Guide to the SLAA Process for Entry to the Special Care Dentistry Specialist List

This guide offers specialty-specific information to assist applicants seeking entry to the GDC Specialist List via the Specialist List Assessed Application (SLAA) route.
It is designed to complement the guidance and documentation provided by the General Dental Council (GDC).

Section 1: Route to Entry

Under the new GDC Specialist List Regulations (2024), there are now updated defined routes to entry:

1. Certificate of Completion of Specialist Training (CCST) route
2. Assessed application - UK specialist qualification with equivalent knowledge and experience
3. Professional Qualifications and International Agreements (PQIA) route

Those seeking to join the list without an approved Certificate of Completion of Specialist Training (CCST), such as Specialty and Associate Specialist (SAS) Dentists or Community Dental Officers (CDOs) will usually apply through Route 2 or Route 3 below.

Route	Description	Typical Applicants
1. CCST Route	Completion of an approved UK specialty training programme leading to a Certificate of Completion of Specialist Training (CCST).	Dentists who have completed a recognised specialist training programme in the UK.
2. Assessed application - UK Specialist Qualification + Equivalence	Holding a UK specialist qualification (for example, an MSc, Diploma, or Fellowship) and demonstrating knowledge, skills, and experience equivalent to a CCST.	Dentists who have not undertaken formal GDC-approved specialty training but have achieved equivalent competence through postgraduate study and professional experience.
3. Professional Qualifications & International Agreements (PQIA) Route	Recognition of overseas or international specialist qualifications under the Professional Qualifications and International Agreements Regulations 2023, or other relevant international recognition agreements.	Dentists trained outside the UK who can demonstrate their qualification and experience are equivalent to UK CCST standards.

For the purposes of this guide we shall focus on applicants of **route 2.**

Throughout this guide the term ‘trainee’ refers to you/the applicant.

Section 2: How to Present Evidence

Evidence in the following format is advised:

1 **Summary Sheet:** This will help structure your portfolio and demonstrate how each higher learning outcome (HLO) has been achieved. It can help direct the panel to the relevant evidence. (An example summary sheet is based off the GDC example and provided in Appendix 1)
2 **Size:** A4
3 **Patient identifying information:** none should be included
4 **Binding:** none
5 **Electronic information:** not accepted
6 **Page numbering:** makes it easier to navigate your portfolio
7 **Original Documents:** You are advised to avoid sending original documents
8 **Certified copies:** are preferred instead of original documents (e.g. institution stamp/ signature)
9 **Translations:** are accepted but must follow strict GDC guidance

n.b. The GDC are developing an online portal to upload evidence

Section 3: Portfolio

Irrespective of route to entry, a portfolio must be presented containing the following:

1. Evidence of academic or research work and projects
2. Clinical caseload logbook (It would be of benefit to include a summary of patient groups, procedures and modalities undertaken)
3. Evidence of supervised learning events (SLEs) and work-based assessments (WBAs)
4. Curriculum vitae
5. References

The clinical caseload logbook, SLEs and WBAs should be used to evidence that all domains of the specialty curriculum for Special Care Dentistry have been met. **A wide breadth of knowledge and skill in the speciality should be evidenced.**

The Special Care Dentistry curriculum is an essential to understand and reference in your preparation and submission.

It very helpfully blueprints what kind of evidence is suitable for each higher learning outcome.

Link: Special Care Dentistry Curriculum

The syllabus also provides specific information on requirements.

The domains for the specialty curriculum for Special Care Dentistry have been included below for reference.

Table 1: Content of the specialty curriculum for Special Care Dentistry	
Generic Domain	Content
1	Professional knowledge and management
2	Leadership and teamworking
3	Patient safety, quality improvement and governance

4	Personal education, training, research and scholarship
Specialty Specific Domain	Content
1	Professional, Legal and Ethical Context of Special Care Dentistry
2	Impairment, Disability and Oral Health
3	Oral Care of Complex Patients
4	Dental Public Health and Oral Health Promotion
5	Clinical Special Care Dentistry
6	Management of pain and anxiety in Special Care Dentistry

See the curriculum for the specific higher learning outcomes (HLOs) for each domain.

Please also note each specialty curriculum contains section C generic curriculum, the generic curriculum passport is also a helpful document in structuring this part of your application.

