



Faculty of Dental Surgery
The Royal College of Surgeons of England



Faculty of General Dental Practice (UK)
The Royal College of Surgeons of England

Guide to the MJDF Portfolio of Evidence

2007



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Introduction

As part of the requirement for the foundation training programme (curriculum available on the websites of the Faculty of Dental Surgery of The Royal College of Surgeons of England (FDS)¹ and Faculty of General Dental Practice (UK) (FGDP[UK])²), you will be required to keep a portfolio of evidence. Further information about the portfolio that forms part of the foundation training programme can be found on the Committee of Postgraduate Deans and Directors (COPDEND) website³. The structure of the portfolio of evidence for the foundation programme is based on documenting all the evidence of the experience that an individual obtains, while at the same time facilitating reflection on that experience.

The foundation programme portfolio is organised in sections, with each section designed to help you complete different aspects of your learning and assessment. You can use components of your foundation programme portfolio in your Portfolio of Evidence for the Diploma of Membership of the Joint Dental Faculties (MJDF) examination.

Those dentists who have taken a career break, have been qualified for over six years, or who qualified overseas, will need to gather evidence for a log of prior experience for the MJDF Portfolio of Evidence (see pages 37-43). These portfolios will be assessed directly by the MJDF examiners or other such groups deemed fit by the FDS and FGDP(UK).

Aims of MJDF Portfolio of Evidence

The MJDF Portfolio is a collection of evidence where you reflect on your professional development in five core clinical and management skill areas, along with evidence of

¹ www.rcseng.ac.uk/fds/mjdf

² www.fgdp.org.uk/exams/mjdf

³ www.copdend.org.uk/



the clinical management of patients. The Portfolio is assessed for credit towards the MJDF examination.

The purpose of the Portfolio is to demonstrate understanding and attainment in each core skill and in the clinical management of patients.

Among the aims of the Portfolio are:

- To give you a contemporary record of activities and thoughts.
- To facilitate the gathering of material in order to provide a summary of information for submission.
- To help you to reflect on how you have applied your learning in clinical practice.
- To facilitate reflection and writing up at the end of the course.
- To help you to reflect on the learning process so you can see what was helpful/difficult/took too long/still needs to be completed, and so on.
- To provide documentary evidence of learning and attainment of clinical skills.



Components of the Portfolio

The Portfolio consists of five parts:

- A CV
- Evidence of five core clinical and professional skills
- Evidence of clinical management through presentation of both a:
 - Clinical audit or a research project, and a
 - Clinical case, case-based discussion or equivalent
- A record of continuing professional development activity, or log of prior experience, and a personal development plan.



Rationale of the Portfolio

The aim is to collect effective evidence showing your attainment of the core skills and clinical skills in your Portfolio of Evidence. You should include elements of the principles of evidence-based practice, which are:

- Identifying problems in clinical practice and, based on these, producing a set of needs to investigate (and for which to provide solutions).
- Identifying and searching information resources for answers and solutions.
- Evaluating information resources for their usefulness; discrimination between poor and robust sources.
- Implementing useful findings.

The Portfolio should contain diaries, logs and various artefacts that provide the 'evidence'.

The core skill areas have been selected because they are important in the practice of dentistry. In order to gain credit for the Portfolio:

- Five core skills should be demonstrated.
- All sub-elements of each skill should be demonstrated.
- Evidence additional to the five core skills should only be included with care and with an explanation as to its relevance.



General principles of the Portfolio

Portfolios should:

- Be typed, or legibly written, in grammatically correct English (including items referring to evidence, which will require translation if necessary) and have clear and concise expression.
- Show attainment of specific outcomes.
- Demonstrate how the subject materials relate to practice or professional development.
- Use accurate and relevant scientific and professional terms.
- Show reflection that:
 - Describes an event or situation.
 - Outlines the awareness of the consequences of actions.
 - Describes conclusions based on available evidence or authority.
 - Has influenced practice and thinking, analysing how the experience modified the learning experience claimed.
 - Correctly cites and lists relevant reading.
 - Is set in context of professional development activity.



Providing evidence of the five core skills

The purpose of the Portfolio is for candidates to demonstrate that they understand each core skill. The information below provides suggestions for compiling evidence of the five core skills.

Quality, not quantity

The material submitted should be relevant to the criteria required. Quantity is not an advantage. In fact, it may result in the Portfolio being returned in order to 'weed out' irrelevant material. Examples of unnecessary material could be blank forms, such as NHS paperwork. An example of appropriate evidence in the record-keeping section could be a completed FP17DC (patient treatment plan) that relates to a clinical record. This could also be used as a demonstration of obtaining and supporting informed consent.

There are areas of overlap in some of the core skills, and it is not necessary to duplicate material. Cross-referencing is very useful to eliminate the production of unnecessary material. Plastic wallets tend to encourage too much material, with unnecessary items inserted in the wallet.

Key points

- Selection and efficiency in organising the material is vital.
- Over-collecting material wastes effort.
- Make maximum use of cross-referencing.

Note: Avoid plastic wallets wherever possible.

Provide a 'route map'

The Portfolio should be able to stand as a self-contained document. Each piece of evidence should be linked to a particular assessment criterion. A table of contents



will enable the Portfolio to be assessed as a self-contained document. You will need a substantial binder to include all the necessary material, and must have an efficient cross-referencing system with page and section numbers.

Key points

- Include a table of contents.
- Portfolio must stand as a self-contained document.
- Each piece of evidence needs to be linked to the relevant outcome and/or assessment criteria.

Structured and annotated

The Portfolio should be structured. A well-organised Portfolio will show that you understand each core skill and any interrelationship between the core skills. It will also help the assessors for the MJDF diploma. It is very important that you understand why you have selected a particular example.

Key points

- Organisation of evidence is a skill in itself and a marker of understanding.
- Never allow neatness to be more important than clarity, i.e., write about an example and explain why it is useful and pertinent, make frequent use of highlighters, punch holes in documents to ensure they are filed in the right place.
- Make use of colour, dividers and tabs.
- All items should be numbered or labelled.
- Where only a small part of your example is relevant, use a highlighter to guide the assessor's attention.



