**National Certificate of**

**Dental Core Equivalence**

**(NCDCE)**

**Training Year 2**

**Competencies**

**APPLICATION GUIDANCE**

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**BEFORE PROCEEDING PLEASE NOTE**

* Applicants must have at least 36 months, full-time equivalent, postgraduate clinical experience to the full scope of a dentist, at the time of application.
* **Making a false declaration in this application will result in a negative outcome and consideration being given to you being referred to the GDC.**
* GDPR - Please ensure there is no patient identifiable documentation included within the portfolio of evidence. This includes hospital numbers, NHS numbers and, of course, names and dates of birth (evidence should be redacted appropriately *NB marker pens are often ineffective at masking underlying writing).*

**Format of Evidence**

Applicants are required to submit their evidence in the form of a portfolio to the - [Self-assessment Verification Portal > Login Page (hee.nhs.uk)](https://sa-verification.hee.nhs.uk/login-page?returnurl=%2f). Full login guidance will have been sent to the applicant by email.

In order to achieve a successful outcome, it is essential that you follow the guidelines contained within this document. Failure to comply with this guidance may result in an application being considered as incomplete, in which case it will not be assessed. The Information below should support applicants and help ensure that their application will progress to a Panel for consideration.

**Your Portfolio**

This guide illustrates the kind of evidence that is expected and the order in which this should be presented in your portfolio. This document details:

* The suggested evidence you should include in your portfolio.
* The order in which evidence must be presented in your portfolio.
* The identification of each piece of evidence within your portfolio.

**Portfolio Guidance**

The Portfolio is compiled of a number of sections. The overall order of the sections within the portfolio is laid out in the “Portfolio Order” later in this section.

Applicants should consider the following points when compiling the portfolio:

* **Portfolio size** - Portfolios should be succinct and relevant to the domains being assessed. You are only required to demonstrate each subdomain/competency once.

Inclusion of unnecessary or unhelpful material ***may result in your portfolio being returned for review.***

* **Structure of your portfolio** – **A** **summary information sheet,** see Appendix 2, should be included at the beginning of each section to clarify what subdomains are being demonstrated within the section. The summary information sheet will simplify the assessment process.

The summary information sheet should have the title of the section and a list of evidence. The evidence should be listed in the order in which it appears and with the most current at the top.

* The inclusion of Multi-Source Feedback and Patient Assessment Questionnaires while not essential are recommended.

**Portfolio Order**

Please note that additional guidance on the contents of portfolio sections is contained in the appendices to this document. The relevant appendix number is detailed within the table below.

|  |  |
| --- | --- |
| **SECTION** |  |
| **Self-Assessment Checklist** | * Completed DCT Year 2 Competencies Equivalence checklist
 |
| **Curriculum Vitae** | To include:* Employment history, including dates

**The inclusion of the CV is for reference only.** |
| **Postgraduate Qualifications** | The following evidence could be included:* Additional degrees. Stated relevance to dentistry
* MJDF / MFDS or equivalent – status indicated including evidence of the constituent parts completed e.g. MFDS Part 1/Part 2
* Other qualifications. Stated relevance to core competencies
* Postgraduate Prizes / Awards. Stated relevance to core competencies
 |
| **Clinical Logbook** | * Completed clinical log with reflections, please only include those

relevant to the competencies* Guidance and template (Appendix 3)
 |
| **Continuing Professional Development Log** | * Please only include courses and reflections relevant to the

competencies; and been undertaken in the last three years* Guidance and a template can be accessed at:

[https://www.gdc-](https://www.gdc-uk.org/education-cpd/cpd/enhanced-cpd-scheme-2018/enhanced-cpd-supporting-documents) [uk.org/education-cpd/cpd/enhanced-cpd-scheme-2018/enhanced-cpd-supporting-documents](https://www.gdc-uk.org/education-cpd/cpd/enhanced-cpd-scheme-2018/enhanced-cpd-supporting-documents) |
| **Continuing Professional Development Certificates** | * Please only provide certificates for courses that you have included in the above section
 |
| **Personal Development Plan** | * Guidance and a template can be accessed at:

<https://www.gdc->[uk.org/education-cpd/cpd/enhanced-cpd-scheme-2018/enhanced-cpd-supporting-documents](https://www.gdc-uk.org/education-cpd/cpd/enhanced-cpd-scheme-2018/enhanced-cpd-supporting-documents)* PDP should directly relate to competencies
 |
| **Quality Improvement (QI)** | * In the section include a summary of the QI project; and whether you were the lead investigator or how you contributed
* Indicate clearly whether the project was presented at a local, regional or national meeting (Appendix 4)
* Further information on QI and examples can be found at:

