



Faculty of Dental Surgery
The Royal College of Surgeons of England



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

MJDF Portfolio Guide

2010

CONTENTS

	Page
1. Introduction	3
2. Components of the portfolio	5
3. Rationale of a portfolio	6
4. Portfolios—general principles	7
5. Suggestions for compiling the evidence-based portfolio on the five core skills	8
6. Layout details	10
➤ Cover page	10
➤ Index of contents	10
➤ Personal details and CV	11
➤ Core Skills	12
➤ Evidenced Clinical Management	24
➤ Record of CPD or Prior Experience Log	31
➤ Personal development plan	36
7. Statement of Health Probity	37
8. Appendices	38
➤ Appendix 1 – Sample assessment forms	38
➤ Appendix 2 – Reflective writing	43
➤ Appendix 3 – Common reasons why the core skill component does not reach the required standards	47
➤ Appendix 4 – Common reasons why the clinical case presentation does not reach the required standards	48
➤ Appendix 5 – Common reasons why the audit project does not reach the required standards	50
9. Acknowledgements	52



Introduction

As part of the requirement for the foundation programme [the curriculum is available on the Faculty of Dental Surgery of the Royal College of Surgeons of England (FDS)¹ and Faculty of General Dental Practice – UK (FGDP)² websites], and the forthcoming revalidation by the GDC you will be required to keep a Portfolio of Evidence. Further information about the foundation years' portfolio can be found on the Committee of Postgraduate Deans and Directors (COPDEND) website.³ The details for the portfolio of evidence for revalidation can be obtained from the GDC website.⁴ 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.

For the Membership of the Joint Dental Faculties (MJDF) examination you can use components of your foundation programme portfolio or portfolio of evidence for revalidation .

For those dentists who may have taken a career break, or who may be from overseas, there will be a need to gather evidence for a log of prior experience (see page 32) for the portfolio for MJDF. These portfolios will be assessed directly by the MJDF examiners or other such group deemed fit by the Faculties of FDS and FGDP.

The Aim of MJDF “Portfolio of evidence”

The portfolio is a collection of evidence where you reflect on your professional development in five core clinical and management skill areas and are assessed for credit towards the MJDF examination, along with evidence of clinical management of patients.

¹ www.rcseng.ac.uk/fds

² www.fgdp.org.uk/

³ www.copdend.org.uk/

⁴ www.gdc-uk.org/



Purposes

The purpose of the portfolio is to demonstrate understanding and attainment in each core skill and in clinical management of patients. The aims of the portfolio include:

- Demonstrating knowledge in the core areas.
- Demonstrating clinical competence.
- Reflecting on how you have applied your learning in clinical practice and demonstrating you are a reflective practitioner..
- Providing documentary evidence of learning and attainment of clinical skills.
- Providing evidence of compliance with clinical governance.
- Providing evidence of compliance with GDC regulations.



Components of the Portfolio

- CV.
- Five core clinical and professional skills.
- Evidenced clinical management.
 - Clinical audit
 - Clinical skills
- Record of CPD or log of prior experience.
- Personal development plan.



Rationale of the Portfolio

The aim is to collect as much evidence of your attainment of the core skills and clinical skills as possible 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 an answer.
- Evaluating information resources for their usefulness; discrimination of poor and robust sources.
- Implementing these useful findings.

The portfolio should contain 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 with an explanation as to its relevance.



Portfolios: General Principles

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.
 - Cites and lists correctly relevant reading.
 - Is set in the context of professional development activity.



Suggestions for compiling the evidence-based portfolio on the five core skills

The purpose of the portfolio is for candidates to demonstrate that they understand each core skill.

Quality, not quantity

The material submitted should be relevant to the criteria required. Quantity is not an advantage.. 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, which related to a clinical record. This could also be used as a demonstration of obtaining and supporting informed consent.

There are areas of overlap in the 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.

- Selection and efficiency in organising the material is vital.
- Over-collecting of 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.