1. Evidence of academic work and projects

a. Postgraduate qualifications from academic or research work

Examples:

- Certificates
- Thesis titles and abstract
- Authenticated syllabus of academic courses
- Special Care dentistry masters
- Post-graduate certificate in education
- Post-graduate certificate in healthcare sciences

b. The RCS Diploma of Membership in Special Care Dentistry (MSpec Care Dent) or Dental Specialty Fellowship in Special Care Dentistry examination pass certificate

c. Details of research projects

Examples:

- Abstracts of publications
- Details of grants awarded
- Ethics applications
- Names and address of supervisors
- List and details of publications

d. Research presentations and invited lectures

Include:

- Title of presentation
- Forum
- Poster/ oral presentation
- Date
- Feedback received

e. List of PhD or Masters projects

f. Audit/ QI/ service development project details
   - For audits - 2 cycle audits recommended
   - Named lead for at least one of the projects submitted
   - At least 3 projects within the past 5 years, as per StR training recommendations

2. Clinical Caseload Logbook

a. The logbook should be broken down into sections for each post you have held. A summary sheet for each post is of benefit.

b. The logbook must be validated by your named trainer/teacher/clinical lead for that post with the following:
   - Full name of personal validating
   - Signature of person validating
   - Job title of person validating
   - Date
   - Stamped
   - Must say 'this is a true and accurate record of the work carried out'

c. For each patient, the operative logbook should include:
   - Date of procedure
   - Location
   - Age
   - Medical status
   - Your role
   - Details of the procedure carried out
   - Relevant complications

d. Include a log of different methods of anxiety management eg sedation and GA
   - Types of sedation provided; with minimum numbers: Min 10 inhalation cases/year; 20 IV sedation/year; 10 transmucosal sedation/year

e. For non-operative clinical experience, logged details should include:
   - Assessment
   - Diagnosis
   - Treatment plan
   - Multi-disciplinary experience

f. Indicative numbers can be based upon those in training.

   Those in specialty training programmes are required to fulfil a clinical logbook:
   - There are no specific numbers stated for given procedures
   - Most important aspect is to show evidence of each domain of the curriculum

g. You can use e-logbook which is free to sign up to, available for all grades of staff and has procedure codes specific to the curriculum already loaded.
   https://www.elogbook.org/

If you use e-logbook, your logbook will need to be downloaded into a spreadsheet so it can be validated as detailed above.

3. Evidence of Supervised Learning Events (SLEs) and Work Based Assessments (WBAs)

It might be useful to sign up to the ISCP (Intercollegiate surgical curriculum programme). A small fee is payable on sign up but the account can be linked to eLogbook and can be used to access example SLE or WBA documents. Any completed SLEs and WBAs can also be logged here for ease.

There is also the possibility to download copies of the WBAs without paying for an account or using the portfolio.

What are SLEs and WBAs?

They are forms of formative assessment. Think of these as an opportunity to gain feedback to support your learning and development of skills. They will also act as part of the body of evidence to demonstrate you have met all the competencies required to be allowed entry to the GDC specialist list.

Who can sign off SLAs and WBAs?

They can be signed off by consultants in the specialty in question or relevant specialty to the competency, colleagues on the GDC specialist list and senior trainees where deemed appropriate. A variety of colleagues signing these off, provides stronger evidence.

Do I receive feedback?

Ideally all SLEs or WBA should be followed by a short feedback session which can provide you with constructive advice and guidance. If an SLE or WBA identified areas which require improvement, these should still be included in your portfolio. You can reflect on these situations and they can help inform learning and training needs. Document your reflections for each one. A follow up SLE/WBA at a later date can then show uptake of guidance and improvement.

What SLEs and WBAs will I need?

There are 5 types of SLEs/WBAs along with reflection entries which you will need:

1. **Direct Observation of Procedural Skills (DOPs)**
2. **Procedure Based Assessments (PBAs)**
3. **Case Based Discussion (CBDs)**
4. **Clinical Evaluation Exercises (CEXs)**
5. **Multisource Feedback (MSF)**
   &
6. **Evidence of Reflective Practice**

More information on each of these can be found below.

How many do I need of each of these?

Those in specialty training programmes are required to fulfil the following:

- Requirement to have a broad range of 17 DOPs, 6 CEXs and 6 CBDs each YEAR
- There are no specific numbers stated for specific given procedures
- The syllabus further defines the requirements, and identifies several specific DOPS needed and the minimum of 4 of each, along with a breadth of other WBAs.
- **Most important aspect is to show proof of a wide level of knowledge and experience**

It is important to note that the WBA must be the appropriate choice of assessment for the procedure performed, and each case can only be used once for a WBA, not multiple times in different ways.

