

**A Reference Guide
for
Dental Foundation Training
in
England, Wales and Northern Ireland**

Applicable to Foundation Dentists taking up appointments in Dental Foundation Training which commenced on or after 1 September 2016

Supplement 2

Report Documents

**The Dental Blue Guide
September 2016**

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Report R1

Foundation Dentist's Self-Evaluation

Early Stage Review

Submission to the Training Programme Director by the Foundation Dentist'

Foundation Dentist's Name		
GDC No		
Practice Name and Address		
Educational Supervisor's (Trainer's) Name(s)		

Direct Observation of Procedural Skills (DOPS)			
Area	Concerns		Comments
New patient examination	YES	NO	
Simple restoration	YES	NO	

Experience to date			
Area	Concerns		Comment
Clinical	YES	NO	
Communication	YES	NO	
Professionalism	YES	NO	
Management/Leadership	YES	NO	
Practice / training support	YES	NO	
Reported adverse incidents / significant events	YES	NO	If 'YES', please give number of events and details of each
Sick days to date	YES	NO	If 'YES', please state number of days

Foundation Dentist's Summary and Comments		
Foundation Dentist's signature	Name (printed)	Date

Report R2

**Early Stage Review
Educational Supervisor's Report**

Part 1

*Submission to the Training Programme Director
by the Foundation Dentist's current Educational Supervisor*

Educational Supervisor's Name	
GDC No	
Practice Name and Location	
Foundation Dentist's Name	

Direct Observation of Procedural Skills (DOPS)			
Area	Concerns		Comments
New patient examination	YES	NO	
Simple restoration	YES	NO	

Standards			
Domain	Concerns		Comments
Clinical	YES	NO	
Communication	YES	NO	
Professionalism	YES	NO	
Management/Leadership	YES	NO	

Other Information			
Reported adverse incidents / significant events	YES	NO	If 'YES', please give number of events and details of each
Sick days to date	YES	NO	If 'YES', please state number of days

Educational Supervisor's Summary and Comments

Educational Supervisor's signature	Name (printed)	Date

If a concern has been identified in any of the above areas, please also complete and submit Parts 2A and 2B

**Early Stage Review
Educational Supervisor's Report
Part 2A – Record of Discussion**

*Submission to the Training Programme Director
by the Foundation Dentist's current Educational Supervisor (Trainer)*

Record of Discussion		Date:		
Attendees	Foundation Dentist		Educational Supervisor(s)	
	Other (if applicable)	Name:	Position:	

Summary of issues and background evidence
Areas of notable practice
Areas for improvement

Please complete the Action Plan and signature section on Page 3

**Early Stage Review
Educational Supervisor's Report
Part 2**

*Submission to the Training Programme Director
by the Foundation Dentist's current Educational Supervisor*

Part 2B – Action Plan

Agreed Actions		
Domain	Action to be completed	Review date
Foundation Dentist's signature		Date:
Educational Supervisor's signature: (where applicable):		Date:
Proposed actions reviewed and confirmed		
TPD's signature:		Date:
Regional Advisor /Associate Dean:		Date:

Report R3

**Early Stage Review
Training Programme Director's Report**

Part 1

*Submission to the Regional Foundation Programmes Advisor / Associate Postgraduate Dental Dean
by the Foundation Dentist's Training Programme Director*

Foundation Dentist's Name	Educational Supervisor's Name
TPD's Name	Date Educational Supervisor's Report Reviewed:
TPD's Observations on ES's Report	

Review of Action Plan (where submitted/required)				
Domain	Submitted actions confirmed			Comments
	YES	NO	N/A	
Clinical	YES	NO	N/A	
Communication	YES	NO	N/A	
Professionalism	YES	NO	N/A	
Management/Leadership	YES	NO	N/A	

Other information			Comments
e-Portfolio completed on time	YES	NO	
Reported adverse incidents / significant events	YES	NO	
Sick days to date	YES	NO	

