

Dental Foundation Training

Professional Development
Portfolio

Portfolio Overview

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[†] Either Team Assessment of Behaviour (TAB) or Mini Peer Assessment Tool (Mini-PAT) are recommended

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“1 – INTRODUCTION”

Welcome to Dental Foundation Training in England and Wales

The Postgraduate Dental Deans and Directors UK are delighted to welcome you to Dental Foundation Training (DFT). 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 and secondary dental care.

This Professional Development Portfolio has been designed following consideration of the latest published evidence in educational research, extensive consultation with stakeholders from all dental service stakeholders across UK Dental Deaneries, and evaluated feasibility studies within DFT. The primary focus of this portfolio is to provide you with feedback on your performance and progress throughout training and to triangulate this information with your own reflections. Your progress towards achieving the competencies for Dental Foundation Training will be monitored to ensure that you receive full and appropriate educational support at all times.

The curriculum and competencies for DFT are central to the training and this portfolio, and can be downloaded from the COPDEND website at www.copdend.org.uk.

This portfolio is primarily the Foundation Dentists' (FD's) record. A separate "User Guide" for trainers, advisers and FDs on the processes, expectations and assessments within the training is available separately (also on the COPDEND website).

*Professor C D Franklin
Chair, UK Committee of Postgraduate Dental Deans and Directors*

June 2009.

Foundation Dentist (FD) Details

Name: _____	Date of Birth: _____	
Address: _____ _____		
Telephone: _____	Mobile: _____	Email: _____
Dental School / University: _____		
Qualifications (with dates) _____		
GDC Number _____	NI Number _____	
Defence Organisation Membership Number: _____		
Defence Organisation Name & Address _____ _____		

Trainer Details (General Practice)

Name: _____		
Practice Address: _____ _____		
Telephone: _____	Fax: _____	Email: _____
Home Addresss: _____		
Home Telephone _____	Mobile number _____	

Educational Supervisor Details (HDS / CDS)

Name: _____		
Work Address: _____ _____		
Telephone: _____	Fax: _____	Email: _____
Home Addresss: _____		
Home Telephone _____	Mobile number _____	

Curriculum Outline

It is important that all Foundation Dentists, trainers and advisers are familiar with the DFT curriculum and competencies, and that these are available for reference through the training. This document can be downloaded from www.copdend.org.uk.

The competencies for DFT are organised within the following sections:

Four Domains:



Within each domain, individual competency statements are grouped within themes known as 'major competencies'. The major competencies within the CLINICAL domain are shown below:

Major Competencies within the Clinical Domain

1. Patient examination & diagnosis
2. Treatment planning & patient management
3. Health promotion & patient management
4. Medical & Dental Emergencies
5. Anaesthesia, sedation, pain & anxiety control
6. Periodontal therapy & management of soft tissue
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

Aims and Objectives of Dental Foundation Training

The primary aim of Dental Foundation Training is to enable acquisition and demonstration of the dental foundation training competences,

Dental Foundation Training is a period of training following initial qualification that builds on the achievements of the dental undergraduate curriculum and which aims *“To produce a caring competent reflective practitioner able to develop their career in any branch of dentistry to the benefit of patients”* (A Curriculum for UK Dental Foundation Programme Training), and also to enable the practitioner to demonstrate a level of competence appropriate for independent practice. The documented evidence gathered through this training process could, in the future, contribute to that required for validation with the GDC following initial registration

Length of Dental Foundation Training

Dental Foundation Training should be undertaken for a minimum of 2 yrs full time and normally be completed within the first 3 years following graduation.

The curriculum describes outcomes in terms of achieved competences, knowledge, skills and attitudes / behaviours. There is a complex relationship between outcomes, performance and experience which is time dependent.

There must be a minimum of one year full time, or part-time equivalent, spent in primary care, providing NHS general dental services, to allow completion of statutory Vocational Training. This may take place over a 2 year period as part of an integrated dental foundation programme.

The remainder of the 2 year programme can be completed in a variety of settings and should complement (not duplicate) vocational training experience.

Nature of Vocational Training

Competences are acquired by treating patients under supervision, carrying out related clinical and non clinical activities and taking part in defined structured educational programmes.

Patient safety is paramount and in order to comply with clinical governance requirements foundation dentists should not undertake procedures without direct supervision for which they have not previously been trained and should not be expected at any time to work beyond their level of competence.

Although the Dental Foundation Years 1 and 2 represent a continuum in training, they may be very different in terms of experience gained and the type of work being undertaken. In foundation training in primary care (which will either be carried out entirely in the first year of the programme or part time across two years), the foundation dentist is expected to consolidate practical experience gained at dental school and to both improve on and broaden the scope of that experience

The setting of the second year is likely to be different and the emphasis will be on building additional competences and learning from a range of dental specialists.

Relationship with Dental Specialty Training

Completion of a dental foundation training programme may not be the sole entry requirement to dental specialty training programmes, but is likely to be an essential element.

Completion of Foundation Training

Postgraduate Dental Deans and Directors have responsibility for certifying completion of foundation training (and vocational training within the current regulatory frameworks.)

A formal assessment framework is in place comprising a series of formative assessments, which combine to deliver a summative assessment at the end of the foundation training period.

Clinical and Educational Supervision

Educational Supervisor

Each Foundation Dentist will be assigned a nominated Educational Supervisor who is responsible for overseeing educational progress, agreeing a learning plan, undertaking tutorials, appraisals, 3 monthly progress reviews, carrying out workplace based assessments, providing regular feedback on progress to the trainee, advising the Deanery about progress and providing evidence and recommendation for completion of training. S/he will encourage the trainee to regularly complete the Dental Foundation Training Portfolio and use the educational tools provided for support.

Clinical Supervisor

The foundation dentist will also have a number of clinical supervisors throughout the period of foundation training. They will be responsible for day to day clinical supervision, facilitating and carrying out assessments, supporting the trainee, ensuring appropriate workload, liaising with Educational Supervisor and Scheme Adviser/Programme Director and providing progress reports.