- Table of contents or frontispiece.
- Portfolio to 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 help the assessors for the MJDF Diploma. It is very important that you understand why you have selected a particular example.

- Organisation of evidence is a skill in itself and a marker of understanding.
- Never allow neatness to be more important than clarity.
- Use colour, dividers and tabs.
- All items should be numbered or labelled.



Layout Details

- Typed, word-processed.
- Bind pages in secure binder.
- Dividers with labelled side tabs to separate sections and groups of evidenced items.

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 Membership of the Joint Dental Faculties Diploma.'

Following this, print your name, date and sign

2. INDEX OF CONTENTS

Chapters/sections should be indexed along with page numbers



3. PERSONAL DETAILS AND CV

Name:			PHOTOGRAPH OF CANDIDATE
Current address:			
Tel No:			Mobile:
Date of birth:			E-mail:
Qualifications (with dates):			
Dental School/University:			
GDC Registration Number (or equivalent for overseas):			
NI Number(if applicable):			
Defence Org Membership No:			
Name & address of Defence Organisation:			
Tel No:			
Positions held and dates:			



4. CORE SKILLS

Candidates will be expected to complete 5 core clinical and professional skills relevant to the workplace environment experienced during foundation years or beyond from the following list:

Mandatory Core Skills

(i) 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 your work environment?
- What staff training is there?
- Does your surgery design enable you to provide good infection control procedures?
- How do you cope with the problem of aerosols?
- How do you prevent contamination in water lines?
- How are instruments decontaminated and sterilised?
- 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 waste disposal, sharp safe policy, handwashing protocol, inoculation injury policy/record, laboratory prescription photographs of surgery/decontamination room showing clean dirty areas etc.
- Reflective commentary on how your work environment manages its infection control procedures.
- Discussion on how it would be possible to improve these procedures.
- Diary/minutes of formal and informal staff training in your work environment.
- Copy of relevant accident book entries.

Source material: FGDP (UK) Key skills in Infection control⁵, DoH Cross Infection control dental team training CD⁶

(ii) 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 the workplace have for radiography?
- Do we have a quality assurance system for our radiographs?

⁷ www.fgdp.org.uk/key_skills/

⁶ An infection control e-learning tool (CD) has been launched by the Department of Health (DoH) and produced by s4dental. 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 and a number of video clips



Evidence that you need to provide

- Show that radiographic examinations are conducted in line with current radiographic protocols.
- 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: *The FGDP (UK) has produced Guidelines/Selection Criteria for Dental Radiography*⁷. *The National Radiological Protection Board Publications: Guidelines on Radiology Standards for Primary Dental Care*⁸

(iii) Medical Emergencies

In the area of medical emergencies 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?

⁷ www.fgdp.org.uk/publications/selection.html

⁸ www.hpa.org.uk/radiation/publications/documents_of_nrp/abstracts/absd5-3.htm



- Is there a current protocol for dealing with the collapsed patient?
- What staff training is there for dealing with medical emergencies?
- Has a timed team exercise been carried out for dealing with the collapsed patient?

Evidence that you need to provide

- A current certificate of CPR training dated not less than 9 months prior to submission of 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 exam 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 re medical emergencies listed above
- A list of the emergency drugs in your workplace and description of how they are used.
- Photographs.
- Reflective commentary on how the workplace manages medical emergencies.
- Protocols for practice management of medical emergencies.

Supporting material: *Human Diseases for Dentistry*⁹, *Medical emergencies and resuscitation: Resuscitation Council (UK)*¹⁰

⁹ *Human Diseases for Dentistry*, Fortune, F, Oxford University Press.