Outcome of TPD's Review:							
Meeting with FD	Meeting with ES	Meeting with ES and FD	Refer to Regional Advisor /Associate Dean	Action plan required?	Yes	No	
TPD's Signature:				Date:			

**Early Stage Review
Training Programme Director's Report**

Part 2 – Record of Meeting

Date:		Venue:					
Attendees	TPD	Foundation Dentist	YES	NO	Educational Supervisor(s)	YES	NO
		Other:	Name:			Position	

Summary of issues and background evidence

Areas where improvements are required

Summary of agreed actions

Confirmation of meeting outcomes		
Signatures of attendees:	Name (<i>please print</i>)	Designated Role

Report R4

Interim Review of Competence Progression

Educational Supervisor's Structured Report

Submission to the Interim Review of Competence Progression panel by the Foundation Dentist's current Educational Supervisor

Educational Supervisor's Name	
GDC No	
Practice Name and Address	
Foundation Dentist's Name	

Assessment Type	Number	Major Competencies Reviewed	Comments/Concerns <i>If a Concern is identified, please also complete Section B of Form 4S</i>
ADEPTs			
CbDs			
Comments/Concerns			
Record Keeping Audit			<i>If a Concern is identified, please also complete Section C of Form 4S</i>
MSFs (360 degree)			<i>If a Concern is identified, please also complete Section A of Form 4S</i>
PSQs			<i>If a Concern is identified, please also complete Section A of Form 4S</i>
Level and range of clinical activity			<i>If a Concern is identified, please also complete Section B of Form 4S</i>

Experiential Learning to this stage				
Activity	Outcomes		Comments/Concerns*	
1. e-Portfolio	Completed on time / not completed on time			
Other information				
	Number	Outcomes		Comments/Concerns*
1. Reported adverse incidents		Resolved / pending	No case to find /accountable	
2. Complaints		Resolved / pending	No case to find /accountable	

Please continue to page 2

Report R4 (cont)

Interim Review of Competence Progression

**Educational Supervisor's Structured Report
(Continued)**

Educational Supervisor's Summary of Progress to Date, <u>including any Notable Practice</u>		
Educational Supervisor's Concerns – (if None - please enter 'none') <i>If concerns are identified, please summarise below and also complete the relevant section(s) of Form 4S - as required on the previous page</i>		
I confirm that this is an accurate description/summary of this Foundation Dentist's learning and portfolio, covering the time period from __/__/__ to __/__/__		
Educational Supervisor's signature	Name (printed)	Date
Foundation Dentist's Comments		
Foundation Dentist's signature	Foundation Dentist's Name (printed)	Date

If concerns are identified, please also complete Form 4S

Report R4S and R6S

Review of Competence Progression

Educational Supervisor's Supplementary Report

Submission to the Review of Competence Progression panel by the Foundation Dentist's current Educational Supervisor This document must be used if an Outcome 2 is anticipated (Interim RCP) or an Outcome 3 or 4 (Final RCP) .

Educational Supervisor's Name		
GDC No		
Practice Name and Address		
Foundation Dentist's Name		

SECTION A - GDC Standards Compliance

Please rate the understanding and compliance of your Foundation Dentist (FD) regarding the nine principles underpinning the GDC standards. **Tick one box in each row. The comments box must be completed with information that has informed your decision.**

Principle	Understanding & Compliance		Comments/ examples:
	Satisfactory	Limited	
FD puts their patients' interest first/ before their own			
FD communicates effectively with patients			
FD obtains valid consent			
FD maintains and protects patients' information			
FD understands and complies with the complaints procedure			
FD works with colleagues in a way that is in the patients' best interests			
FD maintains, develops and works within their professional knowledge and skills			
FD raises concerns if patients are at risk			
FD personal behaviour maintains patients' confidence in them and the dental profession			

Report R4S and R6S (cont)

SECTION B - Clinical Ability and Competence

Please consider the level of ability and competence expected of an independent general dental practitioner. **You need to grade your FD's competence (tick one box) for each procedure. Please complete the comments box for any score less than 3 with the information that has informed your decision.**

You need to rate your confidence in their ability:

- 1 – little confidence; considerable support/supervision needed
- 2 – some confidence; some support/supervision needed
- 3 – average confidence –occasional support/supervision needed
- 4 - above average confidence - support/supervision not normally needed
- 5 - complete confidence; trainee capable to perform the procedure independently.