Combined Educational/Clinical Supervision

In general practice/primary care, the Clinical and Educational Supervisor roles are often combined (e.g. as a Vocational Trainer) and may also be carried out by two trainers as a joint responsibility.

Scheme Adviser / Foundation Programme Director

Each Foundation Scheme/Programme will have an Adviser/Programme Director appointed by the Deanery who is responsible for managing the scheme/programme, arranging educational courses (study days, seminars, audit days, etc) and who provides on-going support for both Foundation Dentists and Educational and

Clinical Supervisors. They are also responsible for, recruitment and selection of trainers and trainees and arranging placements.

Educational Portfolios and Personal Development Plans

Each foundation dentist must complete a Deanery approved learning and development portfolio to provide evidence of educational and training activity and submit this to the Deanery on request and for approval as part of the sign off process. This may be either paper or electronic format, as provided by the Deanery.

Abbreviations

Dental Foundation Training terms are often abbreviated and there are a number of alternatives abbreviations in use: It is proposed that the following be adopted:

Modernising Dental Careers	MDC
Dental Foundation Training	DFT
Foundation Dentist	FD
First Year Foundation Dentist	DF1
Second Year Foundation Dentist	DF2

General requirements for all Dental Foundation Training Posts

All Foundation Dentists should:

- Have a named educational supervisor
- Have a signed educational/learning agreement at the beginning of each placement
- Have a structured induction programme tailored to the requirements of the post at the beginning of each new placement in a Practice, Hospital, Trust or other setting
- Regularly and accurately complete the Dental Foundation Training portfolio and log book and make this available to the Educational Supervisor and Deanery on request
- Have ready access to internet, library and study facilities
- Have the minimum of an appraisal twice yearly
- Have formal documented progress reviews with a named educational supervisor every 3 months
- Attend study days and educational sessions geared to the dental foundation training curriculum
 - During DF1 year (General Dental Practice placement) attend 30 study days as directed by the Deanery and have weekly tutorials in the practice with the educational supervisor/trainer
 - During DF2 year attend study days as directed by The Deanery and /or have access to a structured educational programme which is dedicated time away from patient care/ normal duties (bleep free) and equivalent

to one session per week, which has both generic and clinically based content. This may be organised in different ways (e.g. in a department, as a rotation or regionally on a day release basis, or a combination of these) and may use a variety of methods e.g. lectures, tutorials, seminars, journal clubs, clinical case presentations, e learning modules.

- During DF2 year and whilst employed in an NHS Trust be allowed study leave and expenses according to HC(PC)(77)12 (England and Wales and “Guidelines for Study Leave” SCPMDE (Scotland) geared to the individual’s learning needs as part of foundation training
- Have a structured clinical training programme to address the major competences in the Dental Foundation Training portfolio and meet individual identified learning needs
- Complete specific educational activities as agreed by The Deanery (e.g. clinical audits, clinical case presentations, research and audit projects)

DF1 (General Dental Practice Placement minimum one year full time or equivalent)

- 8 hands-on personal treatment sessions per week

DF2 Core requirements for all specialties (except dental public health and academic/research posts):

- A minimum of one session per week on average, monitored over three monthly periods of each of the following:
 - Outpatients clinic with a designated trainer undertaking teaching
 - Personal clinical treatment with a designated clinical supervisor/trainer in attendance, to include local anaesthesia and sedation techniques
 - Personal emergency dental treatment with a designated trainer available
 - A bleep free teaching session with a structured educational programme
 - Experience of other dental disciplines (if available)

Specialty - specific additional weekly minimum requirements

Specialty / department	Requirement
Oral Surgery/Oral and Maxillo-Facial Surgery	1 session operating under general anaesthesia with designated trainer giving 1:1 training
	1 session of ward work
	No more than 1 session pre admission clinic
	No more than 1 session unsupervised out patients (non treatment)
Restorative Dentistry/General Duties	3-4 sessions of personal clinical treatment with designated trainer available
	1 session operating under general anaesthesia (if available) with designated

	trainer giving 1:1 training or oral medicine clinic (if available) or experience of other disciplines
Paediatric Dentistry	3-4 sessions of personal clinical treatment with designated trainer available
	1 session operating under general anaesthesia with designated trainer giving 1:1 training
Special Care Dentistry	3-4 sessions of personal clinical treatment with designated trainer available
	1 session operating under general anaesthesia with designated trainer giving 1:1 training
Orthodontics	To be advised
Dental Public Health	To be advised
Academic / research posts	To be advised

MODEL EDUCATIONAL AGREEMENT for DENTAL FOUNDATION TRAINING

To be completed as part of the appointment process prior to taking up employment. Copies to be kept by Foundation Dentist, Trainer/Educational Supervisor and Deanery

DEANERY _____

DENTAL FOUNDATION TRAINING SCHEME
1 AUGUST 20__ TO 31 JULY 20__
Dental Foundation Year 1 /2 **

THIS IS AN ANNUAL EDUCATIONAL AGREEMENT BETWEEN THE POSTGRADUATE DENTAL DEAN/DIRECTOR (PGDD) (_____ DEANERY) AND THE FOUNDATION DENTIST

Name: _____

Address.... _____

THE PURPOSE OF THIS AGREEMENT IS TO SET OUT THE TERMS OF YOUR PARTICIPATION AS A FOUNDATION DENTIST IN THE XXXX DEANERY FOUNDATION TRAINING SCHEME (PROGRAMME) THIS IS NOT A CONTRACT OF EMPLOYMENT.

As the Foundation Dentist named above I agree to carry out, to the best of my abilities, the duties listed below for the period of my foundation training placement (s).

I understand that breaches of the obligations of a Foundation Dentist will be reviewed by the Postgraduate Dental Dean and Foundation Training Adviser/Programme Director and, where appropriate, may result in suspension or dismissal following due investigation.