1. **Direct Observation of Procedural Skills (DOPs):**

What: Trainee is observed by an assessor when performing a procedure.

When: Any short procedure or part of a procedure (when compared to a PBA – see information below). Focusing on a small part of a large procedure can be more helpful in gaining feedback.

Examples:

- Assessment of capacity and completion of relevant paperwork
- Cannulation +/- blood samples
- Design and fit of a complete denture
- Design and fit of a partial denture
- Diagnosis and management of Bacterial, Viral and Fungal Infections
- Diagnosis and management of orofacial pain
- Management of patient under general anaesthetic (interoperative and post –operative care) Including day case and in-patient

More extensive list of examples available on ISCP

As with all SLEs and WBAs, you should aim to vary your DOPs and map them to the different domains of the curriculum to show a good breadth of skill.

Form: An example DOPs form is provided in Appendix 2

2. **Procedure Based Assessments (PBAs)**

What: Trainee is observed by an assessor when performing a procedure.

When: In comparison to a DOPs which focusses on a smaller part of a procedure, a PBA assesses a trainee when performing an entire procedure from start to finish, including checking/requesting equipment, consent, the procedure itself, and provision of post-operative instructions and arranging follow up where required.

Example:

- Excisional biopsy
- Surgical removal of a non-impacted tooth

Forms: A dedicated form for specific PBAs is available on the ISCP website. Alternatively, an example form is included in Appendix 3

3. Case Based Discussion (CBD)

What: A case-based discussion uses available patient records for a patient with whom you have been involved. The case is then discussed as a formative assessment with your chosen suitable assessor.

How: You might find it useful to discuss more than one case at a time, especially if comparing the cases might be useful for learning. If accessing suitable consultants and specialists to act as an assessor is challenging, discussing multiple cases in one session can help overcome this barrier. It can be useful to prepare each case as a presentation, so all the necessary records are available and conveniently located for ease.

What to include:

CBD assesses all aspects of a patient's care including:

- Diagnosis
- Assessment including radiographic records
- Management
- Ethical and professional issues
-

Which: A range of cases which map to different domains of the curriculums should be discussed, including those with more challenging non-clinical elements such as, but not limited to, safeguarding, patient communication, complaints, and multidisciplinary team working.

Where: The cases can be presented or discussed on a one-to-one basis with your assessor or in a forum type setting like department meetings.

Reflection: An ideal CBD will also result in a reflection which will include some form of self-evaluation; what did you learn from this experience, what you did well, what could be improved and how will you implement change/achieve improvement.

Form: An example CBD form is included in Appendix 4

4. Clinical Evaluation Exercises (CEXs)

What: A CEX is a formative assessment, by your chosen appropriate supervisor, of a patient consultation.

When: There should be a good case mix covering different areas of the curriculum, and CEXs can take place in different settings, for example in an outpatient clinic or on a ward prior to or post procedure.

The following situations are examples of clinical situations for which CEX should be considered:

- Informed consent – adults
- Managing situations where individuals lack the capacity to consent for themselves

Other CEX should be gained from a range of clinical situations mapping to different domains of the curriculum.

Form: An example CEX form is included in Appendix 5

5. **Multisource feedback (MSF)**

What: This is also known as peer assessment or 360 degrees feedback.

When: It must be completed in the last 3 years

How: If you work for an NHS Trust, you will have access to this through your trusts chosen provider system for Appraisal/MSF. You should discuss the results with a senior colleague, or as part of your appraisal, and record the discussion.

If you do not have access to MSF systems, it is available on ISCP if you sign up or you may be able to create your own feedback form including the following domains:

- Clinical knowledge and skills
- Communication
- Teamwork
- Professionalism
- Integrity
- Leadership and management
- Reliability and punctuality
- Respect for others
- Teaching and supervision if applicable

You must self-rate yourself in each domain and then provide questionnaires to a range of clinical and non-clinical colleagues to rate your practice. To be accurate, your colleagues must be able to complete their questionnaires anonymously. If conducted electronically, you will then receive a report with a summary of the results. If conducted manually/analogue, the returned questionnaires can be analysed manually. The results and your reflection on the findings should then be discussed with a supervisor/senior colleague, which can occur at your annual appraisal, and this discussion should be recorded.