¹⁰ <http://www.resus.org.uk/pages/MEdental.htm>



Optional Core Skills (Choose two)

(iv) 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 about how your workplace conforms to these areas. 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 you work? - how and when?
- What does health and safety legislation require of your work environment?
- What does your 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, which 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 work environment.
- Show the implementation of complaints procedures in the work place.
- 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: *FGDP (UK) Key Skills Legislation in Primary Dental Care*¹¹, *National Health Service (NHS) Clinical Governance Framework (May 2006 – updated)*¹²

(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, examination of a regular patient, an extraction, root canal therapy and crown preparations. The latter is not meant to be prescriptive but a guide to what evidence that you should produce. **Remember to delete the patient's identity from the record.**

¹¹ www.fgdp.org.uk/key_skills/

¹² <http://www.primarycarecontracting.nhs.uk/142.php>



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 work environment 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 and dated and signed?
- Have all the necessary elements of the treatment been written up?
- Do my notes satisfy medical legal requirements?
- How does the work environment manage informed consent?
- Do my referral letters state clearly the reason for referral?

Evidence that you need to provide

- Documentation showing all diagnostic data, including radiographs and treatment planning.
- Does the workplace use medical history sheets? If not how are medical histories recorded and updated?
- 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. Examples are: the history and examination of a new patient; history and examination of a regular patient; investigations including radiography; treatment planning including management of



procedures including examples such as, routine restorations, an extraction, root canal therapy, prosthetics and crown preparations.

- Medical history anonymised.
- 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: *FGDP (UK) Key skills Record Keeping, FGDP Record keeping Guidelines*¹³

(vi) Team Work e.g. managing the Dental Team

This area deals with training 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 DCPs e.g. dental hygienists, dental health educators, and dental technicians?
- Does staff appraisal occur 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.

Show how the workplace complies with the equal opportunities.

¹³ www.fgdp.org.uk/key_skills/

Suggested evidence items

- Copies of GDC *Recording Form* and other appropriate records.
- Discussion of workplace organisation, usually with organisation charts and areas of responsibility.
- Examples of prescriptions for professionals complementary to dentistry (DCP).
- Diaries and records of staff training.
- Copies of entries from workplace management manuals
- Minutes of practice meetings

Supporting material: *GDC CPD homepage*¹⁴

(vii) Law and Ethics

This area deals with the area of accountability to adherence to the law but also the values and ethics that characterize the candidates approach to dentistry and professional standards.

Questions to ask yourself

- How do you ensure patient confidentiality?
- Do I always record the patients 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 <http://www.gdc-uk.org/Current+registrant/CPD+requirements/>



- Show evidence of disability, equality and diversity training, understanding and protocols in child protection.
- Show evidence of management of complaints.
- Show evidence of training in disability, 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, disability, equality and diversity 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 prevention and dental public health. Being able to not only treat disease but having an active role in preventing disease is essential throughout a successful professional career in dentistry and oral health care.

Good oral health care 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 2005¹⁵

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

Questions to ask yourself

- Can I demonstrate how to undertake a diet analysis?
- 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 DMFT's/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 appropriately refer suspected oral cancer cases?
- Can I assess risk factors for oral cancer and promote cessation?
- 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 health care 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.
- 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.
- 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 have to complete an audit or research project which should be written up and evidenced as outlined in the following sections:

a) 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 about finding out what is best practice. It involves examining, measuring, 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 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 common problem or practice in dentistry?
- Have you clearly described the method?
- Do you have a large enough sample size to be able to demonstrate current performance?
- Have you demonstrated with a clear presentation your data collection sheet with all relevant data collected without bias?
- Have you presented your evidence with the original data to support the audit?
- 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 data collection.
- Show where a joint project is carried out your own reflective conclusion
- Show how the audit has changed your clinical practise.
-
- **Suggested evidence items**
- A clear introduction describing the background to the audit with references.
- Described method including the standard set and a sufficient sample size to be able to demonstrate current performance.
- A clear presentation of 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 *Quality assurance and audits -MFGDP guide to the coursework module.*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](http://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 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 using the internet