SIGNATURE: _____

Name: _____ **Postgraduate Dental Dean/Director**

SIGNATURE: _____

Name: _____ **Foundation Dentist**

GDC Number -----

or Dental School and expected date of qualification -----

DATE: _____

OBLIGATIONS OF THE FOUNDATION DENTIST

- Work as an employed foundation dentist for the duration of the Foundation Training programme under the terms of this nationally agreed educational contract.
- Take up the foundation training placement that I have accepted, enter into the nationally agreed contract of employment with my employer and abide by its terms in all respects
- Participate in an initial Personal Development Planning interview to identify my strengths and weaknesses and work with the Trainer (Educational Supervisor) to draw up a signed educational/learning agreement and record this in the Dental Foundation Training Portfolio
- Fully contribute to formal documented progress reviews with my Trainer (Educational Supervisor) every 3 months and record these in the Dental Foundation Training Portfolio
- Work under the direction of the Trainer (Educational Supervisor) and seek advice and help on clinical and administrative matters where necessary from the trainer (Educational Supervisor) and from other nominated Clinical Supervisors
- Take responsibility for my own learning, be pro active in seeking appropriate workplace based assessments and other feedback and record these in the Dental Foundation Training Portfolio
- Cooperate with the Trainer (Educational Supervisor) and the practice/department staff so that I make the most of the facilities and opportunities provided, particularly training opportunities, so that a wide range of NHS practice is experienced and so that, as far as is reasonably possible, I am fully occupied.
- In the interests of good and safe patient care and the good management of the practice/department draw the Trainer (Educational Supervisor)'s attention to any problems encountered immediately they become apparent and comply with all clinical governance requirements.
- Diligently attend study days and educational sessions geared to the dental foundation training curriculum and ensure that holidays do not lead to absence from the study course.
 - During DF1 year (General Dental Practice placement) attend 30 study days as directed by the Deanery and have weekly tutorials in the practice with the educational supervisor/trainer
 - During DF2 year attend study days as directed by The Deanery and /or attend structured educational sessions equivalent to one session per week. This may be organized in different ways (e.g. in a department, as a rotation, regionally on a day release basis, or a combination of these) and may use a variety of methods e.g. lectures, tutorials, seminars, journal clubs, clinical case presentations, e learning modules.

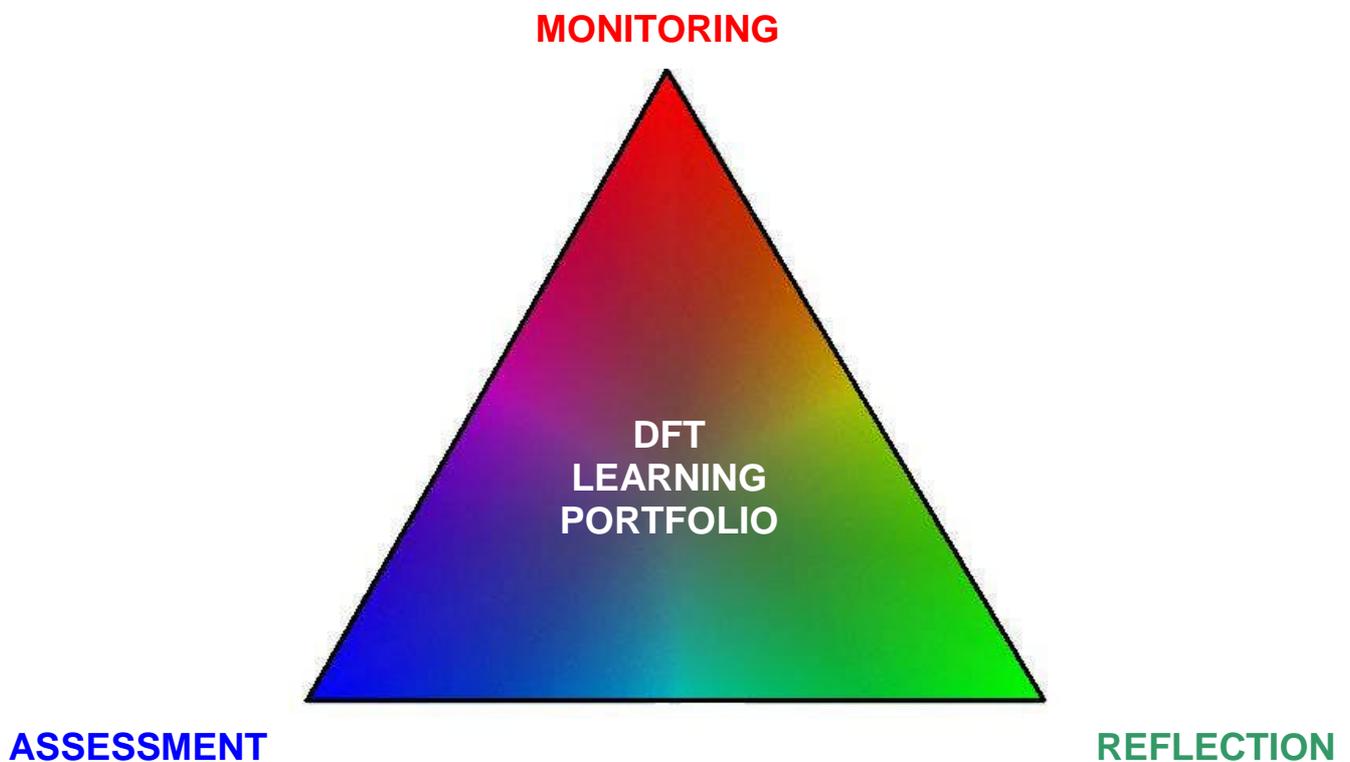
- Record all educational events and tutorials attended in the Dental Foundation Training portfolio CPD log
- Work with the Trainer (Educational Supervisor) to ensure that my progress and professional development are assessed and monitored, using the Dental Foundation Training Portfolio and any other material provided for this purpose; and to ensure that the relevant documentation is kept up-to-date and make this available to the Trainer (Educational Supervisor) and Deanery on request
- Complete specific educational activities as agreed by The Deanery (e.g. clinical audits, clinical case presentations, research and audit projects)
- Not work additional hours for additional monies within or outside the practice/department whilst working within the terms of the dental foundation training contract
- Act as a full and committed member of the dental practice/department team, participating in practice/departmental meetings, following proper practice/Trust/department protocols and cooperating with practice/department/Trust staff in all respects
- Take out professional indemnity cover and practise according to General Dental Council and other relevant professional guidelines
- In the event of disagreement or dispute with the Trainer (Educational Supervisor) cooperate with the Deanery to resolve the matter expeditiously