You may wish to refer to evidence in the e-Portfolio.

Clinical procedure:	Rating: (1 - 5)	Comments:
Taking radiographs		
Interpreting radiographs		
Direct restorations: Amalgam		
Direct restorations: Composite		
Preparation of a tooth for an indirect cast restoration		
Molar Endodontic Treatment		
Surgical extractions involving a flap and bone removal		
Design, construct and fit a partial chrome denture		

Report R4S and R6S (cont)

SECTION C – Record Keeping Audit (carried out by Educational Supervisor)

Please review a sample of 10 (ten) record cards/ computer records completed by your FD. You need to assess the quality of the following domains according to standards of GDC and CQC.

Subject/Area	Quality (1-5) 1 = poor 5 = excellent										Total Score	Comments	
	1	2	3	4	5	6	7	8	9	10			
Medical History Updated for every course of treatment													
Dental History Presenting complaint and history clearly recorded and comprehensive													
Examination Findings Hard tissue charting, BPE, soft tissue exam, occlusion/TSL comprehensively recorded													
Radiography/Radiology All X-Rays justified(if taken); each X-ray graded (quality recorded); radiographic findings clearly noted													
Diagnosis Clearly recorded along with differential diagnosis													
Risk Assessment & Advice Caries; periodontal disease; TSL/Occlusal issues; oral cancer													
Treatment Plan Written record of: treatment options discussed; agreed treatment plan; FP17 DC or consent form/ letter													

Report R4S and R6S (cont)

SECTION 4 - Educational Supervisor's Observations

Please make comments on the following domains as a summary of your reported findings	
GDC Standards Compliance:	
Clinical Ability and Competence:	
Record Keeping:	
What additional support for your Foundation Dentist would you recommend?	
Signature of Educational Supervisor	Date:

Report R5

**Interim Review of Competence Progression
Training Programme Director's Structured Report**

*Submission to the Interim Review of Competence Progression panel by the
Foundation Dentist's current Training Programme Director*

Training Programme Director's Name	
Scheme	
Foundation Dentist's Name	

Review Area	Number	Comments/Concerns
ADEPTs		
CbDs		
Record Keeping Audit		
Early Stage Review summary		
MSFs (360 degree)		
PSQs		
Level and range of clinical activity		

Engagement to this stage		
Activity	Outcomes	Comments/Concerns
1. e-Portfolio	Completed on time / Not completed on time	
2. Study Days	Attendance	Full attendance / Some absences
	Punctuality	No issues / Some issues
	Engagement	No issues / Some issues

Please continue to page 2

Interim Review of Competence Progression

**Training Programme Director's Structured Report
(Continued)**

Other information		
Pastoral visit summary		
Review of actions agreed at Early Stage Review (ESR) (where appropriate)		
Training Programme Director's Summary and Comments		
Training programme Director's signature	Name (printed)	Date

Report R6

**Final Review of Competence Progression
Educational Supervisor's Structured Report**

*Submission to the Final Review of Competence Progression panel by the
Foundation Dentist's current Educational Supervisor*

Educational Supervisor's Name	
Practice Name and Address	
Foundation Dentist's Name	

Assessment Type	Number	Major Competencies Reviewed	Comments
ADEPTs			
CbDs			
	Comments		
MSFs (360 degree)			
PSQs			
Level and range of clinical activity			

Experiential Learning to this stage				
Activity	Outcomes		Comment	
1. e-Portfolio	Completed on time / not completed on time			
2. Audits/Assignments	Completed / not completed			
3. Presentations	Completed / not completed			
Other information				
	Number	Outcomes		Comments
1. Reported adverse incidents		Resolved / pending	No case to find /accountable	
2. Complaints		Resolved / pending	No case to find /accountable	

