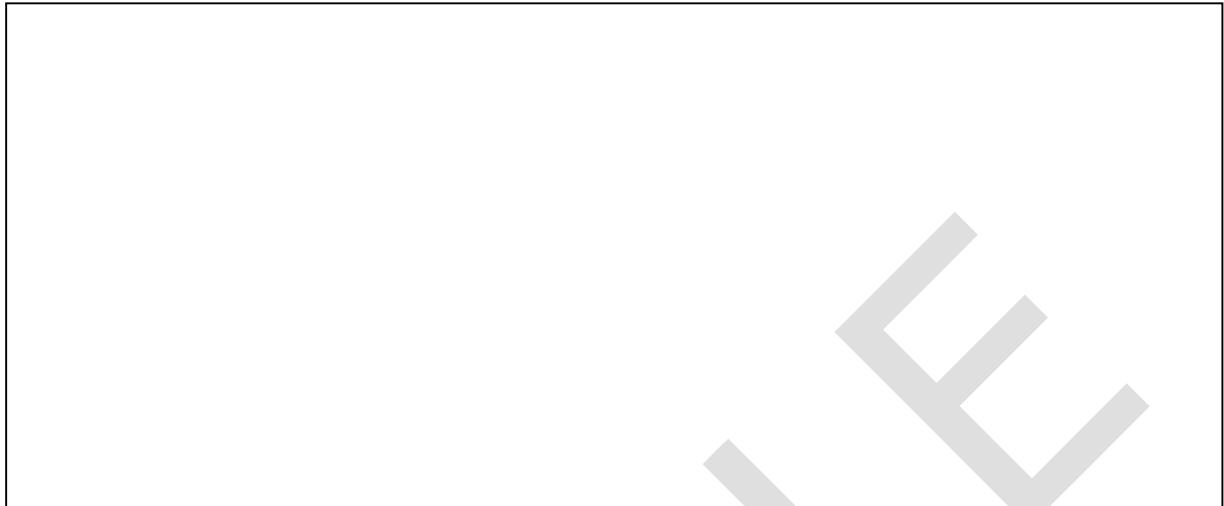
Time (case presentation) _____ Time (feedback) _____

Evaluator Signature _____ VDP 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 VDPs 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 third ARP payment and must be completed in full.

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 forth ARP payment and must be completed in full.

SAMPLE

Case based Discussion Assessment Form Month 9 - April 06

Trainee (VDP) _____ 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 VT completion		Borderline for VT completion	Acceptable for VT completion	Above expectations for VT 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"/>
After feedback given on the assessment please rate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. VDP's insight into their own performance	<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 Vocational Training

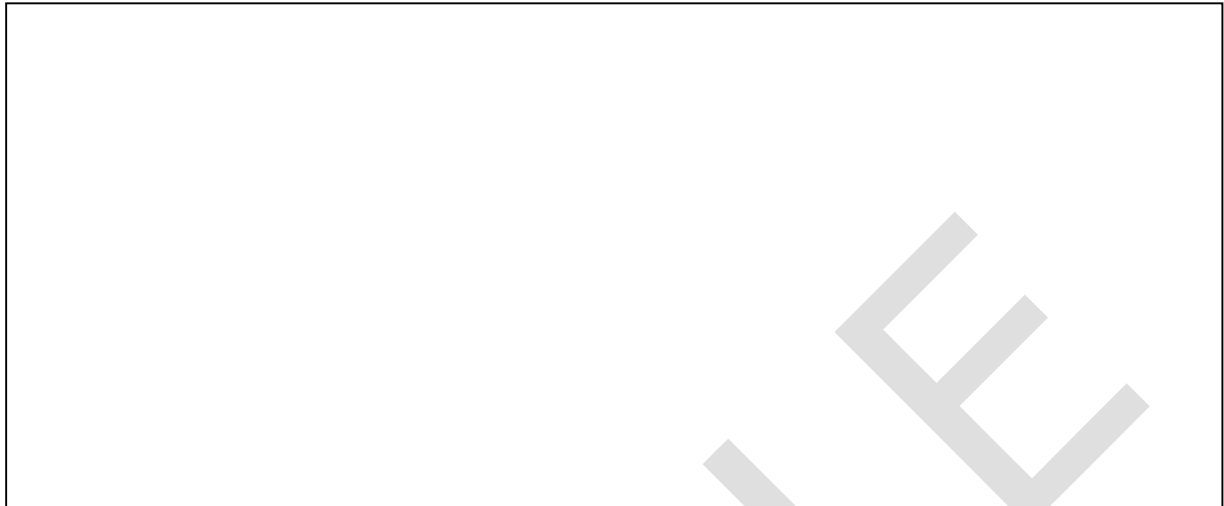
Time (case presentation) _____ Time (feedback) _____

Evaluator Signature _____ VDP 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 VDPs 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 third 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 forth ARP payment and must be completed in full.