How to Use this Portfolio

An overview of how this portfolio is provided below. A timetable / schedule of activities to be carried out each month during the training is also provided. Please note *****further detailed information on the use of all assessment, reflection and monitoring forms is included within the user guide that can be downloaded from www.copdend.org.uk *****

This portfolio should be kept throughout your Dental Foundation Training, hosting information as you progress through different posts within the 2 years.

There are three principle sections within this portfolio that should work in harmony to ensure that your educational needs are met and your trainers and supervisors can support your learning:



The contents of these sections are as follows (further details in DFT User Guide):

MONITORING:

- Clinical Experience Log A record of the range of procedures carried out during your posts. The dates of only the first five occasions that each procedure is carried out is recorded. HDS / specialist posts will have the range of procedures agreed with the Educational Supervisor at the start of the post. A more detailed log of clinical activity is also expected and should be kept within section 5 of this portfolio.

- Assessment log A record of the clinical focus of the different assessments carried out on your performance, i.e. the (clinical) major competencies covered each time you're assessed. Over time, this enables you and your trainers to build a picture of your performance across the DFT curriculum, allowing any gaps to be addressed before the end of training.

- Personal Development Plan Monitors and records your learning needs as identified through assessments, your own reflections or other educational activities. As your individual learning needs are identified these should be recorded on this form, and signed off once evidence is available that they have been met / achieved. This form ensures that all of your learning needs will be met at some stage during training.

- CPD & Education Log A record of the verifiable and non-verifiable CPD, and other educational activities undertaken during DFT.

REFLECTION

- Reflection Form This single reflection form can be used to record your thoughts on:
 - progress within a certain timeframe (weekly / monthly).
 - Interesting or difficult cases
 - Significant events
 - Progress towards achieving specific targets or learning objectives

ASSESSMENT

(Detailed guidance in DFT User Guide)

- Early Stage Peer Review (ESPR)

This is a very informal assessment carried out during the first month of DFT (i.e. first month post graduation). The trainer may demonstrate key procedures, after which the Foundation Dentist (FD) will perform similar cases whilst being observed. The trainer will make a judgement of their performance with regard to their ability to proceed unsupervised within the post.

- Dental Evaluation of Performance (D-EP)

D-EP is used to record judgements on your performance following observation of a specific patient encounter or case. Feedback should be given as soon as possible after the event, whereby your insight into your own performance will also be evaluated.

- Dental Case-based Discussion (D-CbD)

D-CbD involves the FD presenting a case (including patient records etc) to the evaluator, who judges their performance in terms of clinical judgements made etc. Once the evaluator has made their assessment, feedback is given (insight is assessed during this part of the process) and the case is discussed in more detail.

Also:

In General Practice posts (VT):

- Patient Assessment Questionnaire (PAQ) – *to be driven by the trainer*

To be carried out once during General Practice (VT) posts. Fifty questionnaires should be handed to consecutive patients within a 4 week time period. A minimum of 20 PAQ returns are required for reliable analysis.

In HDS / CDS posts:

- Multi-source Feedback

(driven and administered by the educational supervisor / deanery)

A multi-source feedback tool should be implemented once during each HDS / CDS posts only. A minimum of six colleagues should be asked to complete these assessments for you. Recommended tools are Team Assessment of Behaviour (TAB) or Mini Peer Assessment Tool (Mini-PAT).

Activities Schedule / Timetable

1. General Practice Post (Dental Foundation Year 1 - DF1)

(D-EP = Dental Evaluation of Performance, D-CbD = Dental Case based discussion, ESPR = Early Stage peer Review, PAQ = patient Assessment Questionnaire)

Month	Assessment	Reflection	Monitoring
1	4 x ESPR	Reflection = weekly	All forms to be completed when data available
2	1 x D-EP 1 x D-CbD	Reflection = weekly	All forms to be completed when data available
3	1 x D-EP 1 x D-CbD	1 x Reflection	***Forms reviewed & signed by Adviser***
4	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
5	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
6	1 x D-EP 1 x D-CbD 1 x PAQ	1 x Reflection	***Forms reviewed & signed by Adviser***
7	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
8	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
9	1 x D-EP 1 x D-CbD	1 x Reflection	***Forms reviewed & signed by Adviser***
10	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
11	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
12	1 x D-EP 1 x D-CbD	1 x Reflection	***Forms reviewed & signed by Adviser*** Trainer appraisal statement Adviser appraisal statement

2. HDS / CDS posts in DF2 (6 months)

(PAT = Peer Assessment Tool, TAB = Team Assessment of Behaviour)

Month	Assessment	Reflection	Monitoring
13	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available Induction meeting
14	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
15	1 x D-EP 1 x D-CbD	1 x Reflection	***Forms reviewed & signed by Educational Supervisor***
16	1 x D-EP 1 x D-CbD 1 x PAT or TAB*	1 x Reflection	All forms to be completed when data available
17	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
18	1 x D-EP 1 x D-CbD 1 x PAQ	1 x Reflection	***Forms reviewed & signed by Educational Supervisor***

Month	Assessment	Reflection	Monitoring
19	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available Induction meeting
20	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
21	1 x D-EP 1 x D-CbD	1 x Reflection	***Forms reviewed & signed by Educational Supervisor***
22	1 x D-EP 1 x D-CbD 1 x PAT or TAB*	1 x Reflection	All forms to be completed when data available
23	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
24	1 x D-EP 1 x D-CbD 1 x PAQ	1 x Reflection	***Forms reviewed & signed by Educational Supervisor***