6. **Evidence of Reflective Practice**

Number: There is no guidance or indication available on the number of reflections which should be included in your portfolio. (StR recommendation is at least 6/ training year, and can be linked to WBAs).

What: A reflection showcases your development, insight and professionalism. They should include a discussion of what you have learnt from a particular situation, it should be related to your clinical practice and ideally mapped to the curriculum. A good reflection is honest, personalised and reflects growth.
It is good practice to reflect on each WBA/SLE you do, as well as additional for any situation/ scenario in your job you feel warrants reflection and exhibits your qualities of development as a clinician.

Include: Examples of what can be included in a reflection are below:

- Title/Date/Location of event
- Brief background or description of events including what was your role
- Feeling/assumptions of beliefs about the situation
- Associated evidence base
- Similarities or differences to similar cases encountered
- Impact on other patients/colleagues/yourself
- What went well/poorly
- What was challenging/surprising
- What, if any, further learning do you need
- Action points/plan to change practice in the future

Form: An example reflection template is included in Appendix 6

What support can I get in completing my WBAs and portfolio in general:

Your trust/ partnership may support you in this process.
There is a separate guidance produced for them to use and provide a framework and signpost resources.

Your upskilling can be of great benefit to your workplace, community and the patient care provided, therefore investment is warranted in many cases.

This may take the form of:

- Facilitating your secondment to other clinical settings to gain skills and WBAs in areas of the curriculum you cannot achieve in your workplace.
- Time given for academic and portfolio related pursuits
- Support in carrying out and promotion of quality improvement, management and leadership projects

Your local NHS England workforce, training and Education body (who oversee regional dental training such as DCT and StR) can also signpost and facilitate access to external resources such as those used for StR training.

This may include:

- Signposting to relevant courses and training
- Facilitate access to clinical environments to meet your portfolio needs

4. Curriculum Vitae (CV)

Generic content of the specialty curriculum as shown on table 1 and the Special Care dentistry curriculum may be demonstrated and evidenced through your CV. (Please note, some of the domains may also be evidenced through SLEs and WBAs.)

What to include in your CV:

- Complete record of any postgraduate study
- Membership and Fellowship exams
- Employment to date (including clarification of full-time equivalence for each post)

- NHS appraisal within the last 12 months (if applicable)
- Personal development plan (PDP) related to the specialty
- Continuing professional development (CPD) log and certificates (relevant to the oral surgery curriculum)
- Evidence of teaching, training and supervision
    - Formal training in teaching and training
    - Experience of teaching healthcare students and professionals (with details provided of the teaching)
    - List of PhD/master's degree projects and students you have supervised to completion (date, name of candidate and title of project)
- Quality improvement activities and service developments
    - Title
    - Date
    - Trust and registration number
    - Lead or collaborator
    - Number of cycles
    - Summary of outcomes
    - Resultant change
    - Implementation of change date

You may have included information on:

- Postgraduate study
- CPD
- Quality improvement projects and service developments

in part 1 of your portfolio. DO NOT duplicate information included in other sections. You can simply put a note in to direct the assessor to the relevant section or page number.

5. References

Number: minimum of 2 references

Who can provide a reference: senior colleagues on the specialist register

Character references: these will not be accepted

FAQs and Troubleshooting

Q: What if I cannot obtain signed validation for my older logbooks?

A: Contact the GDC Specialist Lists Team with an explanatory statement and alternative corroborative evidence.

Q: What if I work primarily in private practice or outside the NHS?

A: Equivalent private-sector experience can be accepted if validated and mapped to the specialty curriculum.

Q: What if I am the most senior clinician in my workplace?

A: Arrange short-term placements or peer observation sessions in recognised specialist units to obtain SLE/WBA evidence.

Q: What if I have further questions I can not find the answer to?

A: Applicants who are ready to apply for entry on to the specialist list are encouraged to ask their GDC caseworkers questions if they require further guidance, especially in the situation where a caseworker has returned an incomplete application.