SAMPLE

Case based Discussion Assessment Form Month 10 - May 07

Trainee (VDP) _____ 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 VT completion		Borderline for VT completion	Acceptable for VT completion	Above expectations for VT 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"/>
After feedback given on the assessment please rate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. VDP's insight into their own performance	<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 Vocational Training

Time (case presentation) _____ Time (feedback) _____

Evaluator Signature _____ VDP 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 VDPs 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 forth 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 | <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 | | | | | | |
| 2 | Clinical Judgement and Diagnosis | <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 | | | | | | |
| 3 | Technical Ability and Manual Dexterity | <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 | | | | | | |
| 4 | Communication Skills | <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 | | | | | | |
| 5 | Professionalism | <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 | | | | | | |
| 6 | Knowledge (Level and Application) | <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 | | | | | | |
| 7 | Organisation | <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 forth ARP payment and must be completed in full.

SAMPLE

Case based Discussion Assessment Form Month 11 - June 08

Trainee (VDP) _____ 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 VT completion		Borderline for VT completion	Acceptable for VT completion	Above expectations for VT 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"/>
After feedback given on the assessment please rate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. VDP's insight into their own performance	<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 Vocational Training

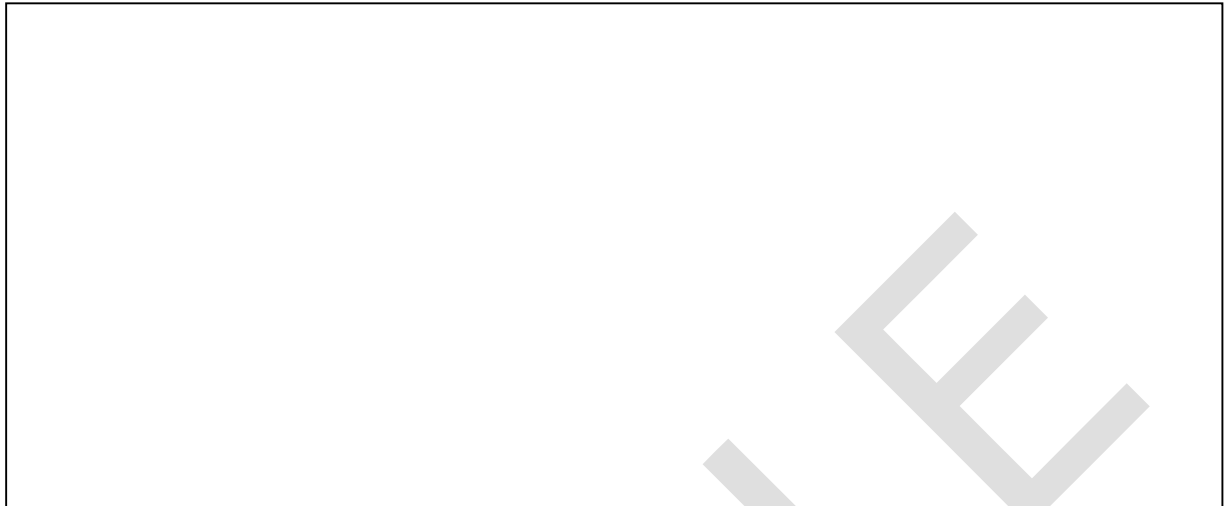
Time (case presentation) _____ Time (feedback) _____

Evaluator Signature _____ VDP 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 VDPs 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 forth ARP payment and must be completed in full.

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 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 forth ARP payment and must be completed in full.

SAMPLE

Case based Discussion Assessment Form Month 12 – July 09

Trainee (VDP) _____ 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 VT completion		Borderline for VT completion	Acceptable for VT completion	Above expectations for VT 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"/>
After feedback given on the assessment please rate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. VDP'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 Vocational Training