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 you set deadlines for each stage of your project?
- Have you undertaken some background reading on the problem and formulated your hypothesis?
- Do you have a large enough sample size to be able to test your hypothesis?
- If patients are involved do you have ethics approval to carry out your research?
- Have you demonstrated, with a clear presentation, your data collection sheet with all relevant data collected without bias?
- Where a joint research 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 project and the background to the problem.
- Show the methodology.
- Show clear presentation of data collection and results obtained.
- Show where joint project is carried out your own reflective conclusion.
- Discuss your results and reflect on the impact in dentistry.
-
- **Suggested evidence items**
- Clearly set out and presented project with legible writing including title; background; patients and methods; results; discussion; references.
- Demonstrate how collected your source material.
- A large enough sample size to be able to demonstrate the hypothesis.



- A clearly described 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 supporting or against your results and how this impacts on dental practice.
- Cite source material in reference section.

Supporting material.

*Introduction to research in the health sciences*¹⁹

*Introduction to research: multiple strategies for health and human services*²⁰

*An introduction to Medical Statistics*²¹

*Research Methods in Health*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 formulate a treatment plan and discussion. It should also include an evidence based component. To be able to:

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



- Logically interpret the clinical findings and present these in a logical fashion.
- Discuss differential diagnosis and suggested investigations.
- 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 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 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 of not more than 2000 words, and include a word count 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 you used an open style of questioning and written the problem in the patient's own words?
- Have you discussed the diagnosis with the patient?
- Are the investigations appropriate for your patient's problem?
- Did the patient respond to your advice?
- Have you responded to the patient's needs and solved the presenting problem?
- Are there any alternative treatment options?
- Why you use particular materials/techniques for treatment?
- Evaluation of your treatment (have you satisfied the patient's needs, and solved presenting problems?).
- 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. you state that you have carried out all the treatments yourself in a primary care environment).
- Findings from special investigations.
- Evidenced based discussion.
- Reference sources relating to the treatment.

c) Record of Assessment of Work Based Competences

This can include *either* the following means of assessment or any other form of assessment of clinical skills as used in the foundation programme- (See Foundation Years portfolio).²³

The record of assessment of workplace based competencies is based on 3 workplace based assessment methods now used in foundation training

- 1. Dental Case-based Discussion (DCbD).
- 2. Direct Evaluation of Performance (DEP).
- 3. Patient Assessment Questionnaire (PAQ) or 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.

For **each** year of foundation training candidates are required to provide:

- 12 x DCbD
- 12 x DEP
- 2 x PAQ **or** 2 x MSF

Note: if a candidate is unable to undertake their second year in a secondary care environment then further primary care evidence is acceptable as long as there is a different assessor for the second year.

Candidates also need to provide a brief reflective commentary on the feedback from the assessments.

²³ www.copdend.org.uk

6. RECORD OF CPD OR PRIOR EXPERIENCE LOG

This aspect of the portfolio is a record of your past learning experiences. It is important to provide as full a picture 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 meet new learning needs identified).

OR

b) **Prior Experience Log**

This section is to be completed by those who have had a career break or have qualified overseas and are not currently practicing in the UK. Additionally many of the sections 1-4 can be completed e.g. GDC CPD requirements whilst others are only partially completed.

- Previous posts held with dates.
- Profile of previous working post.
 - Duties and responsibilities.
 - Number of staff.
 - Facilities.
 - Typical patient load per week.
- Statements from referees (previous trainers) regarding clinical competencies as listed in Section 9.
 - Send to previous trainers.
 - What position did trainee hold?
 - What position do they hold?
 - Qualifications.
 - Registration.
 - Period of attachment of 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.

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				
Pediatric dentistry				
Periodontics				
Restorative dentistry				
Endodontics				
Periodontics				
Implant clinics				



Orthodontics				
Community & public health dentistry				
Sedation-GA, IV, Inhalational				
Medically compromised				
Special needs dentistry				

1. Private study and reflection log

Students should document their private study and reflection.