Appendices

Appendix 1: Example summary sheet

Appendix 2: Example DOPS sheet

Appendix 3: Example PBA sheet

Appendix 4: Example CBD sheet

Appendix 5: Example CEX sheet

Appendix 6: Example of a Reflection template

Appendix 1: Summary Information Sheet

Domain number	**Domain name**	HLO	**How have you met this outcome**	**Where can the evidence be found**	**Assessor's comments**
1.1	Understand legal and political issues for major disability groups and marginalised groups	Demonstrate knowledge, understanding and application of the principles of current legislation relevant to disability, equality and diversity and human rights, when applied to clinical practice	List what you have done eg: DOPs PBA CBD CEX Publications Teaching Master's thesis etc	(Include relevant sections/page numbers here, making it easy for the assessors to find)	(Leave blank for the assessor)
2	Fill in as above row				
3					
4					
5					
6					
7					
8					
9					

Appendix 2: Example DOPS sheet from ISCP

Direct Observation of Procedural Skills (DOPS)

Trainee	**Assessor**
Name / GMC/GDC/IMC number:	**Name / GMC/GDC/IMC number:**
Assessment date:	**Hospital DOPS took place:**
FEEDBACK: Verbal and written feedback is a mandatory component of this assessment.	
General	
Strengths	
Development needs	
Recommended actions	
TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)	
What did I learn from this experience?	
What did I do well?	
What do I need to improve or change? How will I achieve it?	

RATINGS

Your ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training.

N = Not observed **D =** Development required, **S =** Satisfactory (no prompting or intervention required) **O =** Outstanding

Domain	**Rating**	**Comments**
1: Describes indications, anatomy, procedure and complications to assessor		
2: Obtains consent, after explaining procedure and possible complications to patient		

3: Prepares for procedure according to an agreed protocol		
4: Administers effective analgesia or safe sedation (if no anaesthetist)		
5: Demonstrates good asepsis and safe use of instruments and sharps		
6: Performs the technical aspects in line with the guidance notes		
7: Deals with any unexpected event or seeks help when appropriate		
8: Completes required documentation (written or dictated)		
9: Communicates clearly with patient and staff throughout the procedure		
10: Demonstrates professional behaviour throughout the procedure		

GLOBAL SUMMARY Level at which completed elements of the PBA were performed on this occasion		**Tick**
Level 0	Insufficient evidence observed to support a summary judgement	
Level 1a	Able to assist with guidance (was not familiar with all steps of procedure)	
Level 1b	Able to assist without guidance (knew all steps of procedure and anticipated next move)	
Level 2a	Guidance required for most/all of the procedure (or part performed)	
Level 2b	Guidance or intervention required for key steps only	
Level 3a	Procedure performed with minimal guidance or intervention (needed occasional help)	
Level 3b	Procedure performed competently without guidance or intervention but lacked confidence	
Level 4a	Procedure performed confidently to a high standard without any guidance or intervention	
Level 4b	As 4a and was able to anticipate, avoid and/or deal with common problems/complications	

DOPS DETAILS	
Name of Procedure:	
No. times procedure previously performed:	**Emergency / Elective** (please circle)
Performed in a simulated setting **Description of the simulation:**	
DOPS performed while on a course Yes / No **If yes, please give details:**	
Difficulty of procedure: Easier than usual **Average difficulty** **More difficult than usual**	

Trainee's signature:	**Assessor's signature:**

Appendix 3: Example PBA sheet from ISCP for a mucocele excision

Oral Surgery PBA: Excision of mucocele		
Trainee:	Rater:	Assessment date :
Hospital:		

Rater feedback	
Verbal and written feedback is a mandatory component of this assessment. Please use this space to record areas of strength and suggestions for development which were highlighted during discussion with the trainee.	
General	
Strengths	
What did I do well?	
Development needs	
Recommended actions	

Trainee feedback	
Trainee comments	

Trainee reflections	
Trainee reflections on this activity	
What did I learn from this experience?	
What did I do well?	
What do I need to improve or change? How will I achieve it?	
This PBA relates to a reflective journal entry	

Ratings
Your ratings should be judged against the standard for the Certification. Assessors are normally consultants (senior trainees may be assessors depending upon their training level and the complexity of the procedure)
IMPORTANT: The trainee should explain what he/she intends to do throughout the procedure. The Assessor should provide verbal prompts if required, and intervene if patient safety is at risk.A rating of Satisfactory can only be given if no prompting or intervention was required
Rating: **N** = Not observed or not appropriate **D** = Development required **S** = Satisfactory standard for CCT (no prompting or intervention required)