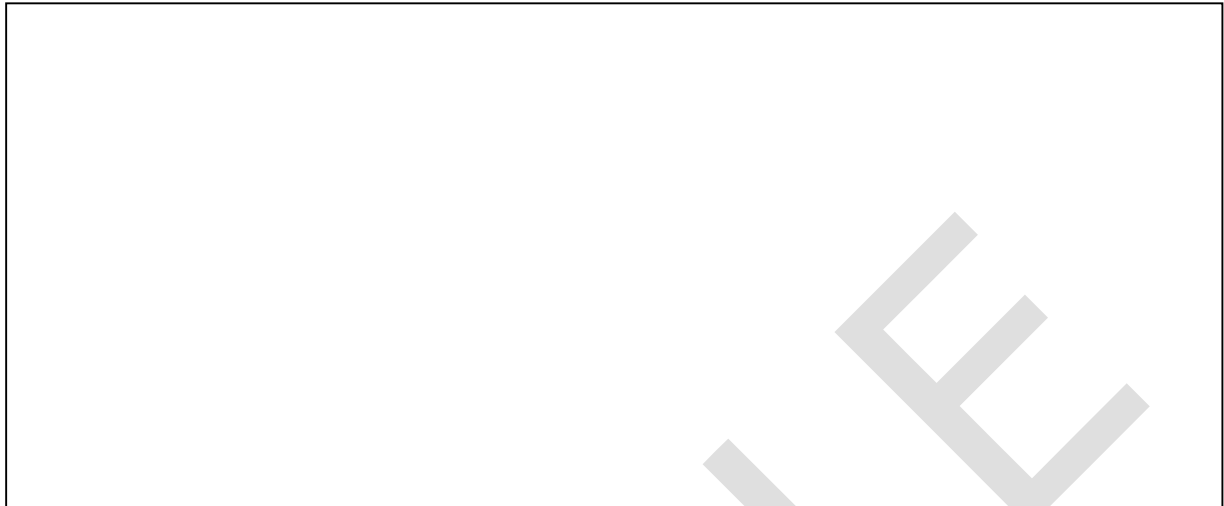
Time (case presentation) _____ Time (feedback) _____

Evaluator Signature _____ VDP 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 VDPs 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 forth ARP payment and must be completed in full.

RECORD OF TUTORIALS

	Date	Subject	Trainer Signature	VDP Signature	VDP/Trainer Comments/Feedback
1					
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SAMPLE

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18					
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SAMPLE

SAMPLE

STUDY DAY LEARNING SUMMARY

VDP Name: _____ GDC No: _____

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Venue: _____

Title: _____

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Additional comments:

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SAMPLE

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 Vocational 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 vocational training.

This is a joint exercise

Please agree statements that reflect the VDP'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

VDP's Signature: _____ Trainer's Signature: _____ Date: _____

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

ADVISER FINAL SUMMARY

I can confirm that _____ has completed their VT 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 VDP scheme

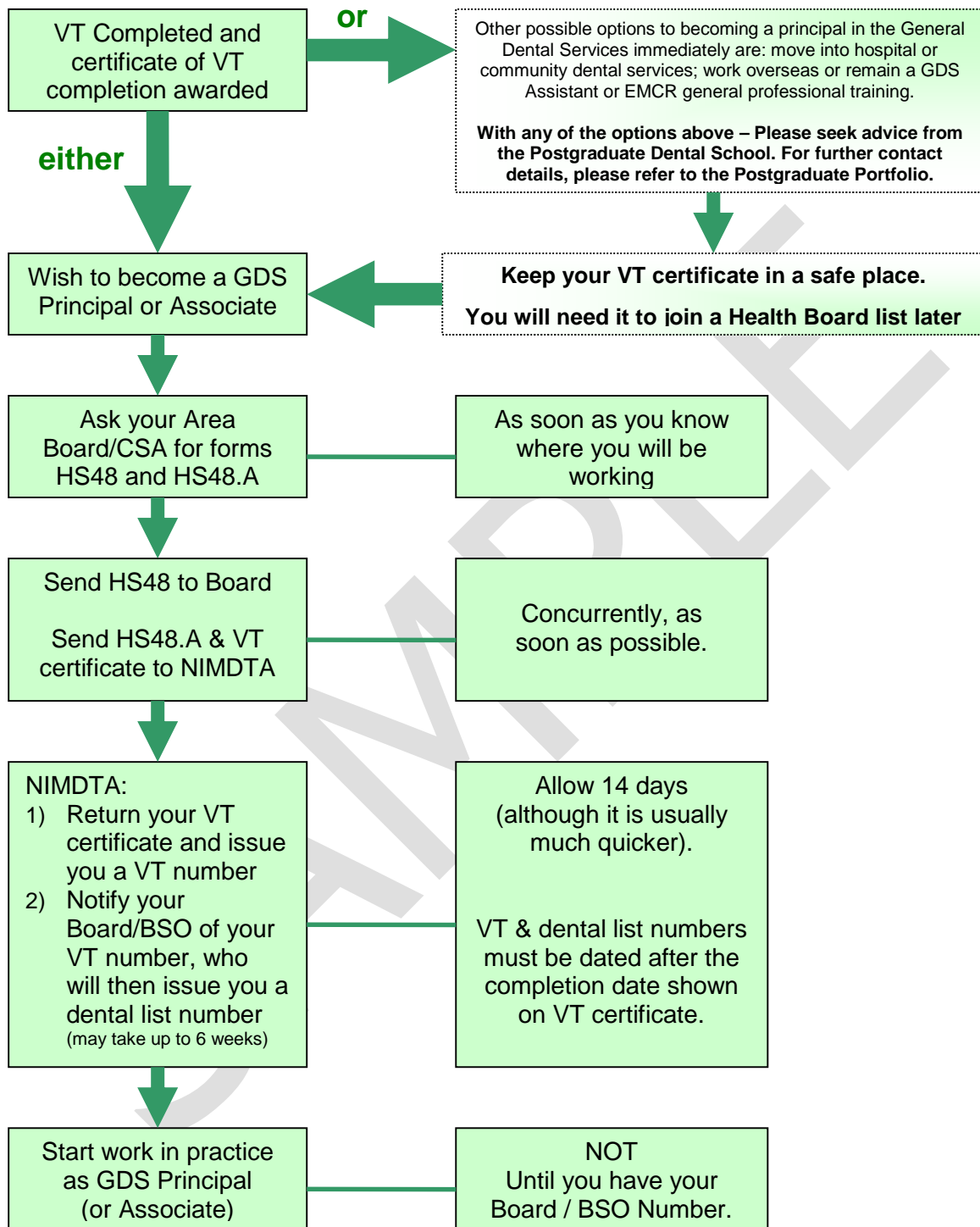
He / She has presented a Case Presentation to the VDP scheme Reviewed by selected panel of peers