Layout details

It is important that:

- Your Portfolio is typed, word-processed or legibly handwritten.
- Pages are bound in secure binder.
- Your Portfolio includes dividers, with labelled side tabs, to separate sections and groups of evidenced items.

The Portfolio should be laid out as follows:

1. COVER PAGE

Write as follows:

'Portfolio of Evidence for the MJDF' *and* date of submission

Page 1

Write as follows:

'I wish to apply to the Joint Dental Faculties of The Royal College of Surgeons of England for accreditation of my Portfolio of Evidence for the Diploma of Membership of the Joint Dental Faculties.'

Following this, print your name, add the date and include your signature.

2. INDEX OF CONTENTS



3. PERSONAL DETAILS AND CV

Name:		PHOTOGRAPH OF CANDIDATE
Current address:		
Tel. number:		Mobile number:
Date of birth:		E-mail:
Qualifications (with dates):		
Dental school/University:		
GDC registration number: (or equiv. for overseas)		
NI number (if applicable):		
Defence org. membership number:		
Name & address of defence organisation:		
Tel. no. of defence organisation:		
Positions held and dates:		



4. CORE SKILLS

Candidates will be expected to complete five core clinical and professional skills relevant to the workplace environment experienced during foundation years, from the following list:

Note: The three core skills marked with an asterisk(*) are **mandatory** for all candidates (i.e., these are the General Dental Council's mandatory areas for CPD).

(i) Health and safety in clinical practice

In this area, you should demonstrate that you understand how health and safety legislation affects the practice of dentistry, dealing with complaints, and clinical governance.

You should be able to undertake a risk assessment in your working environment. The evidence that you produce for this section must show that you understand the legislation that is involved. The curriculum outlines the areas of legislation for which you should produce evidence of how your workplace conforms. If your workplace does not conform to current guidelines, then you should highlight these areas and suggest how you would change them.

Questions to ask yourself

- What is a hazard?
- What is a risk?
- Has a risk assessment been carried out for the environment in which I work? If so, how and when?
- What does health and safety legislation require of my work environment?
- What does my work environment actually do to comply with Health and Safety law?



Dealing with complaints

Your practice/clinic should have a system for dealing with patient complaints that conforms to current trust guidelines. Evidence should be produced to support this.

Questions to ask yourself

- How do staff handle complaints?
- What are the current trust guidelines?
- Are complaints logged?
- What staff training is in place to deal with patients' complaints?

Evidence that you need to provide

- Show how a risk management assessment is carried out in your workplace.
- Show the implementation of complaints procedures in the workplace.
- Show what measures have been taken to implement clinical governance and legislation in the workplace.

Suggested evidence items

- Completed Control of Substances Hazardous to Health (COSHH) assessment forms.
- Written risk assessments and examples of written safe systems of work and protocols.
- Reflective commentary on how your workplace and you personally comply with the areas listed.
- Protocol for workplace complaints procedure (ideally with worked example).
- Discussion on how clinical governance matters affect your workplace.

Supporting material: *Key Skills in Primary Dental Care e-learning package – Legislation and Good Practice Guidelines module. FGDP(UK) and Smile-on Ltd⁴; Clinical Governance Framework (Updated May 2006). National Health Service⁵.*

⁴ www.fgdp.org.uk/key_skills/ and <http://www.smile-on.com/keyskills/>

⁵ <http://www.primarycarecontracting.nhs.uk/142.php>



(ii) Infection control *

All members of the dental team need to understand and carry out satisfactory infection control procedures. You will need to demonstrate how your workplace manages these procedures. Health and Safety law has a role to play in infection control, and an understanding of the issues that are involved in infection control is important.

Questions to ask yourself

- How is infection control managed in my work environment?
- What staff training is in place?
- Does the surgery design enable me to have in place good infection control procedures?
- How do I cope with the problem of aerosols?
- How do I prevent contamination in water lines?
- How are instruments decontaminated and sterilised?
- What is the workplace policy on the use of chemical disinfectants?
- How are hard surfaces cleaned and sterilised?
- What disposables are used?
- What happens to clinical waste?
- What guidelines are there for infection control procedures? Are current guidelines followed? If not, why not?
- Would it be possible to improve these procedures?
- What is the workplace policy on the immunisation of staff?
- What happens after an inoculation injury?
- How is laboratory work managed?
- How does health and safety law affect infection control?
- Does the workplace have any protocols for infection control?

Evidence that you need to provide

- How infection control procedures are managed.
- Workplace protocols for infection control.



Suggested evidence items

- Reflective commentary on how your workplace manages its infection control procedures.
- Discussion on how or whether it would be possible to improve these procedures.
- Diary of formal and informal staff training in your work environment.
- Copy of relevant accident book entries.
- Protocols for **three** selected types of procedures, including those used within your work environment. (Laboratory and surgical protocols may be included).

Supporting material: *Key Skills in Primary Dental Care e-learning package – Infection Control module. FGDP(UK) and Smile-on Ltd⁶; Cross Infection Control Dental Team Training e-learning tool. Department of Health⁷.*

(iii) Dental radiography and radiation protection *

The evidence for this area comes under two main headings: the criteria that you use for radiographic examinations, and how your workplace conforms with current legislation that applies to radiography. You should also produce evidence about your rationale for taking radiographs.

Questions to ask yourself

- What selection criteria do I use for taking radiographs?
- What are the health and safety implications of taking radiographs?
- What protocols does my workplace have for radiography?
- Is there a quality assurance system for radiographs taken in my work environment?

Evidence that you need to provide

- Show that radiographic examinations are conducted in line with current radiographic protocols.

⁶ www.fgdp.org.uk/key_skills/ and <http://www.smile-on.com/keyskills/>

⁷ An infection control e-learning tool (CD-ROM) produced by s4dental is available from the Department of Health (DoH). The CD-ROM has been distributed free to all dental practices in England and is divided into ten sections, which include microbiology, instruments and appliances, with a number of video clips.



- Show compliance with legislation that affects the exposure of radiation in dental practice.
- Show quality assurance protocols for radiography.

