Individual Peer Review (IPR) for Educational Supervisors (Part B)

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Supporting personal and professional development

**Please keep the originals of these forms in your professional portfolio**

**and send a copy of the PDP to the IPR lead:** [**dentalappraisal.nw@hee.nhs.uk**](mailto:dentalappraisal.nw@hee.nhs.uk)

|  |  |
| --- | --- |
| **Educational Supervisor:** |  |
| **GDC Number:** |  |
| **Date of IPR:** |  |
| **IPR Facilitator:** |  |
| **Signed Off Date:** |  |

# Summary of IPR discussion and actions

This form sets out an agreed summary of the IPR discussion and a description of the actions agreed during the discussion, including those forming your personal development plan (PDP).

The form will be completed by your IPR facilitator and then agreed by you to be included in your Professional Portfolio. It may contribute to future revalidation requirements and should be kept readily available to demonstrate your pro-active approach.

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| **1. What has gone well this year?** |
| Discussion points |
| Evidence available |
| **2. Reflecting on the past year, how has the Covid 19 pandemic affected you and your practise of dentistry?** |
| Discussion points |
| Evidence available |
| **3. Have you felt supported by HEE during this period?** |
| Discussion points |
| Evidence available |
| **4. What do you feel hasn’t gone well this year?** |
| Discussion points |
| Evidence available |
| **5. What are your strengths?** |
| Discussion points |
| Evidence available |
| **6. What are your weaknesses?** |
| Discussion points |
| Support identified |
| **7. In your role as an Educational Supervisor what would you change to benefit this role and how could you bring about this change, could HEENW support this change?** |
| Discussion points |
| Evidence available |
| **8. Have you identified any development opportunities for yourself educationally and clinically?** |
| Discussion points |
| Evidence available |
| **9. What educational and clinical activities have you undertaken to support your role as an Educational Supervisor, can this be used as evidence for your professional portfolio?** |
| Discussion points |
| **Evidence available**  Education:  Clinical: |
| **10. Were you able to achieve the outcomes from your previous IPR?** |
| Discussion points |
| **11. How can HEENW support you in your role to enhance your development at being an effective Educational Supervisor?** |
| **Discussion points**  Teaching and learning:  Assessing the learner:  Guidance to learners:  Other: |

## eCPD activity log

As part of your eCPD record for the GDC, you need to keep a log of all activity you have undertaken, which **must capture** the following details:

* **the** **title** and **topic areas** of the CPD activity you completed
* **the date** it was undertaken
* **the number of hours,** as shown on the evidence of completion (e.g., certificate) provided by the course provider. (Breaks and travel time do not count towards the number of hours of CPD)
* **the GDC’s development outcome(s)** achieved from each CPD activity

It should also include a reflective element, or an indication that reflection has taken place.

**The learning outcomes:**

Remember that each planned or completed CPD activity must be mapped to a development outcome, A-D below. There is no requirement for you to cover all the development outcomes across your cycle, you just need to make sure each planned and completed activity has at least one outcome mapped.

|  |  |
| --- | --- |
| **Development Outcome** | **Example of CPD content** |
| 1. Effective communication with patients, the dental team, and others across dentistry, including when obtaining consent, dealing with complaints, and raising concerns when patients are at risk | * Communication * Consent * Complaint’s handling * Raising concerns * Safeguarding |
| 1. Effective management of self, and effective management of others or effective work with others in the dental team, in the interests of patients at all times; providing constructive leadership where appropriate; | * Effective practice management * Business management * Team working |
| 1. Maintenance and development of knowledge and skill within your field of practice; | * Clinical and dental areas of study * Radiography * Cross infection control * Medical emergencies and CPR * CPD specific for educational roles |
| 1. Maintenance of skills, behaviours and attitudes which maintain patient confidence in you and the dental profession and put patients’ interests first. | * Ethical, legal * Professional behaviours * Equality and diversity training |

PERSONAL DEVELOPMENT PLAN TEMPLATE

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GDC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This plan should be updated whenever there has been a change – either when a goal is achieved or modified or where a new need is identified. The original version should also be retained for discussion at the next IPR.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What development needs have I? | How will I address them | Date by which I plan to achieve the development goal | Outcome | Completed |
| What do you need to do? | Explain how you will take action, and what resources you will need? | The date agreed with your IPR Facilitator for achieving the development goal. | How will your practice change as a result of the development activity? | Agreement from your IPR that the development need has been met. |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

Sign off

We agree that the above is an accurate summary of the IPR discussion and the agreed personal development plan.

Educational Supervisor IPR Facilitator

GDC Number: GDC Number:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed:

Date: Date:

**Note: Please email a copy of the personal development plan and the sign off page, to the IPR lead**: [dentalappraisal.nw@hee.nhs.uk](mailto:dentalappraisal.nw@hee.nhs.uk)