ARCP Logbook summary (Post-CCST)

This proforma details the minimum information required for your ARCP. The completed proforma should be verified by your educational supervisor (or TPD) and then uploaded to the “Other evidence” area of your ISCP site prior to your ARCP.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **NTN** |  |
| **Training Units** |  | **Year**  |  | **Date** |  |
|  | **DH** | **DGH** | **TOTAL** | **% of Total** |
|  | **Num** | **%** | **Num** | **%** | **Num** | **%** |  |
| **Patient numbers** | New |  |  |  |  |  |  |  |
| Transferred  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |
|  |
| **IOTN** | IOTN 5 |  |  |  |  |  |  |  |
| IOTN 4 |  |  |  |  |  |  |  |
| IOTN 1,2,3 |  |  |  |  |  |  |  |
|  |
| **Malocclusion** | Class I |  |  |  |  |  |  |  |
| Class II div 1 |  |  |  |  |  |  |  |
| Class II div 2 |  |  |  |  |  |  |  |
| Class III |  |  |  |  |  |  |  |
|  |
| **Extraction / Non-extraction** | Extraction |  |  |  |  |  |  |  |
| Non-Xtraction |  |  |  |  |  |  |  |
| To be decided |  |  |  |  |  |  |  |
|  |
| **Appliance type**  | SWA |  |  |  |  |  |  |  |
| Tip Edge |  |  |  |  |  |  |  |
| Self Ligating |  |  |  |  |  |  |  |
| TAD |  |  |  |  |  |  |  |
|  | Headgear |  |  |  |  |  |  |  |
|  | Other anchor |  |  |  |  |  |  |  |
|  | Removable |  |  |  |  |  |  |  |
|  | Functional |  |  |  |  |  |  |  |
|  | Fixed-funct |  |  |  |  |  |  |  |
|  | RME |  |  |  |  |  |  |  |
|  | Other |  |  |  |  |  |  |  |
| **Multidisciplinary and other treatment methodologies** | **DH** | **DGH** |
|  | **Number** | **%** | **Number** | **%** |
| Oral surgery (eg ectopic teeth, SNs, transplanted teeth etc.) |  |  |  |  |
| **Orthognathic** | Class II |  |  |  |  |
| Class III |  |  |  |  |
| Marked asymmetries |  |  |  |  |
| AOB |  |  |  |  |
| Bimax |  |  |  |  |
| Mandible only  |  |  |  |  |
| Maxilla only |  |  |  |  |
| Sectional maxilla |  |  |  |  |
| Other (e.g. Distraction, SARPE etc.) |  |  |  |  |
| **Restorative** | Hypodontia | Mild (<4 teeth missing exc 8s) |  |  |  |  |
| Mod (4-6 teeth missing exc 8s) |  |  |  |  |
| Severe (>6 teeth missing exc 8s) |  |  |  |  |
| Perio |  |  |  |  |  |
| Other  | e.g. tooth wear, oncology |  |  |  |  |
| **Cleft lip and Palate / Craniofacial** | Neonatal records taken |  |  |  |  |
| Patients treated through ABG |  |  |  |  |
| Patients managed through osteotomy |  |  |  |  |
| Craniofacial / Syndromes – inc details |  |  |  |  |
| Complex medical problems – include details |  |  |  |  |
| Dental anomalies (AI, DI, MIH etc.) |  |  |  |  |
| Traumatic dental injuries |  |  |  |  |
| **Total** |  |  |  |  |
| **Current Treatment Stage** | Planning |  |  |  |  |
| Active |  |  |  |  |
| Retention |  |  |  |  |
| Rx not started |  |  |  |  |
| Discontinued |  |  |  |  |
| For transfer |  |  |  |  |
| **Supervising Consultant** |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Verified by Educational supervisor:**

**Name: Date:**