Suggested evidence items

- Reflective commentary on the criteria used for radiography in your work environment.
- Example of radiographs, along with findings and interpretation.
- Discussion on your understanding of the legislation applicable to dental radiography.
- Diary of formal and informal staff training in your work environment.
- Reflective commentary on the quality assurance programmes used for radiography in your workplace.

Supporting material: *Selection Criteria for Dental Radiography. FGDP(UK)⁸; Guidelines on Radiology Standards for Primary Dental Care. The National Radiological Protection Board and Royal College of Radiologists⁹.*

(iv) Medical emergencies *

In the area, you will be expected to demonstrate that you understand how to treat a collapsed patient in the clinical environment. You will also need to show evidence of the training that is required to deal with medical emergencies.

Questions to ask yourself

- What drugs are present in the workplace for dealing with medical emergencies?
- How are these drugs used?
- Is there a current protocol for dealing with a collapsed patient?
- What staff training is there for dealing with medical emergencies?
- Has a timed team exercise been carried out for dealing with a collapsed patient?

⁸ www.fgdp.org.uk/publications/selection.html

⁹ www.hpa.org.uk/radiation/publications/documents_of_nrp/abstracts/absd5-3.htm



Evidence that you need to provide

- A current certificate of CPR training dated not less than 9 months prior to submission of the Portfolio.
- A list of the emergency drugs in your workplace and how they are used.
- Evidenced ability to recognise an acutely unwell patient and ability to examine for vital signs.
- Evidenced clinical practise of core emergencies, e.g. collapse and or shortness of breath, including asthmatic attack, fits, faints, stroke, hypoglycaemia, anaphylaxis, and the obstructed airway.
- How your work environment manages medical emergencies.

Suggested evidence items

- Current certificates of CPR training.
- Current evidence of practical role playing regarding the medical emergencies listed above.
- A list of the emergency drugs in your workplace and a description of how they are used.
- Reflective commentary on how the workplace manages medical emergencies.
- Protocols for selected types of emergencies.

Supporting material: *Human Disease for Dentistry*. Oxford University Press¹⁰;
Medical Emergencies and Resuscitation. Resuscitation Council (UK)¹¹.

(v) Record keeping

Evidence for this area can be in the form of photocopies of clinical records to show how you write up common procedures, such as the examination of a new patient and a regular patient, an extraction, root canal therapy, and crown preparations. This is not meant to be prescriptive, but rather a guide to the type of evidence that you

¹⁰ *Human Diseases for Dentistry*, Fortune, F, Oxford University Press.

¹¹ <http://www.resus.org.uk/pages/MEdental.htm>



should produce. **Remember to delete the patient's identity from the record.**

If you have computerised records, your computer system should be capable of producing a print out.

In this area, you should also produce evidence of any consent forms, e.g. for wisdom teeth extractions. There may be a variety of other consent forms that your workplace uses which can be produced in this section.

Evidence should also be produced to show referral letters, whether for orthodontic procedures or oral medicine.

Questions to ask yourself

- Are my clinical notes clear, legible and easy to read?
- Are my clinical notes filed, dated and signed?
- Have all the necessary elements of the treatment been written up?
- Do my notes satisfy medico legal requirements?
- How does the workplace manage informed consent?
- Do my referral letters state clearly the reason for referral?
- Does the workplace use medical history sheets? If not, how are medical histories recorded and updated?

Evidence that you need to provide

- Documentation showing all diagnostic data, including radiographs and treatment planning.
- Show informed consent and the paperwork necessary to support it.
- Show the use of referral letters.

Suggested evidence items

- Anonymised photocopies of clinical records to show how you document and report on findings and common procedures, e.g. the history and examination of a new patient and a regular patient. The records could include investigations such



as radiographs, as well as the mechanism of treatment planning and how you managed clinical procedures (e.g. routine restorations, an extraction, root canal therapy, prosthetics and crown preparations).

- Anonymised (completed) consent forms, e.g. for wisdom teeth extractions, etc.
- Anonymised photocopies of referral letters, whether for orthodontic procedures, oral surgery or oral medicine referrals, plus replies.
- Discussion on your understanding of the legislation applicable to dental records (computerised or handwritten).

Supporting material: *Key Skills in Primary Dental Care e-learning package – Clinical Record Keeping module. FGDP(UK) and Smile-on Ltd¹²; Clinical Examination and Record-Keeping – Good Practice Guidelines. FGDP(UK)¹³.*

(vi) Dental teamwork

This area deals with training and management of all members (including yourself) of the dental team. You will need to show how this training takes place. There are other important elements such as staff appraisal.

Questions to ask yourself

- How do I record my own CPD?
- How do I provide prescriptions for treatment by dental care professionals (DCPs), e.g. dental hygienists, dental health educators and dental technicians?
- Does staff appraisal take place in my work environment?
- Does the workplace have an equal opportunities policy?

Evidence that you need to provide

- Show the monitoring of CPD.
- Show the use of prescriptions for treatment by DCPs.
- Show measures that are taken for staff training and appraisal procedures.

¹² www.fgdp.org.uk/key_skills/ and <http://www.smile-on.com/keyskills/>

¹³ www.fgdp.org.uk/publications/clinical_exam.html



- Show how the workplace complies with equal opportunities legislation.

Suggested evidence items

- Copies of GDC *Lifelong Learning*¹⁴ and other appropriate records.
- Discussion of workplace organisation, usually with organisation charts and areas of responsibility.
- Examples of prescriptions for treatment by DCPs.
- Diaries and records of staff training.
- Copies of entries from workplace management manuals.

Supporting material: *GDC Lifelong learning.*

(vii) Law and ethics

This area deals with accountability of adherence to the law, but also the values and ethics that characterise the candidate's approach to dentistry and professional standards.

Questions to ask yourself

- How do I ensure patient confidentiality?
- Do I always record the patient's consent to treatment?
- Can I demonstrate awareness of GDC regulations on standards?
- Can I demonstrate training in child protection?
- Can I demonstrate a professional approach to the handling of complaints?
- Am I aware of what constitutes negligent care?
- Am I aware of issues of probity?