Example of format 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



2. Self appraisal of learning

Clinical Competencies Self assessment and Reflection log

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

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 (Ant)				
Crown (Post)				
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				

7. PERSONAL DEVELOPMENT PLAN

You should reflect on your personal development in both educational and career aspects.

You should prepare a plan and discuss it with your Educational Advisor/Supervisor.

What development needs and goals do I have?	How do/will I assess my needs?	Date by which I plan to achieve the goal?	The 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 and those in training must have integrity and honesty, and must take care of their own health and well being so as not to put patients at risk.

Probity Declaration:

I accept the professional obligations placed on me by the GDC (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

Appendix 1 – Sample assessment forms

Case based Discussion (D-CbD) Assessment Form

Foundation Dentist (FD) _____ GDC No _____ Date _____

Evaluator _____ Position _____ Service / Placement _____

Clinical Major Competencies covered 1 2 3 4 5 6 7 8 9 10 11
(Please circle all that apply to this encounter – Key on reverse)

Description of case / encounter _____

Please grade the following areas using the scale 1 - 6	Needs Improvement before DFT* completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT completion		Not Observed
	1	2	3	4	5	6	
1. Patient record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Investigations / referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow up & patient mgt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Case presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After feedback given on the assessment please rate:							
9. FD's insight into their own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of good performance _____

Areas for development before completion of Dental Foundation Training _____

Time (case presentation) _____ Time (feedback) _____

Evaluator Signature _____ FD signature _____



Case based Discussion (D-CbD) Assessment Form

Please use this space to write notes and record the questions you will ask during or following the case presentation in order to assess the FDs clinical judgement in this case:

Questions asked: (examples in 'user guide')

1.
2.
3.
4.
5.
6.
7.

Evaluator Notes:

--

Clinical Major Competencies Key

1. Patient Examination & Diagnosis
2. Treatment Planning & Patient Management
3. Health promotion & disease prevention
4. Medical & dental emergencies
5. Anaesthesia, sedation, pain & anxiety control
6. Periodontal therapy & management of soft tissues
7. Hard & soft tissue surgery
8. Non-surgical management of the hard & soft tissues of the head & neck
9. Management of the developing dentition
10. Restoration of teeth
11. Replacement of teeth



Dental Evaluation of Performance (D-EP) Assessment Tool

Foundation Dentist (FD) _____ GDC No _____ Date _____

Evaluator _____ Position _____ Service / Placement _____

Clinical Major Competencies covered 1 2 3 4 5 6 7 8 9 10 11
(Key on reverse - **Please circle all that apply to this encounter**)

Description of case / encounter _____

Please grade the following areas using the scale 1 - 6	Needs Improvement before DFT* completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT completion		Not Observed
	1	2	3	4	5	6	
1. Patient examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Diagnosis / clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Procedural knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Communication (patient & team)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Time management & organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After feedback given on the assessment please rate:							
9. FDs insight into own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of good performance _____

Areas for development before completion of DFT _____

Time (observing) _____ Time (feedback) _____
Evaluator Signature _____ FD Signature _____



Dental Foundation Training – Mini-Peer Assessment Tool
(Mini-PAT)

Foundation Dentist (FD) _____ GDC No _____ Date _____

Evaluator _____ Position _____ Service / Placement _____

Please grade the following areas using the scale 1 - 6	Needs Improvement before DFT completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT completion		Not Observed
	1	2	3	4	5	6	
Good Clinical Care							
1. Ability to diagnose patient problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to formulate appropriate management plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Awareness of their own initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to respond to psychosocial aspects of illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Appropriate utilization of resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining Good Dental Practice							
6. Ability to manage time effectively / prioritise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Technical skills (appropriate current practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with Patients							
8. Communication with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Communication with carers / family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Respect for patients & their right to confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with Colleagues							
11. Verbal communication with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Written communication with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Ability to recognise & value others' contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Accessibility / reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have concerns about this Foundation Dentists probity or health? Yes No
(If yes please state concerns below)