He / She has completed their CVT(NI) Training Portfolio

Scheme Adviser Signature: _____

Date: _____

FINISHING VT - 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 Vocational 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 149 - 150

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 147-148)
- 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 VT 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 vocational 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 VDP: Insert your name and training practice address below: -

Name: _____

Address: _____

VDP'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 VT year.

Insert date and signature here

Date _____

Signature _____

VDP CASE PRESENTATIONS

Name of VDP: _____

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

VDP SELF EVALUATION

ADVISER'S FEEDBACK (IF REQUIRED)

VDP 1 CORE SKILL & ASSESSMENT EVALUATIONS

Name of VDP: _____

Name of Trainer: _____

	Satisfactory	On Time	Adviser Initials
Medical Emergencies			
PAQ's			
TAB's			

VDP SELF EVALUATION

ADVISER'S FEEDBACK (IF REQUIRED)

YOUR CONTINUING PROFESSIONAL DEVELOPMENT

Having now completed your vocational 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"> • Concise educational aims and objectives - the activity should have a clear purpose or goal • Clear anticipated outcomes - you should know what you can expect to gain as a result of taking part in the activity • Quality control - you should have an opportunity to comment, with a view to improving quality • 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 	<ul style="list-style-type: none"> • Reading professional journals • Research • Presenting lectures/seminars • Practice meetings • Committee meetings • CPD tutor meeting visits • Discussion periods/questions at the end of formal meetings

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: Fax: Mobile: Email:	02890 400009 / 02890 400017 02890 798312 07860 707782 siobhan.cushley@nimdta.gov.uk
Ms Alison Johnston	Tel: Fax: Mobile: Email:	02890 400009 / 02890 400017 02890 798312 07775 578296 alison.johnston@nimdta.gov.uk

GENERAL PROFESSIONAL TRAINING ADVISERS

Dr Adrian Farquharson Adviser	Tel: Fax: Mobile: Email:	02890 400027 02890 798312 07902 244283 adrian.farquharson@nimdta.gov.uk
Dr Matthew Preston Associate Adviser	Tel: Fax: Email:	02890 400027 02890 798312 matthew.preston@nimdta.gov.uk

COMMUNITY & HOSPITAL ADVISERS

Dr Borghild Breistein Adviser on Community Dentistry	Tel:	02890 400023 borghild.breistein@nimdta.gov.uk
Dr Brian Mullally Adviser on Hospital Dentistry	Tel:	02890 400009

DENTAL POSTGRADUATE DEPARTMENT

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USEFUL WEBSITES

General Dental Council	http://www.gdc-uk.org/
British Dental Association	http://www.bda.org/
Committee of Postgraduate Deans & Directors	http://www.copdend.org/
Committee for Vocational Training in N Ireland	http://www.nimdta.gov.uk
British Dental Journal	http://www.bdj.co.uk
Faculty of General Dental Practice	http://www.fgdp.org.uk

CONTACT DETAILS FOR POSTGRADUATE CPD ADVISERS & DENTAL CE DEPARTMENT

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.

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