Evidence you need to provide

- Show evidence that patients have information to consent to treatment.
- Show examples of training on confidentiality.
- Show awareness of standards in dentistry.

¹⁴ www.gdc-uk.org/



- Show evidence of training in disability, equality and diversity, and an understanding and protocols in child protection.
- Show evidence of management of complaints.
- Show evidence of training in disability, and equality and diversity legislation.

Suggested evidence items

- Anonymised patient record cards/letters to patients showing discussion of treatment options and consent.
- Patient advice leaflets.
- Consent forms.
- Records and certificates of personal and staff training in confidentiality, equality and diversity, and disability regulation.
- Protocols for staff, e.g. answering the phone.
- Certificates for child protection training/practice.
- Complaints procedure and management.

(viii) Prevention and dental public health

This area deals with importance of disease prevention in oral healthcare and dental public health. Throughout a successful professional career in dentistry and oral healthcare, it is essential to be able to not only treat disease, but to also have an active role in preventing disease.

Good oral healthcare generally occurs within a national framework. These frameworks can serve as a valuable guidance on oral health needs for a community. One such document in England you may wish to refer to is *Choosing better oral health: An oral health plan for England: Department of Health, 14 November 2005*¹⁵.

Questions to ask yourself

- Can I demonstrate how to undertake a diet analysis?

¹⁵ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4123251



- Can I counsel patients on improving diet and reducing sugar intake?
- Can I advise and use various fluoride preparations appropriately?
- Can I advise and promote good oral hygiene and preventative practices for all family members?
- Can I monitor oral health measures, such as decayed, missing and filled teeth (DMFT)/basic periodontal examination (BPE), in a community group?
- Can I assess levels and oral health needs in individuals, families, and community groups?
- Can I identify at risk individuals and groups within a community group I am treating?
- Can I use suggested appropriate recall times of individuals?
- Can I screen for oral cancer as part of a normal dental consultation, and refer suspected oral cancer cases appropriately?
- Can I assess risk factors for oral cancer, and promote smoking cessation/give advice on alcohol intake?
- Do I understand the role of oral health education and promotion at a local practice, community and national levels?
- Do I understand the importance of the interaction between oral and general health?
- Do I understand funding structures for oral healthcare within the community?
- Do I understand, and as far as possible work towards, identified national oral health plans?

Evidence you need to provide

- Show evidence of being able to carry out a diet analysis.
- Show evidence of being able to counsel patients on healthy diets and reducing sugar intake.
- Show evidence of the appropriate use of fluoride preparations.
- Show evidence of promoting good oral hygiene and preventative measures.
- Show evidence of being able to record DMFT's and BPE scores.
- Show evidence of being able to identify oral health needs.
- Show evidence of being able to identify at-risk individuals.



- Show evidence of using appropriate recall times.
- Show evidence of screening for oral cancer in all patient encounters.
- Show evidence of appropriate referral of suspected oral cancer.
- Show evidence of assisting patients in eliminating risk factors for oral cancer (e.g. smoking and alcohol).
- Show evidence of your involvement in oral health promotion activities.

Suggested evidence items

- Anonymised patient record cards/letters showing a completed diet analysis.
- Anonymised patient record cards/letters showing patients who have been identified as high risk, and the improvement with suggested oral health measures.
- Anonymised patient record cards/letters showing referrals for suspected oral cancer.
- Anonymised patient record cards/letters showing successful counselling for risk factor reduction such as smoking cessation and reducing alcohol intake.
- Patient advice leaflets on prevention and oral health.
 - Document your involvement in Oral Health Month.
 - Document your involvement in Mouth Cancer Awareness week.
 - Document your involvement in any other local oral health promotion programs (practice, school, cultural and community groups).



5. EVIDENCED CLINICAL MANAGEMENT

1. Audit project or research project

All candidates must complete a clinical audit or research project, which should be written up and evidenced as outlined below.

a) Clinical audit project

Candidates will be required to present a report which provides evidence of the use of audit as a quality management tool in their clinical practice. Clinical audit is a quality assurance tool which is concerned with identifying best practice. It involves examining, measuring and evaluating current clinical practice against standards and reporting these findings.

The report should demonstrate that an aspect of **patient care or management has been improved** and met an acceptable standard, which is usually an evidence-based external standard. However, you may set your own standard by referring to published data or a pilot study. You may be guided in your choice of study by your trainer. Generally the topics should be common, important, and amenable to change.

Questions to ask yourself

- Is the audit project concerned with a common problem or practice in dentistry?
- Have I clearly described the method?
- Is the sample size large enough to be able to demonstrate current performance?
- Have I demonstrated, with a clear presentation, my data collection sheet, with all relevant data collected without bias?
- Have I presented my evidence with the original data to support the audit?

Note: Where a joint project is carried out, the individual must display their own reflective conclusion and writing.



Evidence that you need to provide

- Show the methodology.
- Show clear presentation of data collection.
- Show your own reflective conclusion where a joint project is carried out.
- Show how the audit has changed your clinical practice.

Suggested evidence items

- A clear introduction describing the background to the audit with references.
- A clear description of the method, including the standard set and a sufficient sample size to be able to demonstrate current performance.
- A clear presentation of the data collection sheet, with all relevant data collected without bias.
- Well presented results and conclusions.
- Evidence of implementing change.
- Re-audit with results.
- Where a joint project is carried out, the individual must display their own reflective conclusion and writing.

Supporting material: *A Practical Handbook for Clinical Audit. NHS Clinical Governance Support Team*¹⁶; *What is Clinical Audit? Hayward Medical Communications*¹⁷; *Guide to the Coursework Module of the MFGDP(UK) Examination - Quality assurance and audits. FGDP(UK)*¹⁸.

b) Research project

Candidates will be required to present a report on a research project carried out in the work environment. The research project should highlight a common dental problem and may be clinical or laboratory based.