Which clinical environment have you observed the dentist in? _____

Your position: GDS Trainer DFT Adviser Foundation Dentist
Associate DCP AHP
Nurse Consultant SHO SpR
Other _____

If you are a nurse / AHP / DCP how long have you been qualified? _____ years

Length of working relationship _____ months

Evaluator Signature _____

CONTINUED OVER PAGE



Dental Foundation Training – Team Assessment of Behaviour (TAB)

Foundation Dentist (FD) _____ GDC No _____ Date _____

— Evaluator _____ Position _____ Service / Placement _____

Attitude and / or behaviour	No concern	You have some concern	You have major concerns	Comments: <i>You must specifically comment on any behaviour causing concern, and this should reflect behaviour over time not a single incident.</i>
Maintaining trust / professional relationship with patients <i>(listens, polite & caring, shows respect for patients' opinions, privacy, dignity & confidentiality. Is unprejudiced)</i>				
Verbal Communication Skills <i>(Gives understandable information. Speaks good English, at the appropriate level for the patient)</i>				
Team working / working with colleagues <i>(Respects others' roles, & works constructively in the team. Hands over effectively & communicates well. Is unprejudiced, supportive & fair.)</i>				
Accessibility <i>(Accessible. Takes proper responsibility. Only delegates appropriately. Does not shirk duty. Responds when called. Arranges cover for absence)</i>				

Appendix 2 – Reflective writing

Reflection is an essential component of wise decision-making and professional judgement. Many aspects of dental training cannot be pre-specified. Dentists need to be able to think on their feet, to improvise, to respond to the unpredictable.

Reflection is far more than just thinking about what happens during training. It refers to a systematic process of properly structured critical enquiry into your own practice which is used to examine and refine your practice

Evidence is beginning to accumulate that what you learn on your own initiative you learn more deeply and permanently than that which is learnt by being taught. Reflection is about analysing and learning from your experience, with the aim of integrating theory and practice, which should lead to changes in knowledge, skills and attitudes (Schon, 1983).

Reflecting on aspects of practice involves looking at something you have done in a detached way. It is an opportunity to improve your practice or training by critically analysing your actions. You should assume the perspective of an external observer.

Having managed a clinical or training situation, it is useful to reflect on:

- What went well
- What you might do differently next time
- What you learned from being in the situation
- What you are going to do as a result.

You should be honest about the strengths and weaknesses of your practice, and you should determine how the situation could have been improved.

- Describe the event. What did you discover from your involvement?
- Judge the overall quality of your practice/training. Did it turn out the way you planned? Did you accomplish your goals? Did you follow your timeline? Did you do enough planning?
- Describe how you might have done better.
- How would you advise another dentist who wants to do something similar?
- What would you do differently if you were involved in a similar situation again?



Reflective practice encourages you to reflect on and learn from experience with the aim of encouraging the integration of theory and practice, which should lead to changes in knowledge, skills, judgement and professionalism.

The capability of a dentist to reflect consciously on their own practice is important for the development of expertise. There is some indirect evidence that dentists who reflect regularly on their professional activities and try to learn from their practice may ultimately serve their patients better than those who do not. There is some debate about whether such skills can be learned. Several experts believe that reflection or critical thinking comprises a set of skills which can be developed in others.

Certainly, if one's peers demonstrate that they use reflection to improve their own practice, trainees are likely to make such behaviour a habit.

Reflection example - Malhar Patel

The order of my treatment plan follows the basic outline of first relieving the cause of pain, then prevention, stabilisation, definitive restoration and finally prosthetics. This approach is verified in every textbook from Dental Update's 'Treatment Planning in General Dental Practice' (Cain, 2003) to Understanding NHS Dentistry (Rattan, Cruz, Watson 2006). As such the 47 was first restored to relieve pain, before OHI and periodontal therapy. This provided the advantage that the 17 was debrided prior to XLA and as such, the risk of infection/dry socket was minimised. Attempted Restoration of the 17 had a very poor prognosis and under the NHS contract would be classed as an advanced service, meaning it would have to be charged privately. The patient did not want to pay for something with such a poor prognosis, and opted for XLA.