Please continue to page 2

**Final Review of Competence Progression
Educational Supervisor's Structured Report
(Continued)**

Educational Supervisor's Summary and Comments			
I confirm that this is an accurate description/summary of this Foundation Dentist's learning and portfolio, covering the time period from __/__/__ to __/__/__			
Declaration			
In your opinion, is there any reason why the named Foundation Dentist is <u>NOT</u> ready for Independent Practice?			
Yes / No	If 'Yes', please summarise your reasons:		
Educational Supervisor's signature:	Name (printed):	Date:	GDC Number:
Foundation Dentist's Comments			
Foundation Dentist's signature:	Foundation Dentist's Name (printed):	Date:	

If concerns are identified, please also complete Form 7S

Report R7

**Final Review of Competence Progression
Training Programme Director's Structured Report**

*Submission to the Final Review of Competence Progression panel by the Foundation Dentist's current
Training Programme Director*

Training Programme Director's Name	
Scheme	
Foundation Dentist's Name	

Review Area	Comments	
ADEPTs		
CbDs		
Project work (clinical audits, etc.)	Completed / Not completed	
PML evidence and certificates	Completed / Not completed	
MSFs (if completed post Interim RCP)		
PSQs (if completed post Interim RCP)		
Level and range of clinical activity		

Engagement with Programme to this stage			
Activity		Outcomes	Comments
Study Days	Attendance	Full attendance / Some absences	
	Punctuality	No issues / Some issues	
	Engagement	No issues / Some issues	
	Evaluations	Completed / Not completed	
Tutorials		Completed / Not completed	

Please continue to page 2

Report R7 (cont)

**Training Programme Director's Structured Report
(Continued)**

Other information			
e-Portfolio review summary (including timeliness of completion)			
Review of progress against actions required by Interim RCP Panel (where appropriate)			
Training Programme Director's Summary and Comments			
Declaration			
In your opinion, is there any reason why the named Foundation Dentist is <u>NOT</u> ready for Independent Practice?			
Yes / No	If 'Yes', please summarise your reasons:		
Training programme Director's signature:	Name (printed):	Date:	GDC Number:

Report PR1

Interim Review of Competence Progression (Interim RCP)

Panel Outcomes Form

Foundation Dentist's Forename(s):		Foundation Dentist's Surname:	
GDC no.			
Educational Supervisor			
Training Practice			
Date of review:		Period covered	From: To:
Members of the panel:	1. (Chair)	2.	
	3.	4.	
Documentation taken into account (Insert tick as appropriate)			
1. ES Structured Report		2. ES Supplementary Report	3. TPD Structured Report
4. Clinical Activity Summary		5. WBA Information	6. MSF Summary
7. PSQ Summary		8. ESR Documentation	9. Management & Leadership Domain evidence summary
10. e-Portfolio		11. Record Keeping Audit	12. Other (please specify)

RECOMMENDED OUTCOMES FROM THE PANEL		
Satisfactory Progress		Tick as appropriate
1	Achieving progress and the development of competence at the expected rate	
Additional Development Required or Insufficient Evidence (also complete Supplementary Evidence section)		
2	Development of specific areas of competence required	
5	Incomplete evidence presented – additional review required	

Signed by: (Chair)	Print Name:	Date:
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Report PR1 (cont)

SUPPLEMENTARY INFORMATION for Foundation Dentists with OUTCOMES 2 or 5 <i>(Foundation Dentist must be in attendance)</i>		
Recommended Outcome:		
Detailed reasons for recommended outcome:		
1.		
2.		
3.		
Discussion with Foundation Dentist		
Mitigating circumstances		
Competences which need to be developed		
Recommended actions		
Signed by:	<i>(Panel Chair)</i>	Date:
Signed by	<i>(Foundation Dentist)</i>	Date:
Signed by:	<i>(Postgraduate Dental Dean)</i>	Date:

These documents should be forwarded to the Dental Foundation Training Programme Director (who must ensure that the Foundation Dentist receives a copy through the further appraisal and planning process). Copies must also be sent to the Educational Supervisor/Practice Owner where the Foundation Dentist works, as well as to the Regional Advisor/Associate Dean and the Postgraduate Dental Dean.