¹⁶ www.cgsupport.nhs.uk/downloads/Practical_Clinical_Audit_Handbook_v1_1.pdf

¹⁷ www.evidence-based-medicine.co.uk/ebmfiles/WhatisClinAudit.pdf

¹⁸ http://www.fgdp.org.uk/publications/mfgdp_coursework.html



The aim of the research project is to help you to develop critical thinking, reasoning and writing skills. It will also help you to learn to analyse and use information gathered from an array of resources (these may be printed, electronic or web-based).

You will be guided by your tutor in choice of topics.

Questions to ask yourself

- Is the research project a common problem or practice in dentistry?
- Have I set deadlines for each stage of the project?
- Have I undertaken some background reading on the problem and formulated my hypothesis?
- Do I have a large enough sample size to be able to test my hypothesis?
- If patients are involved, do I have ethical approval to carry out my research?
- Have I demonstrated, with a clear presentation, my data collection sheet, with all relevant data collected without bias?

Note: Where a joint project is carried out, the individual must display their own reflective conclusion and writing.

Evidence that you need to provide

- Show evidence of why you chose the project and the background to the problem.
- Show the methodology.
- Show clear presentation of data collection and results obtained.
- Show your own reflective conclusion where a joint project is carried out.
- Discuss your results and reflect on the impact in dentistry.

Suggested evidence items

- Clearly set out and present the project, with legible writing, including: title, background, patients and methods, results, discussion, and references.
- Demonstrate how you collected your source material.
- Ensure a sufficiently large sample size to be able to demonstrate the hypothesis.



- Clearly describe the methodology, including a clear presentation of data collection, with all relevant data collected without bias.
- The evidence presented should include original data, results, interpretation and evaluation of results.
- The discussion should be evidenced by your results against the background of current information available about the project.
- The discussion should show your ability to reflect and critically reason the arguments in support of or against your results, and how this impacts on dental practice.
- Cite source material in the reference section.

Supporting material: *Introduction to Research in the Health Sciences. Elsevier*¹⁹; *Introduction to Research: Multiple Strategies for Health and Human Services. Mosby*²⁰; *An introduction to Medical Statistics. Oxford University Press*²¹; *Research Methods in Health. Open University Press*²².

2. Clinical skills

This could include any of the following:

a) Community or secondary care case-based clinical presentation or study

The aim of the case-based presentation is to be able to demonstrate your ability to take a good history and examine a patient appropriately, and to formulate a treatment plan and discussion. It should also include an evidence-based component. The presentation or study should:

- Interpret the clinical findings and present these in a logical fashion.
- Discuss differential diagnosis and suggested investigations.

¹⁹ Polgar, S. & Thomas, S. A, Edinburgh: Churchill Livingstone, 2000, 322p, ISBN 044306265X

²⁰ DePoy, E. & Gitlin, L. St. Louis: Mosby, 1994, 329p, ISBN0801662842

²¹ Martin Bland. Oxford University Press ISBN 019263269 8.

²² Ann Bowling. Open University Press 1997 ISBN0335198856



- Show how to construct a treatment plan.
- Provide evidence and discussion to support investigations and treatment choices.
- Suggest prognosis and future management.

Descriptors which may help in the preparation for case presentation or study include the following:

- The history and the clinical examination should be accurate, systematic and comprehensive, as well as being presented in a logical manner.
- The interpretation of clinical evidence should include an appropriate differential diagnosis and contributing aetiological factors.
- All investigations required to inform the diagnosis and management plan should be discussed.
- The presentation should be clear and concise, with good use of visual aids.
- Additionally, there should be a reflective element on strengths and weakness, as well as challenges to the successful completion of treatment.

b) Clinical case presentation

The clinical case presentation will allow you to demonstrate your approach to patient management and how you reflect on arriving at a diagnosis and treatment plan.

Reports should be typed on the front side of A4 paper sheets and be of no more than 2000 words, with a word count included at the end of the document.

Important points to address

Ensure patient confidentiality: You must remove all patients' details to ensure confidentiality (such as name and address) on any records or evidence you enclose.

In your typed narrative, use the following sections:

- History
- Examination
- Investigations



- Treatment plan
- Evidence which supports your decisions (e.g. radiographs)
- Treatment undertaken
- Prognosis and plans for the future.

Questions to ask yourself

- Have I used an open style of questioning and written the problem in the patient's own words?
- Have I discussed the diagnosis with the patient?
- Are the investigations appropriate for my patient's problem?
- Did the patient respond to my advice?
- Have I responded to the patient's needs and solved the presenting problem?
- Are there any alternative treatment options?
- Have I considered why I used particular materials/techniques for treatment?
- Have I evaluated the treatment I provided? (Have I satisfied the patient's needs and solved presenting problems?)
- Have I considered all treatment options and alternatives?

Evidence and accompanying items

The following should also be included within the report:

- Copies of clinical notes
- Up to six photographs
- Copies of radiographs
- Relevant correspondence (e.g. letters to specialist colleagues)
- Evidence of consent
- Certificate of authentication (i.e. stating that you have carried out all the treatments yourself in a primary care environment)
- Findings from special investigations
- Evidence-based discussion
- Reference sources relating to the treatment.



c) Record of assessment of workplace-based competences

This can include any of the following means of assessment, or any other form of assessment of clinical skills as used in the foundation programme (see foundation training programme portfolio)²³.

The record of assessment of workplace-based competencies is based on four commonly used workplace-based assessment methods:

- 1. Case-based discussion (CbD)
- 2. Mini clinical evaluation exercise (mini-CEX)
- 3. Directly observed procedural skills (DOPS)
- 4. Multi-source feedback (MSF)

Candidates will be expected to provide evidence of completion of the above by including the documents for each of the assessment methods, as shown in the appendices. Candidates also need to provide a brief reflective commentary on the feedback from the assessments.

²³ www.copdend.org.uk



1. Case-based discussion (CbD)

Purpose

CbD is a semi-structured discussion based on the patients' case notes.

How long does it take?

CbDs usually take about 15 to 20 minutes and are followed by immediate feedback that takes about a further 5 minutes.

How many are needed?

CbD is a useful and effective assessment method in dentistry, and it is recommended that around six to eight are carried out each year with each trainee.

How is CbD carried out?