The choice of materials was carefully considered and based on research and evidence. The choice of amalgam to restore the 47 and 48 could not be made definitively until the cavities were excavated of caries. At this point they were already found to be mechanically retentive. In both cases, an amalgam would have been no more destructive than placing a composite. However, the increased technique sensitivity of a composite, and the stress caused by shrinkage, coupled with the fact that the area was not of high aesthetic concern, meant I felt amalgam was a better choice, as it also had superior thermal, wear and compressive strength characteristics. This was supported by studies from Mjör IA and Jokstad A, 2003 and Soncini JA et al, 2007, which both compared amalgam with composite (and in the case



of the former, GIC and compomer as well), and found Amalgam had a significantly increased longevity in these instances. It was also found to have a better seal than composite in class II cavities by Roulet JF, 1997. However, Pickard's Manual of Operative Dentistry states that in small Class 1 lesions, composite is the material of choice. The statement in that particular book was also referenced in the most recent CDO update (June 2009), which stated that on the NHS, dentists would be expected to use composites for small occlusal cavities. Finally, with the NHS contract stating that it does not provide restorations primarily for cosmetic benefit, the composite was offered privately, but the patient did not wish to pay extra for a composite over an amalgam.

The choice of Glass Ionomer Cement for the occlusal restoration on the 18 is slightly more controversial. Although GIC is not advocated for use in load-bearing areas, and several studies suggest poor longevity as an occlusal restorative material, the specific case was on a 3rd molar with poor access for restoration, poor access to the patient for cleansibility, and no occlusal loading. Pickard's Manual of Operative Dentistry advocates the use of GIC cements in areas where 3rd molars are difficult for patients to clean, and where there is no occlusal contact. This was also found in a study by Mandari, G. J et al 2003, where there was no statistical difference in 6-year follow-up, between occlusal amalgams or GICs in wisdom teeth, regardless of whether conventional preparation or ART was used. The alternative was XLA but the patient was already having one tooth extracted, and did not want another one removed as well. On reflection, this should perhaps have been better highlighted in the notes.

The choice of approach for periodontal therapy is based on the gold standard, the BSP's guidelines for periodontal treatment. The guidelines suggest that full, deep pocket charting is only indicated when suggested by the BPE. As such, the upper and lower anterior sextants did not require full charting. Although pocketing greater than 5 was found at a few sights, suggesting the BPE was inaccurate, this further proves that the 6-point pocket chart was indicated and needed. It will also serve as a useful baseline to see if the disease improves with therapy. The chart was completed after treatment of BPEs of 3, as recommended by the BSP.

There are a few other points to note. My clinical records could have been better – the radiographic report was missing comment on bone levels, which was crucial in a periodontal case. In addition, although the treatment options in terms of restorative materials had been discussed, there was no mention of this discussion in the records. The same is true for the discussion of the risks pre-XLA of the 17. Had the extraction of the 17 required surgery, or resulted in an OAF/OAC, there may have been medico-legal implications.



Finally, on evaluation, I feel that despite a few errors in process, I have responded to the patients needs and solved their presenting complaint using evidence based methods. I have considered all treatment options and alternatives, and selected the ones that were most relevant, using a combination of journal and text-book evidence, and my own clinical judgement.



Appendices 3-5 are intended to help assessors decide if the evidence provided in the Portfolio of Evidence has reached required standards.

Appendix 3

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

- **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.*

Appendix 4

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 original study models and radiographs be included?**
 - *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, the candidate should choose something that is within their 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.*



Appendix 5

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

- **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.



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