Competencies and Definitions		Rating N/D/S	Comments about this section
II. Pre operation planning			
PL1	Demonstrates recognition of anatomical and pathological abnormalities (and relevant co-morbidities) and selects appropriate operative strategies/techniques to deal with these		
PL2	Demonstrates ability to make reasoned choice of appropriate equipment, materials or devices (if any) taking into account appropriate investigations		
PL3	Checks materials, equipment and device requirements with operating room staff		
PL4	Ensures the operation site is marked where applicable		
PL5	Checks patient records, personally reviews investigations		
III. Pre operative preparation			
PR1	Checks in theatre that consent has been obtained		
PR2	Gives effective briefing to theatre team		
PR3	Ensures proper and safe positioning of the patient on the operating table		
PR4	Demonstrates careful skin or mucosal preparation		
PR5	Demonstrates careful draping of the patient's operative field		
PR6	Ensures general equipment and materials are deployed safely (e.g. diathermy)		
PR7	Ensures appropriate drugs administered and ensures local anaesthetic does not distort specimen		
PR8	Arranges for and deploys specialist equipment effectively		
IV. Exposure and closure			
E1	Demonstrates knowledge of, and employs, optimum mucosal incision to outline excision of mucocele		
E2	Not applicable to the procedure		
E3	Completes a sound wound repair in layers where appropriate		
E4	Not applicable to the procedure		
V. Intra operative technique: global (G) and task-specific items (T)			
IT1(G)	Follows an agreed, logical sequence or protocol for the procedure		
IT2(G)	Consistently handles tissue well with minimal damage		
IT3(G)	Controls bleeding promptly by an appropriate method		
IT4(G)	Demonstrates a sound technique of knots and sutures/staples		
IT5(G)	Uses instruments appropriately and safely		
IT6(G)	Proceeds at appropriate pace with economy of movement		
IT7(G)	Anticipates and responds appropriately to variation e.g. branches of mental nerve		
IT8(G)	Deals calmly and effectively with unexpected events/complications		
IT9(G)	Uses assistant(s) to the best advantage at all times		
IT10(G)	Communicates clearly and consistently with the scrub team		
IT11(G)	Communicates clearly and consistently with the anaesthetist		
IT12(T)	Avoids crushing specimen by careful handling of mucosa		
IT13(T)	Achieves an adequate exposure through purposeful dissection in correct tissue planes and identifies all structures correctly. Uses either sharp and/or blunt dissection judiciously		
IT14(T)	Takes appropriate amount of tissue in all dimensions to provide adequate clearance of lesion and histopathological diagnosis		
IT15(T)	Deals with adjacent minor salivary glands appropriately		
IT16(T)	Transfers specimen into biopsy pot appropriately e.g. recognising need for separate tissue forceps for transfer		
VI. Post operative management			
PM1	Ensures the patient is transferred safely from the operating table to bed if applicable		
PM2	Constructs a clear operation note - full details of procedure		
PM3	Records clear and appropriate post operative instructions - analgesics and follow up appointment		
PM4	Ensures specimen is transported to the pathology lab		
PM5	Completes histopathology request form fully with all necessary information including indication of degree of urgency		
PM6	Arranges appropriate review coinciding with histopathological result (see C6)		

PBA Details	
Emergency/Elective	**[ ] Emergency** **[ ] Elective**
Difficulty of procedure on this occasion	**[ ] Easier than usual** **[ ] Average difficulty** **[ ] More difficult than usual**
Performed in a simulated setting	**[ ] Yes** **[ ] No**
PBA performed while on a course	**[ ] Yes** **[ ] No**

Global summary

Level at which completed elements of the PBA were performed on this occasion		**Tick as appropriate**
Level 0	Insufficient evidence observed to support a summary judgement	
Level 1a	Able to assist with guidance (was not familiar with all steps of procedure)	
Level 1b	Able to assist without guidance (knew all steps of procedure and anticipated next move)	
Level 2a	Guidance required for most/all of the procedure (or part performed)	
Level 2b	Guidance or intervention required for key steps only	
Level 3a	Procedure performed with minimal guidance or intervention (needed occasional help)	
Level 3b	Procedure performed competently without guidance or intervention but lacked fluency	
Level 4a	Procedure performed fluently without guidance or intervention	
Level 4b	As 4a and was able to anticipate, avoid and/or deal with common problems/complications	

Appendix 4: Example CBD sheet from ISCP

Case-Based Discussion (CBD)

Trainee	**Assessor**
Name and GMC/GDC/IMC number:	**Name and GMC/GDC/IMC number:**
Assessment date:	**Hospital CBD took place:**

FEEDBACK: Verbal and written feedback is a mandatory component of this assessment.
General
Strengths
Development needs
Recommended actions

TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)
What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

RATINGS Your ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training.