The trainee selects two case records of patients they have recently seen and in whose notes they have made an entry. The assessor will select one of these for the CbD session.

The discussion will centre on the trainee's contribution to the notes. It allows the assessor to examine clinical decision-making and the application or use of dental knowledge in the care of the trainee's own patients. It also allows for discussion of the ethical and legal framework of practice, together with a discussion with the trainee of the rationale for treatment provided.

It is important to note that CbD is not like a traditional viva. It is focussed on the case notes, the trainee's contribution to the care of the patient, and what the trainee has recorded in the notes.

Completing the form

Assessors are asked only to complete the sections on the form where they have had a chance to assess the trainee sufficiently in order to make a judgement. Some



cases might not be appropriate for a few aspects on the rating form to be appropriately assessed.

What happens next?

CbD is followed by immediate feedback to the trainee. Feedback might be structured, for example, by going through the rating form item by item, or by reviewing first the good points and then any points which require improvement.

2. Mini-clinical evaluation exercise (mini-CEX)

Purpose

Mini-CEX normally allows only a part of the encounter to be assessed, so it is important that different components of patient encounters are assessed on different occasions when using mini-CEX.

The trainee is observed by one assessor (who must be an experienced clinician), completing a full history and examination in order to reach a diagnosis and plan for treatment.

How long does it take?

It takes about 20 minutes to complete, during which the assessor completes the mini-CEX rating form. The assessor gives feedback to the trainee, which takes about 5 minutes. This should be as immediate as it is practical. However, rather than break off the consultation to give feedback, it might be more appropriate to allow the trainee to continue their work with the patient and give feedback when the encounter is concluded.

How many are needed?

It is indicated that trainees would undertake four mini-CEX assessments a year if they were making satisfactory progress, and one or two more (depending on circumstances) otherwise.



How is mini-CEX carried out?

The trainee selects an appropriate case, probably in consultation with their supervisor. The assessor observes part of the patient encounter, such as history taking or negotiating a treatment plan, rating performance in each of the six specified domains on the rating form, and also giving a global rating.

Completing the form

Assessors are not always able to observe all six aspects of clinical care set out on the rating form. If this occurs, they are asked only to complete the sections on the form where they have had a chance to assess the trainee sufficiently to make a judgement.

What happens next?

Mini-CEX is followed by feedback to the trainee, either immediately or at the conclusion of the encounter. Feedback might be structured by going through the rating form item by item, for example, or by reviewing first the good points and then any points that require improvement.

3. Direct observation of procedural skills (DOPS)

Purpose

DOPS is similar to the mini-CEX and has been developed to assess practical clinical skills, rather than consultation skills, etc.

As in mini-CEX, a trainee is observed and rated by a trained assessor who must be experienced in the techniques the trainee is performing. The assessment typically takes 10 to 15 minutes but, of course, this depends on the nature of the technique and the trainee's competence in the technique.

There are many dental competencies that can be assessed using DOPS.



How long does it take?

This depends on the procedure and the trainee's skill in performing it. After the procedure has been assessed, the assessor gives feedback to the trainee, which takes about 5 minutes. This feedback should be immediate if possible.

How many are needed?

The number of DOPS undertaken with each trainee will vary according to the stage of training but, since it is such a highly appropriate method in dentistry, trainees should aim to have a DOPS assessment of as many of the standard procedures as they can.

4. Multi-source feedback (MSF)

Also called team assessment of behaviour (TAB)

Purpose

TAB is one of a group of workplace-based assessment methods collectively known as multi-source feedback (MSF) or 360° assessment. TAB is concerned with the assessment of attitudes and behaviours. The form specifies four domains and asks the assessor whether or not they have any concerns about the trainee's performance in any of the domains. If 'some concerns' or 'major concerns' are indicated, details must be given.

Its purpose is two-fold. TAB can provide evidence that the trainee's performance in the specified domains is at the expected, or better than expected, level. This can then be recorded in the trainee's Portfolio of Evidence. It also allows sub-standard performance to be identified and noted so that appropriate action can be taken and progress monitored against the originally reported standard.

Forms are usually completed by at least eight co-workers and are returned directly to the person who will process them and produce a summary report. They are not returned directly to the trainee.



How long does it take?

Assessors usually find that it takes just a few moments to complete the rating form, although this will be longer if there are any concerns, especially if these are major. Collecting and collating the forms usually takes a few days. Preparing a summary of responses would normally take between a few minutes and half an hour. Giving feedback would normally occur as part of the routine meetings between the trainee and their supervisor.

How many are needed?

Unless any specific concerns are reported (in the event of which follow-up TABs are very likely to be called for), one TAB per 6 months is likely to be adequate.

How is TAB carried out?

- The trainee receives a pack of TAB forms, with appropriately addressed envelopes for their return after completion.
- The trainee is responsible for giving a form to each of at least eight co-workers. The trainee asks them to complete the form and send it off in the sealed envelope.
- At least eight forms must be returned for this assessment to be considered adequately reliable.

Completing the form

Assessors are asked only to complete the sections on the form where they have had a chance to observe the trainee sufficiently to make a judgement.

Scoring and comments should ideally reflect typical behaviour over time, although individual events (particularly if they give rise to 'major concerns') can also be cited.

Ratings:

No concern

For the majority of trainees, the purpose of the free text box is to enable the assessor



to identify and praise good behaviour.

Some concern

The assessor ticks this box if they have some concern. This will enable the supervisor to help the trainee to improve their performance. Assessors are asked to describe the behaviours which have caused concern in the free text box (and overleaf if needed).

Major concern

This is serious. An occasional trainee needs to be given insight into their shortcomings so that they can be addressed. It is important to give specific details or examples in the free text box.

What happens next?

- The completed forms are received and collated for each trainee.
- The trainee checks that at least eight completed forms have been returned before arranging the feedback meeting with their supervisor.
- The collated forms are passed to the supervisor ahead of the feedback meeting.
- The supervisor might wish to discuss some of the comments with the individual assessors who made them. This is particularly important where concerns (and, especially major ones) have been expressed.
- The supervisor summarises the TAB returns, making a copy for their records.
- Without showing the trainee the completed forms (though it is acceptable to show the summary) or identifying the people who made specific comments (particularly where concerns had been expressed), the supervisor provides feedback to the trainee.
- If necessary, an action plan is set out.
- Where concerns (especially major ones) have been identified, it might be helpful for another senior person to attend and contribute to the feedback and proposed action plan.