By signing the form, the Foundation Dentist is indicating that they understand and agree that the information will be shared with other parties involved in their training as outlined above.

The Foundation Dentist signature on the form indicates that they understand the recommendations arising from the review. It does not imply they accept or agree with them

Report PR2

Final Review of Competence Progression (Final RCP Stage 1)

Outcomes Form – Stage 1 Panel

Foundation Dentist Forename:		Foundation Dentist Surname:	
GDC no.			
Educational Supervisor			
Training Practice			
Date of review:		Period covered	From: To:
Members of the panel:	1.	(Chair)	2.
	3.		4.
Date(s) of Previous RCP(s):			
Documentation taken into account (Insert tick as appropriate)			
1. ES Structured report		2 ES Supplementary Report	
4. Clinical Activity Summary		5. WBA Forms	
7. PSQ Summary(ies)		8. ESR Documentation	
10. e-Portfolio		11. Record Keeping Audit(s)	
13. Other (please specify)			
3. TPD Structured Report		6. MSF Summary(ies)	
9. Management & Leadership Domain evidence summary		12. Interim RCP Panel Report	

RECOMMENDED OUTCOMES FROM THE PANEL		
Satisfactory Progress		Tick as appropriate
6	Demonstrated all required competencies and prescribed elements. Recommendation for completion of training	
6R	Demonstrated all required competences and/or prescribed elements subject to completion of identified actions	
Further Consideration Required (also complete Supplementary Information section on page 2)		
5	Incomplete evidence presented – additional review required	
7	Referral to Stage 2 Panel for further consideration	

Signed by:	Print Name:	Date:
(Chair)		

Report PR2 (cont)

SUPPLEMENTARY INFORMATION for Foundation Dentists with OUTCOMES 5 or 7		
Reasons for referral to Stage 2:		
Signed by:	<i>(Panel Chair)</i>	Date:

Report PR3

**Final Review of Competence Progression (Final RCP Stage 2)
Outcomes Form – Stage 2 Panel**

Foundation Dentist Forename:		Foundation Dentist Surname:	
GDC no.			
Educational Supervisor			
Training Practice			
Date of review:		Period covered	From: To:
Members of the panel:	1.	<i>(Chair)</i>	2.
	3.		4.
Date(s) of Previous RCP(s):			
Documentation taken into account (Insert tick as appropriate)			
1. ES Structured report		2 ES Supplementary Report	
4. Clinical Activity Summary		5. WBA Forms	
7. PSQ Summary(ies)		8. ESR Documentation	
10. e-Portfolio		11. Record Keeping Audit(s)	
13. Other (please specify)			
3. TPD Structured Report		6. MSF Summary(ies)	
		9. Management & Leadership Domain evidence summary	
		12. Previous Panel Report(s)	

RECOMMENDED OUTCOMES FROM THE PANEL		
Satisfactory Progress		Tick as appropriate
6	Demonstrated all required competencies and prescribed elements. Recommendation for completion of training.	
6R	Demonstrated all required competences and/or prescribed elements subject to completion of identified actions	
Additional Development Required or Insufficient Evidence <i>(also complete Supplementary Evidence section)</i>		
3	Inadequate progress – additional training time required	
4	Released from training programme with competencies demonstrated/ not demonstrated identified	

Signed by:	Print Name:	Date:
<i>(Chair)</i>		

Report PR3 (cont)