How do you rate this trainee in their: **O:** Outstanding **S:** Satisfactory **D:** Development required **N:** Not assessed		**GLOBAL SUMMARY** Please tick the overall level at which the CBD was performed, if there was sufficient evidence to make a judgement:		
1. Medical record keeping		Level 0	Below that expected for early years training	
2. Clinical assessment				

3. Diagnostic skills and underlying knowledge base		Level 1	Appropriate for early years training	
4. Management and follow-up planning				
5. Clinical judgement and decision making		Level 2	Appropriate for completion of early years training	
6. Communication and team working skills				
7. Leadership skills		Level 3	Appropriate for central period of specialty training	
8. Reflective practice/writing				
9. Professionalism		Level 4	Appropriate for Certification	

CBD DETAILS													
Clinical setting:						**Emergency / Elective** (please circle)							
Performed in a simulated setting		**Description of the simulation:**											
CBD performed while on a course Yes		**No**		**If yes, please give details:**									
Summary of the clinical problem:						**Critical condition: Yes / No**							
Focus of encounter:	History		Exam		Diagnosis		Management		Explanation		Consent		
Complexity of the case:	1. Appropriate for early years training												
	2. Appropriate for the completion of early years training or early specialty training												
	3. Appropriate for the central period of specialty training												
	4. Appropriate for Certificate of Completion of Training (CCT)/Specialty Training (CCST)												
Trainee's signature:						**Assessor's signature:**							

Appendix 5: Example CEX sheet from ISCP

ISCP INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME

Clinical Evaluation Exercise (CEX)

Trainee	Assessor
Name / GMC/GDC/IMC number:	**Name / GMC/GDC/IMC number:**
Assessment date:	**Hospital CEX took place:**

FEEDBACK:

Verbal and written feedback is a mandatory component of this assessment.

General
Strengths
Development needs
Recommended actions

TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)

What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

RATINGS

Your ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training.

How do you rate this trainee in their: **O:** Outstanding **S:** Satisfactory **D:** Development required **N:** Not assessed		**GLOBAL SUMMARY** Please tick the overall level at which the CEX was performed, if there was sufficient evidence to make a judgement:	
1. History taking skills		Level 0	Below that expected for early years training
2. Physical examination skills			
3. Diagnostic skills and underlying knowledge base		Level 1	Appropriate for early years training
4. Management and follow-up planning			
5. Clinical judgement and decision making		Level 2	Appropriate for completion of early years training or early specialty training
6. Communication and listening skills			
7. Organisation and time management		Level 3	Appropriate for central period of specialty training
8. Professionalism		Level 4	Appropriate for Certification / CCST

CEX DETAILS

Clinical setting:							**Emergency / Elective** (please circle)					
Performed in a simulated setting ☐			**Description of the simulation:**									
CEX performed while on a course Yes ☐			No ☐		**If yes, please give details:**							
Summary of the clinical problem:												
Focus of encounter:	History		Exam		Diagnosis		Management		Explanation		Consent	
Complexity of the case:	1. Appropriate for early years training											
	2. Appropriate for the completion of early years training or early specialty training											
	3. Appropriate for the central period of specialty training											
	4. Appropriate for Certification / Completion of Specialty Training (CCST)											
Trainee's signature:							**Assessor's signature:**					

Appendix 6: Example of a Reflection template from Academy of Medical Royal Colleges (AOMRC). This is just one of many reflection templates available on their website.

Reflection based on the 'What happened, what did you do, what have you learnt, what next?'

More detailed recording of reflection can help ensure you learn all the lessons from events, both positive and negative This is often recorded in reflective 'logs'. Added detail can help you remember the incident but is not necessary to demonstrate reflective practice. Reflection should also be used to understand your strengths and consider positive events.

What's the issue you reflected on?
An incident/situation/feeling that gave you cause for reflection. What made you stop and think? There are many ways to reflect – how did you do it?

What did you do?

What did you learn from this experience?
How did it change your thinking or practice? What have been the effects of your changes? Has it improved your practice and outcomes? What will you do differently in the future?

What next?

What further learning needs did you identify? How will you address these?