* Timing of this assessment is flexible, but must be carried out within each DF2 post

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“2 – MONITORING”

Dental Foundation Training (DFT) - Clinical Experience Log

To be completed by Foundation Dentist (FD): **FD Name** _____ **GDC Number** _____

Note: please rate confidence from 1 (no confidence) to 10 (very confident)

Clinical Major Competency	Procedure(s)	Clinical experience prior to start of DFT		Dates procedure completed in DFT*				
		Number completed	FDP Confidence	1	2	3	4	5
Patient Examination & Diagnosis	Examinations							
	Diagnosis							
	Radiographs							
	Impressions							
	Request Lab Tests							
Treatment planning & patient management	Treatment planning							
	Children (routine)							
	Children in pain							
	Adults in pain							
Health promotion / disease prev.	Health promotion							
	Preventive education plan							
Medical & dental emergencies	BLS / medical emergencies training							
	Dental Emergencies							
	Dental Trauma							
Anaesthesia, pain & anxiety control	Local Anaesthetic							
	Anxious patients							
Periodontal therapy & mgt soft tissues	Periodontal exam							
	Simple scale							
	Complex care							

FD signature _____ **Date** _____

Trainer signature _____ **Date** _____

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Clinical Major Competency	Procedure	Clinical experience prior to start of DFT		Dates procedure completed in DFT				
		Number completed	FD Confidence	1	2	3	4	5
Hard & soft tissue surgery	Extraction erupted teeth							
	Extraction buried roots							
	Simple surgical procedures							
	Surgery involving flap, sutures							
Non-surgical management	Prescribing							
Management of the developing dentition	Orthodontic assessment							
	Design, / fit / adjust appliances							
Restoration of teeth	Rubber dam							
	Amalgam restorations							
	Anterior composite restorations							
	Posterior composite restorations							
	RCT incisor / canine							
	RCT premolar							
	RCT molar							
	Crowns / veneers							
	Bridge – resin retained							
	Bridge – conventional							
	Fissure sealant							
Replacement of teeth	Prosthetic assessment							
	Acrylic complete							
	Acrylic partial							
	Chrome partial							

FD signature _____ Date _____

Trainer signature _____ Date _____

Dental Foundation Training - Assessment Log (Clinical Domain)

DF1 (Dental Foundation Year 1)

Month	Assessment	Clinical Major Competency <i>(Please tick relevant boxes)</i>												
		1	2	3	4	5	6	7	8	9	10	11		
1	ESPR x 4 (Early Stage Peer Review)													
2	D-EP (Dental Evaluation of Performance)													
	CbD (Dental Case-based Discussion)													
3	D-EP													
	CbD													
Areas covered at 3 Months Adviser Signature:														
4	D-EP													
	CbD													
5	D-EP													
	CbD													
6	D-EP													
	CbD													
Areas covered at 6 Month Adviser Signature:														
7	D-EP													
	CbD													
8	D-EP													
	CbD													
9	D-EP													
	CbD													
Areas covered at 9 Months Adviser Signature:														
10	D-EP													
	CbD													
11	D-EP													
	CbD													
12	D-EP													
	CbD													
Areas covered at 12 months														
Totals (Number of times each covered during DF1)														

Foundation Dentist (FD) Name _____ FD Signature _____ GDC No. _____
 Adviser Signature at 12 months: _____

Dental Foundation Training - Assessment Log (Clinical Domain)

DF2 – at the beginning of each placement agree which Clinical major competencies from the DFT curriculum are to be assessed...

Month	Assessment	Clinical Major Competency <i>(please tick relevant boxes)</i>											
		1	2	3	4	5	6	7	8	9	10	11	
13	D-EP												
	CbD												
14	D-EP												
	CbD												
15	D-EP												
	CbD												
Areas covered at 3 Months Ed. Supervisor Signature:													
16	D-EP												
	CbD												
17	D-EP												
	CbD												
18	D-EP												
	CbD												
Areas covered at 6 Month Ed Supervisor Signature:													
19	D-EP												
	CbD												
20	D-EP												
	CbD												
21	D-EP												
	CbD												
Areas covered at 9 Months Ed Supervisor Signature:													
22	D-EP												
	CbD												
23	D-EP												
	CbD												
24	D-EP												
	CbD												
Areas covered at 12 months													
Totals (Number of times each covered during DF2)													

Foundation Dentist (FD) Name _____ FD Signature _____ GDC No. _____

Adviser / Training programme director Signature at 24 months: _____

Dental Foundation Training – PERSONAL DEVELOPMENT PLAN - DF1 (Months 1 – 3)

Foundation Dentist (FD) Name _____ GDC No. _____

Learning Objective(s) Identified	Date identified	Identified by...			How will the learning objectives be addressed, and by when?	Learning Objective achieved.....	
		Assessment	Reflection	Other (please specify)		Date	Evidence in portfolio
<i>EXAMPLE: Better communication with DCP (more examples in 'User Guide')</i>	<i>Oct 09</i>	<i>✓ D-EP</i>	<i>✓</i>		<i>Feedback from trainer, discuss with DCP....</i>	<i>Dec 09</i>	<i>D-EP</i>

Adviser Review at 3 Months: Progress satisfactory? Yes No Signature _____

Adviser Comments: _____

Dental Foundation Training – PERSONAL DEVELOPMENT PLAN - DF1 (Months 3 – 6)

Foundation Dentist (FD) Name _____ GDC No. _____

Learning Objective(s) Identified	Date identified	Identified by...			How will the learning objectives be addressed, and by when?	Learning Objective achieved.....	
		Assessment	Reflection	Other (please specify)		Date	Evidence in portfolio

Adviser Review at 6 Months: Progress satisfactory? Yes No Signature _____

Adviser Comments: _____

Dental Foundation Training – PERSONAL DEVELOPMENT PLAN - DF1 (Months 7 – 9)

