**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**

**Report R2** *(cont)*

**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**

**Report R2** *(cont)*

**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** | | | | | | | | | |
| 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:** | | | | | | |

**Report R3** *(cont)*

**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 *(please print)*** | | | | | | **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**  *If a Concern is identified, please also complete Section B of Form 4S* | |
| ADEPTs |  |  |  | |
| CbDs |  |  |  | |
|  | **Comments/Concerns** | | | |
| Record Keeping Audit |  | | | *If a Concern is identified, please also complete Section C of Form 4S* |
| MSFs (360 degree) |  | | | *If a Concern is identified, please also complete Section A of Form 4S* |
| PSQs |  | | | *If a Concern is identified, please also complete Section A of Form 4S* |
| Level and range of clinical activity |  | | | *If a Concern is identified, please also complete Section B of Form 4S* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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, including any Notable Practice** | | |
| **Educational Supervisor’s Concerns – (if None - please enter ‘none’)**  ***If concerns are identified, please summarise below and also complete the relevant section(s) of Form 4S - as required on the previous page*** | | |
| 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**

**Report R5** *(cont)*

**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**

**Report R6** *(cont)*

**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 NOT 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 NOT 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 For**m

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** |

**Report PR1** *(cont)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SUPPLEMENTARY INFORMATION for Foundation Dentists with OUTCOMES 2 or 5**  *(Foundation Dentist must be in attendance)* | | | | | |
| **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: | | | | *(Panel Chair)* | Date: |
| Signed by | | | | *(Foundation Dentist)* | Date: |
| Signed by: | | | | *(Postgraduate Dental Dean)* | 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 | | |  | | 3. TPD Structured Report | | |  |
| 4. Clinical Activity Summary |  | | 5. WBA Forms | | |  | | 6. MSF Summary(ies) | | |  |
| 7. PSQ Summary(ies) |  | | 8. ESR Documentation | | |  | | 9. Management & Leadership Domain evidence summary | | |  |
| 10. e-Portfolio |  | | 11. Record Keeping Audit(s) | | |  | | 12. Interim RCP Panel Report | | |  |
| 13. Other (please specify) |  | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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:** | | | *(Chair)* | **Print Name:** | **Date:** |

**Report PR2** *(cont)*

|  |  |  |
| --- | --- | --- |
| **SUPPLEMENTARY INFORMATION for Foundation Dentists with OUTCOMES 5 or 7** | | |
|  | | |
| **Reasons for referral to Stage 2:** | | |
|  | | |
| Signed by: | *(Panel Chair)* | 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. | | *(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 | | |  | | 3. TPD Structured Report | | |  |
| 4. Clinical Activity Summary |  | | 5. WBA Forms | | |  | | 6. MSF Summary(ies) | | |  |
| 7. PSQ Summary(ies) |  | | 8. ESR Documentation | | |  | | 9. Management & Leadership Domain evidence summary | | |  |
| 10. e-Portfolio |  | | 11. Record Keeping Audit(s) | | |  | | 12. Previous Panel Report(s) | | |  |
| 13. Other (please specify) |  | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**  *(also complete Supplementary Evidence section)* | | | | | |
| 3 | | Inadequate progress – additional training time required | | |  |
| 4 | | Released from training programme with competencies demonstrated/ not demonstrated identified | | |  |
|  | |  | | |  |
| **Signed by:** | | | *(Chair)* | **Print Name:** | **Date:** |

**Report PR3** *(cont)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SUPPLEMENTARY INFORMATION for Foundation Dentists with OUTCOMES 3 or 4**  *(Foundation Dentist must be in attendance)* | | | | | |
| **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: | | | | *(Panel Chair)* | Date: |
| Signed by | | | | *(Foundation Dentist)* | Date: |
| Signed by: | | | | *(Postgraduate Dental Dean)* | 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:** |
|  | |  |  |  |