[Quality Improvement Zone | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/741/quality-improvement-zone) |
| **Multisource Feedback (MSF)** | * Applicants are expected to understand the range of roles and expertise of team members in order to communicate effectively to achieve high quality service for patients. The MSF, also known as “peer assessment” or “360° assessment”, is a method of assessing professional competence within a team-working environment and providing developmental feedback to the trainee
* If you have not undertaken an MSF that you consider to be suitable to submit as evidence, then please refer to Appendix 5 where guidance is provided to support you
 |
| **Supervised Learning Events (SLE)** | Also referred to as Work-based Placed Assessments. The following evidence could be included:* Direct Observation of Procedures etc. (Appendix 6)
* Case based Discussion (Appendix 7)
* Mini-CEX (Appendix 8)
* Direct Evaluation of Clinical Teaching (Appendix 9)

These are only examples of types of SLEs and other appropriate templates may also be used as evidence**.**SLE’s should show a range of clinical experience, with reflection and be mapped to a range of competencies in order to illustrate a broad clinical experience.* Further information on SLEs and appropriate assessors can be found at Appendix 10
 |
| **Patient Assessment Questionnaire (PAQ) or Patient Safety Questionnaire (PSQ)** | * It is important that you can demonstrate that patients are your

priority and that their perception and evaluation of your care is an important development opportunity. If you have not formally undertaken a PAQ/PSQ then please refer to Appendix 11 where guidance has been provided to support you.* Submissions of PAQ's should be in their original format but can also include a collated summary.  If not in English, then a certified

translation must also be uploaded. |
| **Reflections** | * Written reflections of clinical encounters relevant to demonstrate the core competencies.
* A reflective summary should include a discussion of how you apply your knowledge or have learned from your own practise. It is necessary to relate what you have learned directly to your practice. A list of requirements without any analysis of how it relates to practise is not sufficient.
* The length of the commentary will vary depending on the complexity of the topic, but about one page (single-spaced, font size 11) is normally adequate. The writer must determine whether or not additional information is required to demonstrate understanding, clinical photos or radiographs should not be necessary.

For useful guidance on reflective practice see * [Enhanced CPD supporting documents (gdc-uk.org)](https://www.gdc-uk.org/education-cpd/cpd/enhanced-cpd-scheme-2018/enhanced-cpd-supporting-documents)
* [Ten key points on being a reflective practitioner - GMC (gmc-uk.org)](https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/the-reflective-practitioner---guidance-for-doctors-and-medical-students/ten-key-points-on-being-a-reflective-practitioner)
 |
| **Leadership and Management** | The following evidence could be included:* Evidence related to training in leadership and management
* Evidence of local leadership or a managerial role of 6 months or more

duration* Evidence of regional leadership or a managerial role of 6 months or more duration and able to demonstrate a positive impact
 |
| **Teaching** | The following evidence could be included:* Experience of teaching healthcare students/professionals
* The frequency of the teaching should be clearly indicated
* Formal feedback should be included where available
* Training in teaching methods or additional qualifications
 |
| **Presentations** | The following evidence could be included:* In this section provide a summary of the presentation and any feedback you received.
* Presentation clearly identified as poster or oral
* Presentation clearly indicated as local/regional/national/international (Appendix 12)
 |
| **Publications** | The following evidence could be included:* Abstract or non-peer reviewed article
* PubMed cited publication
* Clear indication of authorship must be given

(Appendix 13) |

**DCT Year 2 Competencies Applicant Domains**

In recognition of the value of a patient–centred approach, the competencies for Dental Core Training are organised into four interlinked domains:

* professional behaviour and trust
* communications, team-working and leadership
* clinical safety and quality
* good clinical care

Major competencies are defined within each domain and each major competency contains several specific supporting statements. These supporting statements describe the skills and attributes expected of a competent Dental Core Trainee and you are expected to provide evidence to demonstrate each of these.

**PLEASE NOTE:** You are only required to evidence each competency **once** and each piece of evidence may demonstrate multiple competencies.

A full list of acronyms can be found at the end of this document.

|  |  |
| --- | --- |
| **Domain 1:** **Professional behavior and trust** | **Suggested forms of evidence** |
| **1.1****Acts professionally** | 1.1a | Act with professionalism in the workplace and ininteractions with patients (and where necessary carers and relatives) and colleagues |  | * MSF
* PAQ
* CPD log
* SLE
* Reflections
 |
| 1.1b | Demonstrate punctuality and organisational skills |  |
| 1.1c | Work in partnership with others in an open and transparent manner, treat people as individuals and respect their perspective/views on their own treatment |  |
| 1.1d | Deal with underperformance by colleagues |  |
| 1.1e | Take personal responsibility for and is able to justify decisions and actions |  |
| 1.1f | Deal increasingly with queries from patients and relatives |  |
| **1.2****Delivers patient-centred care and maintains trust** | 1.2a | Prioritise the needs of patients above personal convenience without compromising personal safety or safety of others |  | * MSF
* PAQs
* SLEs
* PDP
* CPD
* Reflections
 |
| 1.2b | Ensure continuity of patient care is established and that itis communicated clearly to patients and relevant colleagues |  |
| 1.2c | Ensure that patients are an integral part of the decision making of their care |  |
| 1.2d | Recognise where patient’s capacity is impaired and takes appropriate action in less straightforward circumstance |  |
| 1.2e | Demonstrate increasing ability and effectiveness in communicating more complicated information in increasingly challenging circumstances |  |
| **1.3** **Behaves in accordance with ethical and legal requirements** | 1.3a | Engage with learning opportunities with colleagues and peers/students |  | * CPD log
 |
| 1.3b | Participate in the assessment of healthcare professionals and provides constructive feedback |  | * Evidence of

teaching and assessment* Reflections
* SLEs
* Evidence of

presentations* Evidence of

 research* Significant Event Analysis
 |
| 1.3c | Reflect on feedback from learners and supervisors to improve own teaching and training skills |  |
| 1.3d | Deliver presentations at Regional/National/International meetings |  |
| 1.3e | Make contributions to peer reviewed publications or research projects |  |
| **1.4** **Engages in** **career** **planning** | 1.4a | Maintain personal development e-portfolio by recording learning needs and personal reflection including career development and planning |  | * PDP
* CPD log
 |
| 1.4b | Comply with GDC requirements for Continuing Professional Development (CPD) |  |
| 1.4c | Recognise personal learning needs, address these proactively and set SMART goals |  |
| **Domain 2:****Communication, team-working and leadership** |  | **Suggested forms of****evidence** |
| **2.1****Communicates****clearly in a** **variety of** **settings** | 2.1a | Communicate in an appropriate and effective manner and develops these skills (verbal, non-verbal, written and electronic methods) |  | * Logbook with

reflections* SLEs including CBD
* Evidence Multi-

Disciplinary Teamwork in clinical logbook* MFDS/MJDF
* Patient Assessment Questionnaire
* Multisource

feedback |
| 2.1b | Demonstrate empathy and understanding when communicating with others and dealing withstraightforward queries from patients, their carers and relatives |  |
| 2.1c | Demonstrate understanding of barriers to communication |  |
| 2.1d | Discuss with patients in an empathic manner, how their expectations may or may not, be met |  |
| 2.1e | Use a systematic approach to evaluate a patient’s wishes |  |
| 2.1f | Deal independently with queries from patients and relatives and other staff |  |
| 2.1g | Work with patients and colleagues to develop sustainableindividual care plans to manage patients’ maxillofacial, oral and dental treatment needs |  |
| **2.2** **Works effectively as a team member** | 2.2a | Display an understanding of personal role within their team including supporting the team leader and listening to the views of other healthcare professionals |  | * Multisource

feedback* Leadership Role (e.g. QI project)
 |
| 2.2b | Liaise with other dental care professionals |  |
| 2.2c | Organise and allocate or receive work within their team to minimize effectiveness |  |
| **2.3****Demonstrates****leadership skills** | 2.3a | Act as a role model and where appropriate a leader for students and other junior dentists, and assists and educates colleagues including DCPs |  | * Evidence of

working in a multi-disciplinary team input or shared care* Leadership skills
* Teaching
* Development of clinical teacher SLE
* Evidence of this

(e.g. leading ajournal club, departmental meeting/staff meeting/ leading huddles or medical emergency scenarios etc) |
| 2.3b | Demonstrate a leadership role within the team in certain clinical situations, e.g. when supporting dental students on clinics |  |
| 2.3c | Make decisions when dealing with complex situations |  |
| 2.3d | Delegate where appropriate and follow this through |  |
| 2.3e | Demonstrate extended leadership role within the team by making decisions and dealing with complex situations |  |
| **Domain 3:****Clinical safety and quality** | **Suggested forms of evidence** |
| **3.1****Recognises and works within limits of professional competence** | 3.1a | Demonstrate resilience and perseverance when faced with challenges |  | * Reflection
* MSF
* SLE
 |
| 3.1b | Delegate tasks appropriately and ensure they are completed |  |
| 3.1c | Know when to seek help and when to refer |  |
| 3.1d | Deal with challenges and seeks advice when necessary |  |
| 3.1e | Show an understanding on how to deal with challenges and seek assistance in a timely manner |  |
| 3.1f | Delegate tasks and ensure that they are completed on time and to the required standard |  |
| 3.1g | Organise handover and task allocation, anticipating problems for the next clinical team |  |
| **3.2****Makes patient safety a** **priority in clinical practice** | 3.2a | Deliver high quality care in accordance with local/national guidelines |  | * Evidence of

evidence based dentistry (e.g. membership of societies)* Reflections
* CbD
* CPD log
 |
| 3.2b | Recognise situations which might lead to complaint or dissatisfaction |  |
| 3.2c | Apologise for errors and takes steps to prevent/minimise impact |  |
| 3.2d | Recognise that fatigue and health problems in healthcare workers (including self) can compromise patient care |  |
| **3.3****Contributes to quality improvement** | 3.3a | Undertake clinical audit, significant event analysis and/or peer review |  | * QI Project
 |
| 3.3b | Manage, analyse and present at least one quality improvement project and use the results to improve patient care |  |
| **Domain 4:****Good Clinical Care** | **Suggested forms of evidence** |
| **4.1****Obtains history and performs clinical examination** | 4.1a | Obtain accurate patient history using all relevant sources of information including carers/family |  | * Clinical Logbook
* SLE
 |
| 4.1b | Utilise existing patient records and other sources of evidence/information |  |
| 4.1c | Perform clinical examination of orofacial region including cranial nerves |  |
| **4.2****Requests****relevant** **investigations/ special tests and acts on them** | 4.2a | Explain to patients the risks, possible outcomes and implications of investigation results and gains informed consent |  | * Logbook
* SLE
 |
| 4.2b | Understand diagnostic limitations of and contraindications to common investigations |  | * Reflection
 |
| 4.2c | Request and interpret necessary investigations to confirm diagnosis |  |
| **4.3****Formulates** **differential** **diagnosis and treatment/** **management plan** | 4.3a | Determine and document differential diagnosis and establishes a problem list |  | * Logbook
* SLE
* Reflection
 |
| 4.3b | Prioritise actions on the basis of the differential diagnosis and clinical risks |  |
| 4.3c | Communicate treatment/management plan as appropriate |  |
| **4.4** **Prescribes safely** | 4.4a | Prescribe medicines correctly and accurately |  | * QI project
* SLE
 |
| 4.4b | Prescribe safely for different patient groups |  |
| **4.5** **Perform clinical** **procedures safely** | 4.5a | Explain the procedure to patients, including possible complications, and gains valid informed consent |  | * SLE
* CPD Log
 |
| 4.5b | Prescribe and/or administer appropriate analgesia where relevant |  |
| 4.5c | Recognise, record and undertake emergency management of common dental conditions |  |

**APPENDIX 1**

**Checklist for Applicants**

Prior to submission of your application of National Certification of Equivalence to Dental Core Training Year 2 Competencies please ensure you have fulfilled all the requirements.

For your application to be eligible, you must ensure that you provide everything required by the checklist. It is your responsibility to ensure that the document is completed correctly and that all information is provided. Failure to do so could result in your application being rejected.

|  |  |
| --- | --- |
| **Portfolio of Evidence** | **Confirmed** |
| Included in the Portfolio is a Summary Information sheet for each section detailing the assessment domains. All assessment domains are set out in the DCT Year 2 Competencies Equivalence checklist. |  |
| **Applicant Sections** | **Confirmed / Completed** |
| **The following evidence has been completed and included (where appropriate) in my Portfolio** |
| Curriculum Vitae |  |
| Postgraduate Qualifications |  |
| Clinical Logbook |  |
| Continuing Professional Development Log |  |
| Continuing Professional Development Certificates |  |
| Personal Development Plan |  |
| Quality Improvement (QI) |  |
| Multi Source Feedback (MSF) |  |
| Supervised Learning Events (SLEs) |  |
| Patient Assessment Questionnaire (PAQ) or Patient Safety Questionnaire (PSQ) |  |
| Reflections |  |
| Leadership and Management |  |
| Teaching |  |
| Presentations |  |
| Publications |  |
| Any Additional Evidence |  |

**APPENDIX 2**

**Section Summary Example**

**Section: Supervised Learning Events**

|  |  |
| --- | --- |
| **Title** | **Relevant Competency** |
| DOP - Paediatric emergency appointment | 1.2c, 1.4c, 2.1a, 4.1a,4.2c, 4.3a, 4.3b, 4.3c |
| DOP - Extraction of 16 in adult patient under inhalation sedation | 2.1d, 4.5a, 4.5b, 4.5d |
| CBD - Provision of dental treatment for a patient who has dementia | 1.2d, 2.1c |
| Mini-CEX - Challenging patient complex restorative case initial consultation | 1.2e, 2.1g, 2.1c, 2.1e,2.1f |
| Developing the clinical teacher - Presentation at staff meeting | 1.3c, 2.3a |

DOPS – Direct Observational Procedure Skills

CBD – Case Based Discussion

Mini-CEX - Mini-Clinical Evaluation Exercise

**APPENDIX 3**

Your clinical logbook should demonstrate various competencies achieved, including reflection. It should not merely be a list of procedures undertaken.

**Example Clinical Logbook**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Location | Date | Age | Categorye.g. oral surgery, special care. | Brief description of treatment undertaken | Comments and Reflection |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |

**APPENDIX 4**

**Quality Improvement**

Quality improvement is a core component of many undergraduate and postgraduate curriculums. Numerous healthcare organisations, professional regulators, and policy makers recognise the benefits of training clinicians in quality improvement. It therefore can be implemented in a variety of job roles and settings.

Engaging in quality improvement enables clinicians to acquire, assimilate, and apply important professional capabilities such as managing complexity and training. It is a chance to improve care and develop professional skills such as management and leadership skills.

**Definition of Quality Improvement**

Healthcare organisations use a range of improvement methods that involve planning, doing, studying, and acting.

**Quality Examples**

Clinical Audit, Service Evaluations, Leadership projects, Patient Initiatives.

**Requirements**

Applicants are expected to understand the range of styles of quality improvement methods. Acceptable quality improvement projects are those whereby there has been evidence of planning, doing, analysing and acting with regards to improving the quality of care for patients.

In addition to the above applicants will also need to submit:

* Evidence of approval from a senior colleague or the relevant department in an organisation where the applicant has worked e.g. Approval from an NHS clinical governance department and project registration
* A summary of the project must also be provided including the following details:
	+ Project title
	+ Evidence of role in the project
	+ Evidence of planning
	+ Evidence of doing
	+ Evidence of analysing
	+ Evidence of implementing change.

**APPENDIX 5**

**Multisource Feedback**

**Introduction**

Applicants are expected to understand the range of roles and expertise of team members in order to communicate effectively to achieve high quality service for patients. A Multisource Feedback (MSF), also known as peer assessment or 360° assessment, is a method of assessing professional competence within a team-working environment and providing developmental feedback to the clinician.

The MSF comprises a self-assessment and the assessments of an applicant's performance from a range of co-workers. Most MSFs would expect a minimum of 10 colleagues and a self-assessment. Colleagues are chosen by the applicant and should include a range of colleagues covering different members of the team and varied working environments (e.g., ward, theatre, outpatients, clinics and administration) but not patients.

A good MSF would include a senior colleague, a junior colleague and a colleague of a similar level of experience. Dental care professionals that you work with (e.g., dental nurse, therapist, ward or theatre nurses) and members of administrative and management teams (e.g., receptionist, secretaries, operation managers). Not all colleagues will be able to complete the whole assessment but should complete all questions that relate to interactions they have had with you.

When completing an MSF the colleague can receive the assessment form either electronically or on paper. The completed form must be returned to a third party for collation so that it remains anonymous. This third person could be an administrator or a senior colleague**. It is essential to have someone to discuss your collated feedback with you for learning and development**.

An example of an MSF is available below and can be used by applicants, but there are many others that are available and acceptable as evidence.

**EXAMPLE: Multi-Source Feedback Form (Clinician Self-Assessment)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How do you rate yourself in:** | **Outstanding** | **Satisfactory** | **Development Required** | **Not applicable** |
| **Clinical Care** |  |  |  |  |
| 1. History taking and examination skills |  |  |  |  |
| 2. Relevant knowledge anddiagnostic skills |  |  |  |  |
| 3. Ability to formulate appropriate treatment plans and communicate clearly |  |  |  |  |
| 4. Clinical skills (operative) |  |  |  |  |
| 5. Record Keeping (timely, accurate, legible) |  |  |  |  |
| Comments |  |  |  |  |
| **Maintaining good dental practice** |  |  |  |  |
| 6. Ability to manage time and work under pressure |  |  |  |  |
| 7. Awareness of own limitations(willing to ask for help) |  |  |  |  |
| 8. Initiative and leadership skills |  |  |  |  |
| 9. Focus on patient safety (clinical governance) |  |  |  |  |
| Comments |  |  |  |  |
| **Teaching and Learning** |  |  |  |  |
| 10. Willingness to ask for feedback and learn from it |  |  |  |  |
| 11. Teaching (enthusiasm and effectiveness) |  |  |  |  |
| Comments |  |  |  |  |
| **Relationship with patients and Colleagues** |  |  |  |  |
| 12. Communication with patients and their relatives (conducting yourself in a professional way, being ethical and honest and treating patient with respect) |  |  |  |  |
| 13. Communication with colleagues (conducting yourself in a professional way, being ethical and honest and treating colleagues with respect) |  |  |  |  |
| 14. Active involvement with your team |  |  |  |  |
| 15. Accessibility and Reliability (available when on duty, responding quickly to emails/memos/requests) |  |  |  |  |
| Comments |  |  |  |  |
| **Summary** |  |  |  |  |
| Overall, how do you rate yourself compared to other dentists at the same level with whom you have worked? |  |  |  |  |
|  |  |  |  |  |
| Please give examples relating to areas in which you feel your performance isoutstanding |  |  |  |  |
|  |  |  |  |  |
| Please give specific examples relating to an area in which you feel your performance requires development. |  |  |  |  |

**APPENDIX 6**

**Direct Observation of Procedural Skills**

Direct Observation of Procedural Skills (DOPS) is one of a number of assessment tools used in the clinical setting to assess a clinical skill in the workplace. The assessment involves an assessor observing you performing a practical procedure within the workplace e.g. real patient, real time and real place. The DCT Equivalence Checklist should help to indicate which clinical procedures would be appropriate DOPS. Each DOPS should represent a different clinical problem covered by the curriculum and have come from a range of clinical settings.

The assessor should observe you carrying out the clinical procedure; followed by face-to-face feedback discussion; and completion of the DOPs form.

**Direct Observation of Procedural Skills (DOPS) Form**

|  |  |
| --- | --- |
| Date: |  |
| Title of Direct Observation of Procedural Skills: |  |
| Here you can record a brief, anonymous history to allow the SLE to be contextualised |  |
| Setting: | * A & E
* Clinic
* Ward
* Theatre
* Home Visit
* Other
 |
| Procedure: |  |
| Focus of encounter | * Demonstrates understanding of indications / anatomy / technique
* Obtains informed consent
* Preparation pre-procedure
* Appropriate analgesia
* Safe sedation
* Technical ability
* Clinical safety
* Post procedure management
* Communication skills
* Consideration of patient/professionalism
* Other
 |
| **To be completed by Assessor** |  |
| Feedback based on the behaviours observed: |
|  |
| Agreed Action: |
|  |
| **To be completed by Clinician being assessed** |
| Reflection: |  |
| Assessor’s Name: |  |
| Assessor’s e-mail: |  |
| Assessors Position: | * Specialty Dentist/Doctor
* Consultant
* PDS/CDS Dentist
* Specialty Registrar
* Other
 |

**APPENDIX 7**

**Case Based Discussion**

Case Based Discussion (CBD) is another tool used in the clinical setting to assess and feedback on a clinical encounter. A CBD is designed to assess clinical judgement, decision making and the application of medical knowledge. CBDs are used throughout dental core training and should encourage a reflective approach to learning.

CBD uses the records and investigations of a case, for which you will have been directly responsible, as the basis for dialogue between you and the assessor. All aspects of diagnosis, assessment and management of a case, including ethical and professional aspects such as the quality of the record keeping and presentation can be explored. A CBD is not an assessment solely of factual knowledge or purely presenting a clinical case. The discussion should explore the knowledge, judgement and clinical reasoning behind the case.

The DCT Equivalence Checklist should help to indicate which cases would be appropriate CBDs. Each CBD should represent a different clinical problem covered by the curriculum and have come from a range of clinical settings. The assessor should discuss the case in depth with you talking through the clinical situation, the findings and the decisions or courses of action that you would recommend. Most discussions should take no longer than 15-20 minutes and should be concluded with a 5 - 10 minute debriefing, feedback and completion of the CBD form.

**Case Based Discussion (CBD) Form**

|  |  |
| --- | --- |
| Date: |  |
| Title of CBD: |  |
| Here you can record a brief, anonymous history to allow the SLE to be contextualised |  |
| Setting: | * A & E
* Clinic
* Ward
* Theatre
* Home Visit
* Other
 |
| Clinical Problem Category: | * New Patient
* Follow Up
* Adult
* Child
* Special Care
* Pain/Emergency
* Other
 |
| Focus of encounter: | * Medical Record Keeping
* Clinical Assessment
* Investigations and Referrals
* Treatment
* Follow Up and Future Planning
* Professionalism
* Other
 |
| **To be completed by Assessor** |  |
| Feedback based on the behaviours observed: |
|  |
| Agreed Action: |
|  |
| **To be completed by Clinician being assessed** |
| Reflection: |  |
| Assessor’s Name: |  |
| Assessor’s e-mail: |  |
| Assessors Position: | * Specialty Dentist/Doctor
* Consultant
* PDS/CDS Dentist
* Specialty Registrar
* Other
 |

**APPENDIX 8**

**Mini-Clinical Evaluation Exercise**

The Mini-Clinical Evaluation Exercise (Min-CEX) is a tool used for the assessment and feedback of a clinical consultation. It can be used in a variety of settings including consultation clinics, outpatients and interviews with patients and/or relatives i.e. patient present, real time, real place. Again, use the checklist to assess which aspects of your clinical practice would be appropriate for a Mini-CEX. The assessor should observe the whole encounter, followed by a feedback discussion and completion of the Mini-CEX form.

**Mini-Clinical Evaluation Exercise Details form**

|  |  |
| --- | --- |
| Date: |  |
| Title of Mini Clinical Evaluation Exercise: |  |
| Here you can record a brief, anonymous history to allow the SLE to be contextualised: |  |
| Setting: | * A & E
* Clinic
* Ward
* Theatre
* Home Visit
* Other
 |
| Clinical Problem Category: | * New Patient
* Follow Up
* Adult
* Child
* Special Care
* Pain/Emergency
* Other
 |
| Focus of encounter: | * History
* Diagnosis
* Examination
* Management/Treatment Plan
* Communication
* Consent
* Discharge
* Other
 |
| **To be completed by Assessor** |
| Feedback based on the behaviours observed: |
|  |
| Agreed Action: |
|  |
| **To be completed by Clinician being assessed** |
| Reflection: |  |
| Assessor’s Name: |  |
| Assessor’s e-mail: |  |
| Assessors Position: | * Specialty Dentist/Doctor
* Consultant
* PDS/CDS Dentist
* Specialty Registrar
* Other
 |

**Appendix 9**

**Direct Evaluation of Clinical Teaching**

The Direct Evaluation of Clinical Teaching (DECT) assessment can be used when being observed in a teaching role. This could be used in a variety of settings ranging from small group teaching, giving a tutorial, giving a presentation, lecture or journal club. The assessor would observe the whole encounter followed by a feedback discussion and completing the DECT form.

**Direct Evaluation of Clinical Teaching Form**

|  |  |
| --- | --- |
| Trainee Name: |  |
| Trainee Registration Number: |  |
| Post: |  |
| Date: |  |
| Title of Developing the Clinical Teacher: |  |
| Here you can record a brief, anonymous history to allow the SLE to be contextualised: |  |
| Setting: | * Clinic
* Ward
* Journal Club
* Lecture
* Tutorial
* Other
 |
| Audience: | * Undergraduate Students
* Multidisciplinary Team
* Other
 |
| Focus of encounter: | * Preparation & setting (creating an appropriate environment for teaching, utilisation of resources)
* Teaching (clarity, logical sequence)
* Subject knowledge
* Ability to answer questions
* Interaction with group (gained their attention, facilitated group participation)
* Other
 |
| **To be completed by Assessor** |
| Feedback based on the behaviours observed: |
|  |
| Agreed Action: |
|  |
| **To be completed by Clinician being assessed** |
| Reflection: |  |
| Assessor’s Name: |  |
| Assessor’s e-mail: |  |
| Assessors Position: | * Specialty Dentist/Doctor
* Consultant
* PDS/CDS Dentist
* Specialty Registrar
* Other
 |

**APPENDIX 10**

**Assessors of Supervised Learning Events/Workplace Based Assessment**

Generally, the assessor should be of a senior position, or a colleague with at least three years post-graduate experience and ideally the required Supervised Learning Events (SLE) or Workplace Based Assessments (WBA) are completed by a range of assessors.

It is essential that if your assessor/evaluator has had no previous experience of assessment and feedback they also read this documentation; and be aware of the principles of the purpose of feedback. The following videos give an overview of this and may be useful for them to watch prior:

The power of feedback: <https://www.youtube.com/watch?v=S770g-LULFY>

Types and purposes of feedback: <https://www.youtube.com/watch?v=CXGt53AGGng>

Feedback should take about 5-10 minutes. It should be conducted in a suitable, quiet environment immediately after the assessment and should be constructive. The assessor should summarise the feedback given together with agreed actions. **Again,** it must be emphasised that the most important purpose of the assessment exercise is to provide formative feedback (e.g. information that forms and develops the applicant’s practice), offering a significant impact on learning.

**Completing the required form:** The assessor should summarise the feedback given together with agreed actions. It is essential the applicant reflect on the feedback and take a proactive approach to improving their practice.

**APPENDIX 11**

**Patient Assessment Questionnaires (PAQ)**

At least 20 PAQs are required to provide reliable feedback. We recommend that you ask a receptionist or equivalent to distribute and collect the PAQs to your patients. They should be distributed to a minimum of 20 consecutive patients. Once collated it is important you reflect on the responses in the questionnaires and learn from the feedback.

A sample PAQ form has been provided in this guidance for applicants.

**Patient Assessment Questionnaire**

Name of Dentist:

Thank you for taking the time to complete this confidential and completely anonymous questionnaire. It will give the dentist named above valuable information about how you feel so that he/she can improve the way they deliver your care.

Please use the 9 point scale (1 being very poor and 9 being excellent) to indicate how you feel the dentist has performed for each statement during your appointment today. If *you* have time, please add comments in the space provided at the foot of the form. Please indicate how well the dentist:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Development****Required** | **Satisfactory** | **Outstanding** |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
| Greeted you and made you feel welcome |  |  |  |  |  |  |  |  |  |
| Helped you feel at ease |  |  |  |  |  |  |  |  |  |
| Listened to you and to your questions |  |  |  |  |  |  |  |  |  |
| Showed you respect and courtesy |  |  |  |  |  |  |  |  |  |
| Explained treatment choices clearly and thoroughly to you in terms you understood |  |  |  |  |  |  |  |  |  |
| Gave you time to think and ask questions  |  |  |  |  |  |  |  |  |  |
| Answered any questions you had |  |  |  |  |  |  |  |  |  |

**Please also indicate**

How confident you felt with the dentist

To what degree the appointment felt/did not feel rushed:

Would you recommend this dentist to a friend or member of your family?

|  |  |  |
| --- | --- | --- |
| Yes |  | No |
| Yes |  | No |

Did you feel discriminated against in any way?

Please add comments below:

**APPENDIX 12**

**Presentations**

A summary of the presentation should be included with details:

* Where, when and who it was presented to
* Overview of the presentation including aims and anticipated learning outcomes
* Relevant feedback and reflection.
* **International Level Presentations** - For a presentation to qualify as ‘international’ it needs to have been at a recognised international meeting that rotates to different countries, e.g., Sweden, Australia etc.

The important consideration is the status of the conference/meeting, NOT where it took place. e.g Irish Orthodontics conference in Ireland would not be considered an international meeting, however, the international Orthodontic congress held in London would be classed as an international meeting.

* **National Level Presentations** - Presentations delivered on a national level refer to when an applicant has delivered a presentation in the country where their undergraduate education took place, or at their time of residence, e.g., if an applicant delivered a presentation in Sweden whilst undertaking their undergraduate education in Sweden, this cannot be classified as ‘International’ just because it is outside of the UK: it would be national. This is the case unless it was a recognised international meeting as defined above.
* **Regional** - refers to presentations confined to, for example, the county, HEE local office/Deanery, health authority, or a recognised cluster of hospitals, extending beyond a city.
* **Local** - refers to presentations delivered as part of an institutional process, e.g., at a local trust/ hospital where you have been working, or at an educational institution setting.

**Appendix 13**

**Publications**

* **In press** - this means that your piece has been fully accepted for publication; no further alterations are required; and it is just waiting to be published. The PubMed ID or hyperlink must be included in the relevant field.
* **PubMed** - virtually all published articles relevant to medicine and dentistry will have a unique PubMed ID number (PMID) assigned to it. If a published article does not have a PMID, it is unlikely to be relevant here. The PubMed ID or hyperlink must be included in the relevant field.
* **Peer-reviewed** - this means that your piece has been sent to one or more independent reviewers prior to acceptance for publication. The PubMed ID or hyperlink must be included in the relevant field.
* **Submitted article** - this cannot gain any marks through this section because it is not known if it will be published.
* **First author** - this means first on the list of authors. The PubMed ID or hyperlink must be included in the relevant field.
* **Joint first author** - this is a specific definition and will be specified in the publication. The PubMed ID or hyperlink must be included in the relevant field.
* **Co-author** - this means that you are on the list of authors but are not first or joint-first author. The PubMed ID or hyperlink must be included in the relevant field.

**List of Acronyms**

|  |  |
| --- | --- |
| **A&E** | Accident & Emergency |
| **APGDD** | Associate Postgraduate Dental Dean |
| **BDJ** | British Dental Journal |
| **CBD** | Case Based Discussion |
| **COPDEND** | UK Committee of Postgraduate Dental Deans and Directors |
| **CPD** | Continuing Professional Development |
| **DCT** | Dental Core Training |
| **DOPs** | Direct Observation of Procedure Skills |
| **DPGDD** | Deputy Postgraduate Dental Dean |
| **DST** | Dental Specialty Training |
| **FAQs** | Frequently Asked Questions |
| **GDC** | General Dental Council |
| **GDPR** | General Data Protection Regulation |
| **GMC** | General Medical Council |
| **HEE** | Health Education England |
| **MFDS** | Membership of the Faculty of Dental Surgery |
| **Mini-CEX** | Mini-Clinical Evaluation Exercise |
| **MJDF** | Membership of the Joint Dental Faculties |
| **MSF** | Multisource Feedback |
| **NHS** | National Health Service |
| **Oriel** | National Recruitment online application system |
| **PAQ** | Patient Assessment Questionnaire |
| **PSQ** | Patient Satisfaction Questionnaire |
| **PDP** | Personal Development Portfolio |
| **PGDD** | Postgraduate Dental Dean |
| **QI** | Quality Improvement |
| **RCS** | Royal College of Surgeons |
| **SLE** | Supervised Learning Events |
| **TPD** | Training Programme Director |
| **WBA** | Workplace Based Assessments |