Foundation Dentist (FD) Name _____ GDC No. _____

Learning Objective(s) Identified	Date identified	Identified by...			How will the learning objectives be addressed, and by when?	Learning Objective achieved.....	
		Assessment	Reflection	Other (please specify)		Date	Evidence in portfolio

Adviser Review at 9 Months: Progress satisfactory? Yes No Signature _____

Adviser Comments: _____

Dental Foundation Training – PERSONAL DEVELOPMENT PLAN - DF1 (Months 10 – 12)

Foundation Dentist (FD) Name _____ GDC No. _____

Learning Objective(s) Identified	Date identified	Identified by...			How will the learning objectives be addressed, and by when?	Learning Objective achieved.....	
		Assessment	Reflection	Other (please specify)		Date	Evidence in portfolio

Adviser Review at 12 Months: Progress satisfactory? Yes No Signature _____

Adviser Comments: _____

Dental Foundation Training – PERSONAL DEVELOPMENT PLAN - DF2 (Months 13 – 15)

Foundation Dentist (FD) Name _____ GDC No. _____

Learning Objective(s) Identified	Date identified	Identified by...			How will the learning objectives be addressed, and by when?	Learning Objective achieved.....	
		Assessment	Reflection	Other (please specify)		Date	Evidence in portfolio

Educational Supervisor Review at 15 Months: Progress satisfactory? Yes No Signature _____

Comments: _____

Dental Foundation Training – PERSONAL DEVELOPMENT PLAN - DF2 (Months 16 – 18)

Foundation Dentist (FD) Name _____ GDC No. _____

Learning Objective(s) Identified	Date identified	Identified by...			How will the learning objectives be addressed, and by when?	Learning Objective achieved.....	
		Assessment	Reflection	Other (please specify)		Date	Evidence in portfolio

Educational Supervisor Review at 18 Months: Progress satisfactory? Yes No Signature _____

Comments: _____

Dental Foundation Training – PERSONAL DEVELOPMENT PLAN - DF2 (Months 19 – 21)

Foundation Dentist (FD) Name _____ GDC No. _____

Learning Objective(s) Identified	Date identified	Identified by...			How will the learning objectives be addressed, and by when?	Learning Objective achieved.....	
		Assessment	Reflection	Other (please specify)		Date	Evidence in portfolio

Educational Supervisor Review at 21 Months: Progress satisfactory? Yes No Signature _____

Comments: _____

Dental Foundation Training – PERSONAL DEVELOPMENT PLAN - DF2 (Months 22 – 24)

Foundation Dentist (FD) Name _____ GDC No. _____

Learning Objective(s) Identified	Date identified	Identified by...			How will the learning objectives be addressed, and by when?	Learning Objective achieved.....	
		Assessment	Reflection	Other (please specify)		Date	Evidence in portfolio

Educational Supervisor Review at 24 Months: Progress satisfactory? Yes No Signature _____

Comments: _____

**INSERT DIVIDER
HERE**

“3 – REFLECTION”

Dental Foundation Training – Reflection Form

Foundation Dentist (FD) Name _____ GDC No. _____
Service / Placement _____ Date _____

Trainer / Supervisor Name _____

Please identify what this reflection is focused on....

- First weeks / month of placement
- Progress towards achieving the competencies within the curriculum
- A significant case or incident
- Progress towards a previously identified learning need.
- Other (please specify)

Details:

E.g. case description, competencies / domains reflected upon etc

Looking back on action (self assessment)

What went well? What were the challenges? What didn't go well?

Evidence considered during reflection

E.g. feedback from assessment? Trainer feedback? Nurse feedback? Patient feedback? Unexpected outcomes of procedure? Own feelings?

Analysis

Describing WHY. E.g. identifying cause & effect for unexpected case outcomes, or identifying reasons why progress slow in one competency are and fast in another etc

Improvement / Change

Describe the learning outcomes from this exercise. Identify what you will do to address any slow progress or problems, Describe SMART Learning Objectives.*

* SMART format (Specific, Measurable, Achievable, Realistic, Time-specified)

Trainer / Adviser / Supervisor comments:

Anything to add?

FD Signature _____

Trainer / Adviser Signature _____

Dental Foundation Training – Reflection Form

Foundation Dentist (FD) Name _____ GDC No. _____
Service / Placement _____ Date _____

Trainer / Supervisor Name _____

Please identify what this reflection is focused on....

- First weeks / month of placement
- Progress towards achieving the competencies within the curriculum
- A significant case or incident
- Progress towards a previously identified learning need.
- Other (please specify)

Details:

E.g. case description, competencies / domains reflected upon etc

Looking back on action (self assessment)

What went well? What were the challenges? What didn't go well?

Evidence considered during reflection

E.g. feedback from assessment? Trainer feedback? Nurse feedback? Patient feedback? Unexpected outcomes of procedure? Own feelings?

Analysis

Describing WHY. E.g. identifying cause & effect for unexpected case outcomes, or identifying reasons why progress slow in one competency are and fast in another etc

Improvement / Change

Describe the learning outcomes from this exercise. Identify what you will do to address any slow progress or problems, Describe SMART Learning Objectives.*

* SMART format (Specific, Measurable, Achievable, Realistic, Time-specified)

Trainer / Adviser / Supervisor comments:

Anything to add?

FD Signature _____

Trainer / Adviser Signature _____

Dental Foundation Training – Reflection Form

Foundation Dentist (FD) Name _____ GDC No. _____
Service / Placement _____ Date _____

Trainer / Supervisor Name _____

Please identify what this reflection is focused on....

- First weeks / month of placement
- Progress towards achieving the competencies within the curriculum
- A significant case or incident
- Progress towards a previously identified learning need.
- Other (please specify)

Details:

E.g. case description, competencies / domains reflected upon etc

Looking back on action (self assessment)

What went well? What were the challenges? What didn't go well?