SUPPLEMENTARY INFORMATION for Foundation Dentists with OUTCOMES 3 or 4 <i>(Foundation Dentist must be in attendance)</i>		
Recommended Outcome:		
Detailed reasons for recommended outcome:		
1.		
2.		
3.		
Discussion with Foundation Dentist		
Mitigating circumstances		
Competences which need to be developed		
Recommended actions		
Signed by:	<i>(Panel Chair)</i>	Date:
Signed by	<i>(Foundation Dentist)</i>	Date:
Signed by:	<i>(Postgraduate Dental Dean)</i>	Date:

These documents should be forwarded to the Dental Foundation Training Programme Director (who must ensure that the Foundation Dentist receives a copy through the further appraisal and planning process). Copies must also be sent to the Educational Supervisor/Practice Owner where the Foundation Dentist works, as well as to the Regional Advisor/Associate Dean and the Postgraduate Dental Dean.

By signing the form, the Foundation Dentist is indicating that they understand and agree that the information will be shared with other parties involved in their training as outlined above.

The Foundation Dentist signature on the form indicates that they understand the recommendations arising from the review. It does not imply they accept or agree with them.

Report PR3 (cont)

**Guidance on reasons for Unsatisfactory Outcomes
or when a Review cannot be carried out**

(Please note these lists are not exclusive)

Reason(s) for unsatisfactory outcome	Explanatory notes
Record Keeping and Evidence	Foundation Dentist failed to satisfactorily maintain their e-Portfolio including completing the recommended number of Work Placed Based Assessments ; Audits; structured Education Supervisor's report; in accordance with the COPDEND and/or curriculum requirements.
Inadequate Experience	Training post(s) did not provide the appropriate experience for the year of training being assessed in order to progress. As a result the Foundation Dentist was unable to satisfy the curriculum requirements for the year of training. (Evidenced by clinical activity log and BSA reports. Practice data can also be requested). And/or trainee did not attend sufficient clinical sessions to gain experience. Evidenced by absence log.
Insufficient Engagement with Programme, Educational Supervisor and/orTPD	Foundation Dentist failed to engage with the assigned Educational Supervisor or the training opportunities to meet satisfactory completion requirements Evidenced by attendance and engagement with tutorials, including reflective commentaries, ES Report etc. Evidenced by Study Day attendance and reflections, TPD Report, etc.
Foundation Dentist requires HEE Local Office/Deanery Support	Foundation Dentist fails to make satisfactory progress and has issues related to clinical or other skills E.g. –sustained poor quality of clinical work, behaviour / conduct / attitude / confidence / time keeping / communications skills etc. and requires the support of the Deanery/HEE Local Office Team.

Reason(s) review not carried out	Explanatory notes
Sick Leave	Foundation Dentist on long term sickness. (A review must be carried out for absence of 10 days or more) or other health issues have impacted on ability to complete the year of training being reviewed.
Maternity/Paternity Leave	Foundation Dentist cannot be reviewed whilst on maternity/paternity leave
Missed Review	Foundation Dentist did not attend the Review when required to do so
Contract Termination	Foundation Dentist left employment without demonstrating competencies to a satisfactory level.
Regulatory Suspension	Foundation Dentist currently suspended from practice or training either as a result of GDC Suspension or other Regulatory activity
Employer Suspension	Foundation Dentist suspended by employer for gross misconduct or other reasons

Report PR4

Assessment of Outcome 6R Evidence

Assessment Report

Foundation Dentist Forename:		Foundation Dentist Surname:	
GDC no.			
Educational Supervisor			
Training Practice			
Date of assessment:		Period covered	From: To:
Assessors	1.	(Name)	(Job Title)
	2.	(Name)	(Job Title)
Date(s) of Final RCP(s):			
Requirements set by Final RCP Panel (Stage 1 or Stage 2)			
	Requirement	Met?	Comments
1.		Y/N	
2.		Y/N	
3.		Y/N	
4.		Y/N	

FINAL OUTCOMES APPROVED		
Satisfactory Progress		Tick as appropriate
6	Demonstrated all required competencies and prescribed elements. Recommendation for satisfactory completion of training.	
4	Released from training programme with competencies demonstrated/not demonstrated identified	

Signed by:	Print Name:	Date: