

Common reasons why the core skills component of the MJDF Portfolio of Evidence does not reach the required standards

The following statements are intended to help assessors decide if the evidence of core skills in the Portfolio of Evidence has reached required standards. These should be used in conjunction with the *Guide to the MJDF Portfolio* (available at www.fgdp.org.uk/exams/mjdf or www.rcseng.ac.uk/fds/mjdf).

- **The core skills evidence is disorganised and difficult to navigate. Is this acceptable?**
 - *No. The core skills evidence should be organised with a contents page, page numbers and labelled tabs.*

- **There is inadequate reflection and discussion of the core skill(s). Does this matter?**
 - *Yes. Assessors should consider adequate reflection and discussion as the most important demonstration that the candidate understands the core skill. The candidate should discuss and reflect on both how their practice successfully complies with the key issues in each core skill and how any perceived inadequacies have been addressed.*

- **There is inadequate cross-referencing to other core skills and evidence items. Is it necessary to cross-reference?**
 - *Yes. Evidence items relating to each core skill should be readily found. Adequate cross-referencing also reduces the number of unnecessary evidence items.*

- **There are a significant number of required evidence items missing and some are blank rather than filled-in examples. Is this satisfactory?**
 - *No. All required evidence items should be present, current and relevant to the candidate's own work place.*

- **There is evidence of plagiarism. What action should be taken?**
 - *The assessor should indicate that this is a serious breach of the assessment regulations and draw the attention of the candidate to the Candidate's Probity Statement.*



Common reasons why the primary care clinical case presentation of the MJDF Portfolio of Evidence does not reach the required standards

- **Must original contemporaneous anonymised clinical notes accompany the case presentation?**
 - *Yes, this is a mandatory requirement.*

- **Must I include original study models and radiographs?**
 - *Quality copies are best. Both items should only be taken if appropriate for the clinical care and must comply with published guidelines.*

- **What is most important – the quality of the operative dentistry or the logic of the clinical care?**
 - *The logic of the care and how the patient's contact with the practitioner has benefited the overall health of the patient is most important.*

- **Is any clinical case too complex or too easy for presentation at this level?**
 - *Yes, choose something that is within your capability and has at least two disciplines. Referral for some of the care or specialist opinion is satisfactory provided that the candidate has carried most of the clinical care.*

- **Does the clinical care have to follow accepted 'best practice'?**
 - *Yes, unless there is an overriding reason for not doing so.*

- **What happens if the patient declines some aspect of the suggested treatment plan?**
 - *Only the care that a patient is prepared to undergo can be provided. However, patient-led treatment provision which is outside normal parameters is inappropriate.*

- **How should informed consent be demonstrated?**
 - *As treatment options, provided both in the case presentation and in the clinical notes, along with supporting evidence, e.g. a signed treatment plan or FP17DC if a UK NHS patient.*

- **Is the 2000 word count important?**
 - *The word count serves as a guide to the depth required for the written presentation. The most important thing is that the candidate is able to demonstrate the logic of the clinical care that has been provided and the clinical benefit to the patient.*



Annex D

Common reasons why the audit assignment of the MJDF Portfolio of Evidence does not reach the required standards

The following statements are intended to help assessors decide if an audit project has reach required standards. These should be used in conjunction with the *Guide to the MJDF Portfolio* (available at www.fgdp.org.uk/exams/mjdf or www.rcseng.ac.uk/fds/mjdf) and the audit descriptors.

- **The audit topic chosen has no relevance to patient care or risk reduction. Is it suitable?**
 - *No, all projects should show benefit to patient care.*

- **A reference standard of 80% has been chosen. Is this always correct?**
 - *This is acceptable if it is referenced to an external standard or marker, i.e. the FGDP(UK)'s publication Standards in Dentistry or peer review. A higher initial standard may indicate that the audit topic is unnecessary because performance in that area is already reasonable.*

- **No pilot of the capture was done to test the audit methodology. Is this acceptable?**
 - *Yes, providing the audit meets accepted standards.*

- **The data capture sheets are not included, but graphs/charts of the results are in the written project. Is this acceptable?**
 - *No, the original data capture sheets must be available.*

- **Some changes were implemented resulting from the first audit cycle, but the second cycle of audit was not presented. Is this acceptable?**
 - *No, this is not audit but research. The second cycle is mandatory.*

- **There is no evidence shown of any changes being made after the first cycle. Is this acceptable?**
 - *No.*

- **The second cycle shows little improvement. Is this acceptable?**
 - *No, this would indicate that the audit has not achieved any positive gain for patient care or safety. This may be due to inappropriate topic selection, poor methodology, or poor communication or compliance of any proposed changes after cycle.*



Note: The audit must be the candidate's original work. If the original work has been completed as part of a group exercise, all participants must be named and confirmation given that their participation in the same audit project was contemporaneous.

Publication date: 4 February 2008