6. RECORD OF CPD OR LOG OF PRIOR EXPERIENCE

This aspect of the Portfolio is a record of your past learning experiences. It is important to provide as full a picture as possible of your activities.

a) CPD record

This should record the following :

- Date of activity
- Title of activity
- Venue
- Provider
- Verifiable/non-verifiable
- Number of hours
- Comments (aims/objectives met, new learning needs identified).

b) Log of prior experience

This section is to be completed by those who have had a career break or have qualified overseas. Additionally, many of the sections 1 to 4 can be completed (e.g. GDC CPD requirements), whilst others are only partially completed.

The log should record the following:

- Previous posts held with dates.
- Profile of previous working posts:
 - Duties and responsibilities
 - Number of staff
 - Facilities
 - Typical patient load per week.
- Statements from referees (previous trainers) regarding clinical competencies as listed in the self appraisal of learning log (see page 40-42). The referee statement should also confirm candidate details in the self appraisal log, i.e.:



- The position held by the trainee
- The referee's position
- The referee's qualifications
- The referee's registration
- The period of attachment of the candidate.

Evidence

- Meeting/assessment and review forms.
- Log of clinic attachments.
- Log of clinics and procedures performed.

Keys

P = Performed independent

A = Performed assisted

O = Observed

S = Supervised (such as undergraduate student), including some physical input if required.

Additionally

There should be a list of essential procedures and areas that should be covered. This section should also be used in conjunction with the section on recognition of prior learning for those who are coming back from a break or from overseas. This will allow multiple entry points.

Specialty area	P	A	O	S
Oral medicine				
Oral & maxillofacial surgery				
Oral & maxillofacial radiology				
Paediatric dentistry				



Periodontics				
Restorative dentistry				
Endodontics				
Periodontics				
Implant clinics				
Orthodontics				
Community & public health dentistry				
Sedation-GA, IV, Inhalational				
Medically compromised				
Special needs dentistry				

Private study and reflection log

When preparing a log of prior experience, students should document their private study and reflection. An example of the format of the private study log is given below:

Date	Topic	Source <i>i.e. Textbook pp-pp</i> <i>Journal article</i> <i>Internet reference</i> <i>Other</i>	Key points learnt	Hours spent



Self appraisal of learning

A log of prior experience should also include self assessment of and a reflection on clinical competencies.

These self assessments should occur in the four key domains:

Keys

- 0 = No prior experience
- 1 = Limited experience
- 2 = Competent with supervision
- 3 = Competent to perform

Below is an example of a form to log self assessment of clinical competencies.

Clinical area	Level of competency			
	0	1	2	3
Diagnosis				
Extensive exam				
Performing radiographs				
Impressions and study models				
Rubber dam				
Restorative				
Extensive cavity preparation				
Crown (anterior)				
Crown (posterior)				
Cast post				
Conventional bridge				
Adhesive bridge				
Veneer				



Pin restoration				
Posterior composite				
Inlay				
Endodontics				
RCT (anterior)				
RCT (premolar)				
RCT (molar)				
Prosthetics				
F/F				
Partial (acrylic)				
Partial (Co-Cr)				
Surgical dentistry				
XLA-simple				
XLA-orthodontic				
Surgical-soft tissue				
Surgical-bone removal				
Apicectomy				
Periodontics				
Assessment				
Food analysis and dietary planning				
Scaling supra and subgingival				
Periodontal flap raising				
Orthodontics				
Case assessment				
Removable appliance				
Sedation				
Oral				
Nitrous oxide				



Miscellaneous				
Using appropriate referral pathways				
Referral letters				
Assessment of the acute trauma patient				
Emergency call outs				
General hospital visits				
Domiciliary visits				
Mouth guards				
TMJ splint				
Splint traumatized teeth				
RCT (deciduous)				
Bleaching				
Handling complex medical patients or special needs patients				
Administering intramuscular medication				
Administering intravenous medication				

About appraisal

For information about appraisals, refer to the Department of Health webpage *Learning and Personal development (LPD): Appraisals*²⁴.

Appraisal is based on the General Medical Council's document *Good Medical Practice* (GMC, 2001), which describes the principles of good medical practice, and standards of competence, care and conduct expected of doctors in all aspects of their professional work.

These are:

- Good clinical care
- Maintaining good medical (dental) practice

²⁴ www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/LearningAndPersonalDevelopment/Appraisals/fs/en



- Teaching and training
- Relationships with patients
- Working with colleagues
- Probity
- Health.

The process should embody a positive and developmental approach, be fair, effective and well informed, and where possible indicate how patient care and working within NHS organisations can be improved.

Appraisal should include data on:

- Clinical performance
- Training and education
- Audit
- Concerns raised and serious clinical complaints
- Application of relevant clinical guidelines
- Relationships with patients and colleagues, teaching and research activities
- Personal and organisational effectiveness.

The appraiser should have a good understanding of the work carried out by the dentist being appraised. If a dentist has specialist aspects of performance, the appraiser should be acquainted with the relevant areas.



7. PERSONAL DEVELOPMENT PLAN

You should reflect on your personal development, both in your education and within your career. You should prepare a plan and discuss this with your educational advisor/supervisor. Below is an example plan taken from the Postgraduate Medical Education and Training Board (PMETB) workplace-based assessment (January, 2005).

What development needs and goals do I have?	How do/will I assess my needs?	Date by which I plan to achieve the goal?	Outcome	Completed
Explain the need and goal.	Explain the action you intend to take.	The date agreed with your supervisor/mentor.	How will you show that you have achieved your goal?	Completion agreed and signed by your supervisor.



Statement of health probity

All dentists, including those in training, must have integrity and honesty, and must take care of their own health and wellbeing so as not to put patients at risk.