Evidence considered during reflection

E.g. feedback from assessment? Trainer feedback? Nurse feedback? Patient feedback? Unexpected outcomes of procedure? Own feelings?

Analysis

Describing WHY. E.g. identifying cause & effect for unexpected case outcomes, or identifying reasons why progress slow in one competency are and fast in another etc

Improvement / Change

Describe the learning outcomes from this exercise. Identify what you will do to address any slow progress or problems, Describe SMART Learning Objectives.*

* SMART format (Specific, Measurable, Achievable, Realistic, Time-specified)

Trainer / Adviser / Supervisor comments:

Anything to add?

FD Signature _____

Trainer / Adviser Signature _____

Dental Foundation Training – Reflection Form

Foundation Dentist (FD) Name _____ GDC No. _____
Service / Placement _____ Date _____

Trainer / Supervisor Name _____

Please identify what this reflection is focused on....

- First weeks / month of placement
- Progress towards achieving the competencies within the curriculum
- A significant case or incident
- Progress towards a previously identified learning need.
- Other (please specify)

Details:

E.g. case description, competencies / domains reflected upon etc

Looking back on action (self assessment)

What went well? What were the challenges? What didn't go well?

Evidence considered during reflection

E.g. feedback from assessment? Trainer feedback? Nurse feedback? Patient feedback? Unexpected outcomes of procedure? Own feelings?

Analysis

Describing WHY. E.g. identifying cause & effect for unexpected case outcomes, or identifying reasons why progress slow in one competency are and fast in another etc

Improvement / Change

Describe the learning outcomes from this exercise. Identify what you will do to address any slow progress or problems, Describe SMART Learning Objectives.*

* SMART format (Specific, Measurable, Achievable, Realistic, Time-specified)

Trainer / Adviser / Supervisor comments:

Anything to add?

FD Signature _____

Trainer / Adviser Signature _____

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“4 – ASSESSMENT”

Early Stage Peer Review (ESPR)

Weeks 1-4 of Dental Foundation Training (DFT)

Purpose

During the first 4 weeks of your DFT you will be finding your feet, and you should meet with your trainer / educational supervisor regularly to discuss progress. These meetings provide an opportunity for you to get feedback from your trainer regarding your performance in different areas, and an opportunity for him / her to assess your ability at this early stage and identify where your strengths and weaknesses lie. This is vital as a platform for the rest of the training to ensure that your individual needs can be met.

Process

Your trainer may present procedures to you, and *vice versa*. The Early Stage Peer Review (ESPR) is an informal assessment that involves your trainer making a judgement on your performance, and providing you with structured feedback.

Important points to note are:

- During ESPR your trainer is judging your ability against the standard they would expect from a Foundation Dentist at this early stage in the post. (NB. *Other methods of assessment used throughout Dental Foundation Training will judge you against the standard expected upon completion of training*).
- If your performance is satisfactory, your trainer will indicate on the ESPR form that they are happy for you to proceed as normal within DFT. Alternatively, if they have major concerns about your ability at this stage or feel that you would benefit from some initial targeted training before continuing, they will indicate this on the form and a formal education and training plan will be identified based on the outcomes of the ESPR assessment.
- Your trainer will observe you present a minimum of 4 cases during the first month of DFT. Recommended procedures / cases for ESPR are indicated below:
 - Administration of effective local anaesthetic
 - Simple extraction
 - Simple filling / removal of filling
 - Identification of caries, including taking & interpreting radiographs
 - Placement of rubber dam
 - Effective diagnosis and treatment planning (emergency / pain patient)

Early Stage Peer Review (ESPR) - Weeks 1-4 of Dental Foundation Training

Foundation Dentist (FD) Name _____ GDC Number _____

Week	Procedures presented by Trainer	Procedures presented by FD	Trainer comments and feedback on FDs performance	Outcome <i>(Please tick)</i>	
				Satisfactory for this stage in training	Targeted Training req ^d
1					
2					
3					
4					

Trainer Signature _____ Date _____

FD Signature _____ Date _____

A Dental Evaluation of Performance (D-EP) Assessment Tool

Foundation Dentist (FD) _____ GDC No _____ Date _____

Evaluator _____ Position _____ Service / Placement _____

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

Description of case / encounter _____

Please grade the following areas using the scale 1 - 6	Needs Improvement before DFT* completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT completion		Not Observed
	1	2	3	4	5	6	
1. Patient examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Diagnosis / clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Procedural knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Communication (patient & team)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Time management & organisation	<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. FDs insight into 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 DFT _____

Time (observing) _____ Time (feedback) _____

Evaluator Signature _____ FD Signature _____

Continue notes overleaf if necessary.....

** DFT = Dental Foundation Training*

A Dental Evaluation of Performance (D-EP) Assessment Tool

Foundation Dentist (FD) _____ GDC No _____ Date _____

Evaluator _____ Position _____ Service / Placement _____

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

Description of case / encounter _____

Please grade the following areas using the scale 1 - 6	Needs Improvement before DFT* completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT completion		Not Observed
	1	2	3	4	5	6	
1. Patient examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Diagnosis / clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Procedural knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Communication (patient & team)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Time management & organisation	<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. FDs insight into 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 DFT _____

Time (observing) _____ Time (feedback) _____

Evaluator Signature _____ FD Signature _____

Continue notes overleaf if necessary.....

** DFT = Dental Foundation Training*

A Dental Evaluation of Performance (D-EP) Assessment Tool

Foundation Dentist (FD) _____ GDC No _____ Date _____

Evaluator _____ Position _____ Service / Placement _____

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

Description of case / encounter _____

Please grade the following areas using the scale 1 - 6	Needs Improvement before DFT* completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT completion		Not Observed
	1	2	3	4	5	6	
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2. Diagnosis / clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Procedural knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Communication (patient & team)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Time management & organisation	<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. FDs insight into 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 DFT _____

Time (observing) _____ Time (feedback) _____

Evaluator Signature _____ FD Signature _____

Continue notes overleaf if necessary.....

