



# **HSC APPRAISAL AND JOB PLANNING TEMPLATES\***

**For**

**COMMUNITY DENTAL SERVICES**

**NORTHERN IRELAND**

\*This Appraisal template has been jointly agreed between the  
the Department of Health, HSC Trusts and BDA

Name of Organisation:- \_\_\_\_\_

Name of Appraisee: \_\_\_\_\_

Date of Appraisal: \_\_\_\_\_

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## SECTION 1: APPRAISAL DETAILS

### APPRAISEE DETAILS

Name	
Job Title	
Staff Number	
Trust	
Base	

### APPRAISER DETAILS

Name	
Position	
Trust	

### APPRAISAL CYCLE

Date Of Appraisal	
Date Of Last Appraisal / Revalidation	
Dates Of In-Year Review	

### DOCUMENT CHECK LIST (tick when verified)

GDC CERTIFICATE	
CPD CERTIFICATES	
RADIOGRAPHY ENTITLEMENT	

## SECTION 2: PERSONAL DETAILS

### GDC REGISTRATION

GDC Number	
Date Of Initial Registration	
Type Of Registration	
Registered Address	
Inclusion On Specialist / DWSI List (With Date Of Inclusion)	

### QUALIFICATIONS HELD / WORKING TOWARDS

	<u>Date Completed/ Expected Completion</u>

**EMPLOYMENT HISTORY – TO BE COMPLETED AT FIRST APPRAISAL MEETING AND UPDATED THEREAFTER**

With dates including locum appointments, honorary, part-time posts and training appointments in the HSC and elsewhere in the past 5 years (starting with current position)

<b>POSITION</b>	<b>DATES</b>

**HEALTH RECORD SINCE LAST APPRAISAL**

Do you have any current health concerns that may affect your ability to do your job or any communicable disease?

## SECTION 3: JOB PLANNING

### JOB PLAN

Number of hours/week worked in this post: \_\_\_\_\_

Flexible working arrangements (if applicable): \_\_\_\_\_

If there are variations in your weekly working schedule please record in week 2.

<b>WEEK 1</b>	<b>TIME</b>	<b>LOCATION</b>	<b>ACTIVITY</b>
MONDAY	AM		
	PM		
TUESDAY	AM		
	PM		
WEDNESDAY	AM		
	PM		
THURSDAY	AM		
	PM		
FRIDAY	AM		
	PM		

<b>WEEK 2</b>	<b>TIME</b>	<b>LOCATION</b>	<b>ACTIVITY</b>
MONDAY	AM		
	PM		
TUESDAY	AM		
	PM		
WEDNESDAY	AM		
	PM		
THURSDAY	AM		
	PM		
FRIDAY	AM		
	PM		





## SECTION 4: COMPETENCIES

<b>Core Competency</b>	<b>Evidence of Competency</b>	<b>Areas for Development/ Additional Information</b>
<b>Clinical</b>  <ul style="list-style-type: none"><li>- Clinical activity</li><li>- Clinical cases</li><li>- Quality of care</li></ul>		
<b>Communication</b>  <ul style="list-style-type: none"><li>- Patient</li><li>- Team</li><li>- Professional</li></ul>		

<b>Core Competency</b>	<b>Evidence of Competency</b>	<b>Areas for Development/ Additional Information</b>
<b>Management and Leadership</b>		
<b>Professionalism</b>		
<b>Teaching and Training</b>		

## SECTION 5: TRAINING

(Record all relevant training of 5 year cycle  
GDC requirements – 100 hours in 5 year cycle),

CURRENT CYCLE: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

YEAR OF CYCLE: \_\_\_\_\_

## **MEDICAL EMERGENCIES**

(10 hours in 5 year cycle at least 2 hours every year)

<b>YRS</b>	<b>Description of Training</b>	<b>Hours</b>	<b>Verified</b>
<b>Yr 1</b>			
<b>Yr 2</b>			
<b>Yr 3</b>			
<b>Yr 4</b>			
<b>Yr 5</b>			
	<b>Total</b>		

## **DISFECTION & DECONTAMINATION**

(5 Hours in 5 Year Cycle)

<b>YRS</b>	<b>Description of Training</b>	<b>Hours</b>	<b>Verified</b>
<b>Yr 1</b>			
<b>Yr 2</b>			
<b>Yr 3</b>			
<b>Yr 4</b>			
<b>Yr 5</b>			
	<b>Total</b>		

