APPENDIX 6

**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:

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

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

**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 thetraining programmes provided. Your comments are welcome.

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

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

Name:……… …………………… Signed:……………….……………………..

Return to:

 **Thank you for completing this form**