

Trainer Performance Review

Spring 2015

This is an important document used for Trainer selection and re-appointment purposes. It needs to be completed as fully as possible using **Adobe Reader XI** on a computer. (Download [here](#)) Please do not use BLOCK CAPITALS.

Before the Mid-Year visit from your TPD, please complete pages one to five, and send a copy to your TPD for pre-meeting reading. You will need to have this available at the Mid-Year visit so that your comments and performance can be discussed. After the discussion, page ten can be completed and the document sent again by email to your TPD so that pages six to nine can be completed by your TPD. Your TPD will then return the document to you so that you may review it and if necessary have further discussion.

When both parties agree to the document, you will need to sign it electronically and save it with your name included in the file name. This signed .pdf file must then be sent via email to your TPD so that it can be electronically signed by the TPD and passed to HEEoE.

You must have completed all of these stages and sent the signed form to your TPD to arrive no later than midday on **Monday 9th February 2015**.

If you have any queries please contact Health Education East of England (HEEoE), or your Training Programme Director.

Trainer's Name

Title	First name	Last name
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Practice Address(es)

Postcode

Telephone Number

Fax

Email

Training Programme Director

Title	First name	Last name
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Current Training Year

In this section please give full details of your current training experience —using the first three months since your current Trainee started; i.e. since September 2014

How many 'formal' tutorials have been recorded in the EPDP?

How many of each of the following types of tutorials have you held?

- Discussion
 - Portfolio Review
 - Assessment (DEP)
 - Assessment (CBD)
 - Clinical
 - Clinical with patient
 - Administrative
 - Communication skills
 - Health and Safety
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How many ESPRs were carried out during the first five weeks of the training year?

How many DEPs have been carried out and recorded in the EPDP?

How many CBDs have been carried out and recorded in the EPDP?

How many reflections have been recorded in the EPDP?

How many learning needs have been identified and recorded in the EPDP?

What steps did you take to determine your Trainee's clinical experience at the start of the training year?

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What steps did you take to determine your Trainee's clinical competence at the start of the training year?

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What steps did you take to determine your Trainee's learning needs?

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What have you done to tailor your training to your Trainee's learning needs?

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At the end of November how many of the following had your Trainee completed?

- Examinations
- Amalgam restorations
- Composite resin restorations
- Extractions of erupted teeth
- Root canal treatments: Molar
 Non Molar
- Crowns or Veneers
- Acrylic dentures: Partial
 Full
- Surgery involving a flap

What types and amounts of non NHS work had your Trainee undertaken?

What are the actual working hours for your Trainee?

Week without Study Day		Week with Study Day	
Mon		Mon	
Tues		Tues	
Wed		Wed	
Thurs		Thurs	
Fri		Fri	
Sat	Total hours	Sat	Total hours

During the following weeks how many hours did your trainee spend:

	With patients	With no patients booked	With failed appointments
October 6—11			
October 13—18			
November 3—8			
November 10—15			

Personnel

Please give up-to-date information about the dentists currently working in the practice, including their names, qualifications, and when they are present in the practice.

	Days present	Training experience and involvement
Provider Dentist(s)		
Performer Dentist(s)		
Specialist Practitioners		

Teaching and Support

What skills and experience in education and learning do other members of the practice team possess? *(Please give full details.)*

Please describe fully the involvement of other members of the dental team in Dental Foundation Training.

In what ways could you increase the involvement of the team in Dental Foundation Training?

What educational changes have you made during this year?

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Scheme TPD Comments (to be completed by TPD after discussion)

I have verified the record of E-PDP usage detailed on Page 2 and confirm that I believe this is accurate.

I make the following comments about the provision of Tutorials and Assessments.

I have verified the record of Training provision detailed on Page 2 and confirm that I believe this is accurate.

I make the following comments

I have verified the record of NHS and non-NHS work detailed on Page 4 and confirm that I believe this is accurate.

I make the following comments

I have verified the record of Trainee working hours detailed on Page 4 and confirm that I believe this is accurate.

I make the following comments

Teaching and Support (to be completed by TPD after discussion)

I have verified the record of team involvement and support in the Training detailed on Page 5 and confirm that I believe this is accurate.

I make the following comments

I have verified the record of educational change made during this current Training year detailed on Page 5 and confirm that I believe this is accurate.

I make the following comments

Training Performance (to be completed by TPD after discussion)

I confirm that during the current Training the Trainer has carried out adequately the tasks expected of a Trainer with this level of experience.

I believe that the Trainer has performed beyond expectations during the current year and would make the following comments about this performance.

The Trainer has required significant levels of support during the year and I give details.

The Trainer has required significant levels of support during the year(s) and this may have affected the quality of teaching provided for the Trainee and I give details.

Attendance, Compliance and Contribution (to be completed by TPD after discussion)

The Trainer has attended ALL sessions and meetings when required .

The Trainer has attended most sessions and meetings when required .

Comments

The Trainer has been compliant with Scheme correspondence and arrangements.

Comments

The Trainer has made an active contribution to the Scheme.

Details.

Trainer Presence in Practice (to be completed by TPD after discussion)

I have verified the presence of the Trainer in the practice and this matches the timetabled presence shown in Page 3 and confirm that I believe this is accurate.

I make the following comments.

Alternative Support in Practice (to be completed by TPD after discussion)

I confirm that in the absence of the Trainer another dental practitioner is able and normally available to provide support for the Trainee.

Name of other dentist, experience and qualifications.

Practice Facilities (to be completed by TPD after discussion)

I confirm that the Practice facilities and arrangements still conform with those at appointment.

I make the following comments.

I notice the following improvements in the practice.

I believe that these points could be acted upon.

Patient Availability *(to be completed by TPD after discussion)*

I have verified the patient load detailed in page 4 and have confirmed this with the Trainer and Trainee. I believe that the patient load is suitable and adequate for the Trainee.

I make the following comments.

NHS Contract Compliance *(to be completed by TPD after discussion)*

I have verified the checked the E-PDP and the Trainees records and believe that the Trainee has seen a full range of NHS treatments without restrictions.

I make the following comments.

NHS Commitment *(to be completed by TPD after discussion)*

I have seen evidence, (NHS Payment Schedules, practice records, NHS Reports etc) to confirm that the Trainer is on track to maintaining their commitment to the £25,000.00 per annum NHS practice earnings for this year.

I make the following comments.

Practice Commitment *(to be completed by TPD after discussion)*

I believe that the commitment to Training displayed by the practice involves other team members.

I make the following comments.

Development Plan for Next Dental Foundation Training Year

WHAT Skills and knowledge to be developed	HOW Method and process of development	WHEN Timescale—start and completion	MEASURE How will you know you have succeeded?

Date of Review Meeting

Trainer

Name

Signed
Place electronic signature here

Reviewer

Name

Signed
Place electronic signature here

For Selection Committee Use

This Performance outlined in this Review is: Satisfactory

 Not Satisfactory

Comments

Signed Signed

Date Date