** DFT = Dental Foundation Training*

A Dental Evaluation of Performance (D-EP) Assessment Tool

Foundation Dentist (FD) _____ GDC No _____ Date _____

Evaluator _____ Position _____ Service / Placement _____

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

Description of case / encounter _____

Please grade the following areas using the scale 1 - 6	Needs Improvement before DFT* completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT completion		Not Observed
	1	2	3	4	5	6	
1. Patient examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Diagnosis / clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Procedural knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Communication (patient & team)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Time management & organisation	<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. FDs insight into 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 DFT _____

Time (observing) _____ Time (feedback) _____

Evaluator Signature _____ FD Signature _____

Continue notes overleaf if necessary.....

** DFT = Dental Foundation Training*

Case based Discussion (D-CbD) Assessment Form

Foundation Dentist (FD) _____ GDC No _____ Date _____

Evaluator _____ Position _____ Service / Placement _____

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 DFT* completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT 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. FD'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 Dental Foundation Training _____

Time (case presentation) _____ Time (feedback) _____

Evaluator Signature _____ FD signature _____

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

*DFT = Dental Foundation Training

Case based Discussion (D-CbD) Assessment Form

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 FDs clinical judgement in this case:

Questions asked: (examples in 'user guide')

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

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

Case based Discussion (D-CbD) Assessment Form

Foundation Dentist (FD) _____ GDC No _____ Date _____

Evaluator _____ Position _____ Service / Placement _____

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 DFT* completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT 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. FD'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 Dental Foundation Training _____

Time (case presentation) _____ Time (feedback) _____

Evaluator Signature _____ FD signature _____

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

*DFT = Dental Foundation Training

Case based Discussion (D-CbD) Assessment Form

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 FDs clinical judgement in this case:

Questions asked: (examples in 'user guide')

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

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

Case based Discussion (D-CbD) Assessment Form

Foundation Dentist (FD) _____ GDC No _____ Date _____

Evaluator _____ Position _____ Service / Placement _____

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 DFT* completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT 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. FD'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 Dental Foundation Training _____

Time (case presentation) _____ Time (feedback) _____

Evaluator Signature _____ FD signature _____

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

**DFT = Dental Foundation Training*

Case based Discussion (D-CbD) Assessment Form

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 FDs clinical judgement in this case:

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

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

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

Case based Discussion (D-CbD) Assessment Form

Foundation Dentist (FD) _____ GDC No _____ Date _____

Evaluator _____ Position _____ Service / Placement _____

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 DFT* completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT 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. FD'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 Dental Foundation Training _____

Time (case presentation) _____ Time (feedback) _____

Evaluator Signature _____ FD signature _____

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

**DFT = Dental Foundation Training*

Case based Discussion (D-CbD) Assessment Form

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 FDs clinical judgement in this case:

Questions asked: (examples in 'user guide')

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

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

Dental Foundation Training – Mini-Peer Assessment Tool (Mini-PAT)

Foundation Dentist (FD) _____ GDC No _____ Date _____

Evaluator _____ Position _____ Service / Placement _____

Please grade the following areas using the scale 1 - 6	Needs Improvement before DFT completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT completion		Not Observed
	1	2	3	4	5	6	
Good Clinical Care							
1. Ability to diagnose patient problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to formulate appropriate management plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Awareness of their own initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to respond to psychosocial aspects of illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Appropriate utilization of resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining Good Dental Practice							
6. Ability to manage time effectively / prioritise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Technical skills (appropriate current practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with Patients							
8. Communication with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Communication with carers / family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Respect for patients & their right to confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with Colleagues							
11. Verbal communication with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Written communication with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Ability to recognise & value others' contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Accessibility / reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have concerns about this Foundation Dentists probity or health? Yes No
(If yes please state concerns below)

Which clinical environment have you observed the dentist in? _____

Your position: GDS Trainer DFT Adviser Foundation Dentist
Associate DCP AHP
Nurse Consultant SHO SpR
Other _____

If you are a nurse / AHP / DCP how long have you been qualified? _____ years

Length of working relationship _____ months

Evaluator Signature _____

CONTINUED OVER PAGE

Areas of good performance _____

Areas for development before completion of Dental Foundation Training _____

Dental Foundation Training – Team Assessment of Behaviour (TAB)

Foundation Dentist (FD) _____ GDC No _____ Date _____

Evaluator _____ Position _____ Service / Placement _____

Attitude and / or behaviour	No concern	You have some concern	You have major concerns	Comments: <i>You must specifically comment on any behaviour causing concern, and this should reflect behaviour over time not a single incident.</i>
Maintaining trust / professional relationship with patients <i>(listens, polite & caring, shows respect for patients' opinions, privacy, dignity & confidentiality. Is unprejudiced)</i>				
Verbal Communication Skills <i>(Gives understandable information. Speaks good English, at the appropriate level for the patient)</i>				
Team working / working with colleagues <i>(Respects others' roles, & works constructively in the team. Hands over effectively & communicates well. Is unprejudiced, supportive & fair.)</i>				
Accessibility <i>(Accessible. Takes proper responsibility. Only delegates appropriately. Does not shirk duty. Responds when called. Arranges cover for absence)</i>				

CONTINUED OVER PAGE

Do you have concerns about this Foundation Dentists probity or health? Yes No
(If yes please state concerns below)

Which clinical environment have you observed the dentist in? _____

Your position: GDS Trainer DFT Adviser Foundation Dentist
Associate DCP AHP
Nurse Consultant SHO SpR
Other _____

If you are a nurse / AHP / DCP how long have you been qualified? _____ years

Length of working relationship _____ months

Areas of good performance _____

Areas for development before completion of Dental Foundation Training _____

Evaluator Signature _____

**INSERT DIVIDER
HERE**

**“5 – OTHER
EDUCATIONAL
ACTIVITIES”**

Insert Deanery Specific material in this section