Probity declaration:

I accept the professional obligations placed on me by the General Dental Council (see GDC website guidance documents).

Signature..... **Date**.....

Name in capitals.....

Convictions, findings against you and disciplinary action

Since my last assessment/appraisal, I have not, in the UK or outside:

- Been convicted of a criminal offence or have proceedings taken against me.
- Have had any cases considered by the GDC, other professional regulatory body, or other licensing body, or have such cases pending against me.
- Have had disciplinary actions taken against me by an employer or contractor or have had any contract terminated or suspended on grounds relating to my fitness to practice.

Signature..... **Date**.....

Name in capitals.....



Appendices

Evaluation forms

Mini-CEX evaluation

Trainee: Period:

Training year: 1 / 2

Post: NHS Trust:

No. of months completed in GPT Program:

Please grade the following areas using the scale 1 - 6	Below expectations for GPT completion		Borderline for GPT completion	Meets expectations for GPT completion	Above expectations for GPT completion		Unable to comment (U/C)
	1	2	3	4	5	6	
History taking							
Physical examination skills							
Communication skills							
Clinical judgement							
Professionalism							
Organisation/ Efficiency							
Overall clinical care							
*U/C: Please mark this if you have not observed the behaviour and therefore feel unable to comment.							



Anything especially good?	Suggestions for development
---------------------------	-----------------------------

Agreed action:

Which clinical environment have you particularly observed the dentist in?

.....

	Not at all					Highly			
Trainee satisfaction with mini-CEX:	1	2	3	4	5	6	7	8	9
Assessor satisfaction with mini-CEX:	1	2	3	4	5	6	7	8	9

Have you had training in the use of this assessment tool? No:

Yes: Face-to-face Yes: Web/CD-Rom Yes: Have read guidelines

How long has it taken you complete this form?minutes

Which clinical environment have you particularly observed the dentist in?

Your name.....Your position.....

Your signature:Date:



DOPS evaluation

Trainee: Period:

Training year: 1 / 2

Post:.....NHS Trust:

No. of months completed in GPT Program:

Please grade the following areas using the scale 1 - 6	Below expectations for GPT completion		Borderline for GPT completion	Meets expectations for GPT completion	Above expectations for GPT completion		Unable to comment (U/C)
	1	2	3	4	5	6	
Demonstrates understanding of indications, relevant anatomy, technique of procedure							
Obtains informed consent							
Demonstrates appropriate preparation pre-procedure							
Appropriate analgesia							
Technical ability							
Aseptic technique							
Seeks help where appropriate							
Post procedure management							
Communication skills							



Consideration of patient/professionalism							
Overall ability to perform procedure							
*U/C: Please mark this if you have not observed the behaviour and therefore feel unable to comment.							
Examples of good practice?				Suggestions for development			

Which clinical environment have you particularly observed the dentist in?

.....

	Not at all					Highly			
Trainee satisfaction with mini-CEX:	1	2	3	4	5	6	7	8	9
Assessor satisfaction with mini-CEX:	1	2	3	4	5	6	7	8	9

Have you had training in the use of this assessment tool? No:

Yes: Face-to-face Yes: Web/CD-Rom Yes: Have read guidelines

How long has it taken you complete this form?minutes

Your name Your position.....

Your signature: Date:



CbD evaluation

Trainee: Period:

Training year: 1 / 2

Post: NHS Trust:

No. of months completed in GPT Program:

Please grade the following areas using the scale 1 - 6	Below expectations for GPT completion		Borderline for GPT completion	Meets expectations for GPT completion		Above expectations for GPT completion		Unable to comment (U/C)
	1	2	3	4	5	6		
Medical record keeping								
Clinical assessment								
Investigations and referrals								
Treatment								
Follow-up and future planning								
Professionalism								
Overall clinical judgement								
*U/C: Please mark this if you have not observed the behaviour and therefore feel unable to comment.								
Anything especially good?					Suggestions for development			



Which clinical environment have you particularly observed the dentist in?

.....

	Not at all					Highly			
Trainee satisfaction with mini-CEX:	1	2	3	4	5	6	7	8	9
Assessor satisfaction with mini-CEX:	1	2	3	4	5	6	7	8	9

Have you had training in the use of this assessment tool? No:
Yes: Face-to-face Yes: Web/CD-Rom Yes: Have read guidelines

How long has it taken you complete this form?minutes

Your name Your position.....

Your signature: Date:



MSF: 360° team assessment of behaviour (TAB)

Trainee's name: _____

GDC no.: _____ Current post: _____

Date started present post: _____

Please use the comments boxes to commend good behaviour and to describe any behaviour causing you concern. Give specific examples.

This form will be sent to the trainee's educational supervisor, who may ask you privately, and in confidence, to enlarge on any concern regarding behaviour you report. At least nine other forms will also be considered. The trainee will receive private feedback, but you will not be identified in person without advance discussion with yourself and your permission.

<p>ATTITUDE AND/OR BEHAVIOUR</p>	<p>No concern</p>	<p>You have some concern</p>	<p>You have a major concern</p>	<p>COMMENTS: Note anything especially good. If you cannot give an opinion due to lack of knowledge of the trainee, say so here. <i>You must specifically comment on any concerning behaviour</i> and this should reflect the trainee's behaviour over time – not usually just a single incident.</p>
---	-----------------------	--	---	---



<p>Maintaining trust / professional relationship with patients</p> <p>Listens. Is polite and caring. Shows respect for patients' opinions, privacy, dignity and confidentiality.</p> <p>Is unprejudiced.</p>				
<p>Verbal communication skills</p> <p>Gives understandable information. Speaks good English, at the appropriate level for the patient.</p>				
<p>Teamworking / working with colleagues</p> <p>Respects others' roles, and works constructively in the team. Hands over effectively, and communicates well.</p> <p>Is unprejudiced, supportive and fair.</p>				
<p>Accessibility</p> <p>Accessible. Takes proper responsibility. Only delegates appropriately. Does not shirk duty. Responds when called. Arranges cover for absence.</p>				

Name

Post:

Signature:

Date:

of assessor:

Designation:



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