## **RADIOGRAPHY & RADIATION PROTECTION**

(5 hours in 5 year cycle)

<b>YRS</b>	<b>Description of Training</b>	<b>Hours</b>	<b>Verified</b>
<b>Yr 1</b>			
<b>Yr 2</b>			
<b>Yr 3</b>			
<b>Yr 4</b>			
<b>Yr 5</b>			
	<b>Total</b>		

**ETHICAL & LEGAL ISSUES / COMPLAINTS HANDLING**

**ORAL CANCER / SAFEGUARDING ADULTS & CHILDREN**

<b>YRS</b>	<b>Description of Training</b>	<b>Hours</b>	<b>Verified</b>
<b>Yr 1</b>			
<b>Yr 2</b>			
<b>Yr 3</b>			
<b>Yr 4</b>			
<b>Yr 5</b>			
	<b>Total</b>		

**OTHER VERIFIABLE TRAINING**

Date	Description of Training	Hours	Verified
	<b>Total Hours</b>		



## **SUMMARY OF VERIFIABLE CPD**

(GDC requirements – 100 hours in 5 year cycle)

<b>Hours/Year</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Total</b>
Medical Emergencies						
Infection Prevention & Control						
Radiography & Radiation Protection						
Ethical and Legal Issues						
Oral cancer						
Child safeguarding						
Adult safeguarding						
Other						
<b>Total</b>						
<b>Accumulative Total</b>						

## SECTION 6

### REFLECTIONS ON PRACTICE AND CONTRIBUTION TO SERVICE DELIVERY

#### PERSONAL DEVELOPMENT / PLAN ACTION PLAN

REFLECTIONS ON PRACTICE	
<i>What has gone particularly well since my last appraisal?</i>  <i>What is my proudest achievement?</i>  <i>How have I made a difference to Service Delivery as a Community Dentist?</i>	
<i>What has not gone so well and why?</i> <i>How can I address these challenges / problems within existing constraints?</i>	
<i>What are my longer term career aspirations and goals?</i>	
<i>What opportunities can I avail of to make any improvements?</i>	
<i>Reflections on training – courses that were particularly relevant and beneficial etc.</i>	

## PERSONAL DEVELOPMENT PLAN 20.....

What do I need to learn or maintain for this appraisal cycle?	How does this relate to my field of practice?	To which GDC development outcome(s) does it link?	How will this benefit my work?	How will I meet this learning or maintenance need?	When will I complete the activity?

## ACTION PLAN

When completing your PDP & action plan consider both your personal and corporate team objectives.

SPECIFIC WORK OBJECTIVE	ACTIONS REQUIRED	BY WHOM	TIMESCALE	OUTCOME/EVIDENCE OF COMPLETION

## SECTION 7: PROBITY AND DECLARATIONS

### Conflicts of interest

You must act in your patients' best interests when making referrals and providing or arranging treatment or care. So you must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect your judgment. You should not offer such inducements to colleagues.

### Financial and commercial dealings

You must be honest and open in any financial arrangements with patients. You must be honest in financial and commercial dealings with employers, insurers and other organisations or individuals. Before taking part in discussions about buying goods or services, you must declare any relevant financial or commercial interest, which you or your family might have in the purchase.

### Writing reports, giving evidence and signing documents

You must be honest and trustworthy when writing reports, completing or signing forms, or providing evidence in litigation or other formal inquiries. This means that you must take reasonable steps to verify any statement before you sign a document. You must not write or sign documents which are false or misleading because they omit relevant information. If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.

### Research

If you participate in research, you must put the care and safety of patients first. You must ensure that patients have given consent and where appropriate approval has been obtained for research from an independent research ethics committee. You must conduct all research with honesty and integrity.

### Convictions, findings against you and disciplinary action

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

- been convicted of a criminal offence or have proceedings pending against me;
- had any cases considered by the GDC, other professional regulatory body, or other licensing body or have any such cases pending against me;
- had any 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.

**OR**

**If I have been subject to any of the above I have discussed this with my Appraiser.**

**Probity declaration:**

**Professional obligations**

I accept the professional obligations placed upon me in the paragraphs above and in the GDC professional standards.

**Appraisee Name in capitals:** \_\_\_\_\_

**Appraisee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_