

**DENTAL SPECIALTY ARCPs**  
**SAC External Feedback Form: Process (Form A)**

The purpose of this form is for you, the SAC external member of the ARCP panel, to give feedback on how the ARCP **Process** is conducted. Your comments are welcome.

ARCP (please state specialty):  
 Date of ARCP panel meeting:

		<i>Please tick</i>		<b>Evidence</b>	<b>Comments</b>
The appropriate paperwork was available prior to ARCP	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>			
The trainee/s had seen and signed the appropriate documents prior to the ARCP panel meeting	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>			
The composition of the ARCP panel was appropriate and aligned to The Dental Gold Guide	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>			
There is a named educational supervisor for each trainee	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>			
ARCPs take place at appropriate times in training	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>			
Do you feel that the ARCP process you have taken part in is fit for purpose?	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>			
Was full consideration given to all the evidence submitted (including trainee comments)?	Yes	<input type="checkbox"/>			
	No	<input type="checkbox"/>			

**SAC External Feedback Form: Quality (Form B)**

The purpose of this form is for you, the SAC external member of the ARCP panel, to give feedback on the **Quality** of the training programmes provided. Your comments are welcome.

			Evidence	Comments
<i>Please tick</i>				
There is a regularly reviewed, structured and personal training plan for each trainee	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
There is a regular structured appraisal for all trainees	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
Trainees maintain a continuous career portfolio of progress and achievement	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		
<b>Clinical specialist training</b> Are the caseload and case mix in accordance with the Curriculum requirements?	Excellent	<input type="checkbox"/>		
	Adequate	<input type="checkbox"/>		
	Poor	<input type="checkbox"/>		
<b>Non-clinical sessions</b> Are non-clinical sessions appropriate in terms of number and variety?	Excellent	<input type="checkbox"/>		
	Adequate	<input type="checkbox"/>		
	Poor	<input type="checkbox"/>		
Is the Curriculum fulfilled?	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		

			Evidence	Comments
Please rate the quality of the training programme in this specialty	<i>Please tick</i>			
	1 (Poor)	<input type="checkbox"/>		
	2 (Development required)	<input type="checkbox"/>		
	3 (Satisfactory)	<input type="checkbox"/>		
	4 (Above average)	<input type="checkbox"/>		
5 (Excellent)	<input type="checkbox"/>			
Are there any trainees/Programmes that you have concerns about? – If yes please comment	Yes	<input type="checkbox"/>		
	No	<input type="checkbox"/>		

**Please feel free to give further comments in the box below:**

Name:.....

Signed:.....

Return to:

**Thank you for completing this form**