

**[INSERT HEE LOCAL OFFICE]**

**PERFORMERS LIST VALIDATION BY EXPERIENCE**

**LOGBOOK**

**Name of Validation by Experience Dentist:**

**[INSERT NAME]**

**GDC Number: [INSERT NUMBER]**

**IMPORTANT NOTE**

This logbook will form part of the assessed work and should be submitted with the portfolio ***one month*** before the completion of the training programme.

All work submitted in the logbook and portfolio is accepted on the understanding that it is the work of the VED named above

**PERSONAL AND PRACTICE DETAILS**

|  |  |
| --- | --- |
| **Personal Information** |  |
| **Name** |  |
| **Residential address** |  |
| **Telephone Nos.** | **Work:** | **Home:** | **Mobile:** |
| **Email address:** |  |
|  |
| **Qualifications:** | **Country of qualification** | **Date** |
| BDS: |  |  |
| IQE (where applicable) |  |  |
| Other: |  |  |
|  |  |  |
| **Previous experience** |  |  |
| **Details** | **Dates** |
|  |  |
|  |  |
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| --- | --- |
| **Practice** |  |
| Provider’s name: |  |
| Validation Supervisor’s (VS) name |  |
| Practice address |  |
| NHS England Local Office |  |
| **Assessment Requirements: [INSERT DETAILS from the HEE Local Office document]:**  |

**Induction to the Practice**

Please complete each of these Assurances. Some of these you will be able to undertake with one of the practice team members, such as the Practice Manager or your Dental Nurse. It may be worthwhile having a notebook to keep a record of much of the new information you will gather whilst completing this section. You will need to have understood all of this information before you can treat a patient safely in the practice.

|  |  |  |  |
| --- | --- | --- | --- |
| **Assurance Item** | **Induction provided by** | **Date** | **Any further learning needs** |
| Practice layout and facilities |  |  |  |
| Staff |  |  |  |
| Services and emergency shut off* Water
* Gas
* Electricity
* Compressor
 |  |  |  |
| Fire procedures |  |  |  |
| Opening/closing the practice |  |  |  |
| Expected behaviours* Dress code
* Arrival time
* Social media use
* Calling for help
* Use of multisource feedback
 |  |  |  |
| Surgery and equipment |  |  |  |
| Use of DNA/Cancellation time |  |  |  |
| Radiation equipment and local rules |  |  |  |
| Cross infection control* Policy
* In surgery protocol
* Decontamination protocol
 |  |  |  |
| Waste handling procedures |  |  |  |
| Basic software orientation |  |  |  |
| Log book |  |  |  |
| Confidentiality and data protection |  |  |  |
| Sharps injury policy and accident reporting |  |  |  |
| Emergency drugs and CPR procedure plus medical emergency simulation |  |  |  |
| Safeguarding children and vulnerable adults  |  |  |  |
| GDC Standards |  |  |  |
| Complaints procedure |  |  |  |
| Consent and shared decision making |  |  |  |
| NICE guidance |  |  |  |
| CQC* Policies and procedures
* How it fits together
* Foundation Skills coursework intro
 |   |   |   |
| Reception Orientation* Making and changing Appointments
* Payments
* Telephone
* Emergencies
* Use of computer
 |   |   |   |
| Decontamination suite orientation* Policies and audit
* Walk through of procedures
 |   |   |   |
| Equipment care and maintenance |   |   |   |

**Performers List Validation by Experience Assessment**

**Evidence Checklist**

|  |
| --- |
| **Domain – Professionalism** |
| **Competency** | **Evidence required** | **Date Completed** |
| P01 | Have an up to date Personal Development Plan (PDP) indicating professional aims and objectives | Copy of Personal Development Plan with training needs identified for next 12 months after PLVE period |  |
| Reflective log of recent training |  |
| P02 | Aware of and understand the requirements of the GDC document “Standards for the Dental Team” | Evidence of tutorial signed by VS or attendance at HEE Local Office approved course on GDC requirements, |  |
| Signed reflective commentary demonstrating understanding of the requirements |  |
| P03 | Understand practice-based NHS complaints procedures | Copy of practice NHS complaints procedure  |  |
| Anonymised copy of complaint (if available) and response |  |
| Evidence of tutorial signed by VS or attendance at HEE Local Office approved course on NHS complaint management  |  |
| Signed reflective commentary demonstrating understanding of NHS complaints management |  |
| P04 | Work with patients and colleagues demonstrating courtesy and professional integrity | Results of NHS patient satisfaction survey (questionnaires) |  |
| Signed reflective commentary demonstrating learning from the survey results |  |
| Summary of multi-source feedback (MSF) outcomes from colleagues and staff (minimum of 8 where possible) |  |
| Signed reflective commentary demonstrating learning from the feedback outcomes |  |
| Practice appraisal outcomes |  |

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| --- | --- | --- |
| **Competency** | **Evidence required** | **Date Completed** |
| P05 | Knowledge and understanding of Clinical Audit and Peer Review | Evidence of NHS-based audit and/or peer review experience during PLVE period |  |
| P06 | Commitment to Lifelong Learning and professional development, including Core CPD | Records of verifiable and non-verifiable CPD for previous twelve months. Evidence of non-verifiable CPD should include reflective notes on learning acquired |  |
| Evidence of participation in Core CPD as required by the GDC including Medical Emergencies; Disinfection and Decontamination; Radiography and radiation protection; Legal and ethical issues; Complaints handling; Early detection of Oral Cancer; Safeguarding children and vulnerable adults level 2 |  |
|  |  |  |
| **Domain – Management & Leadership** |  |  |
| **Competency** | **Evidence required** | **Date Completed** |
| M01 | Able to demonstrate good record keeping | Evidence of tutorial signed by the VS or attendance at HEE Local Office approved course on record keeping |  |
| Record keeping audit cycle completed for a minimum of 21 NHS patient records (on HEE Local Office template, if available) |  |
| Signed reflective commentary demonstrating understanding of the principles of good record keeping |  |
| M02 | Able to refer patients to specialist colleagues | Two sample referral letters completed by applicant (anonymised), together with responses from specialist (if available) |  |
| Evidence of a tutorial on referral protocols and writing referral letters |  |
| Signed reflective commentary demonstrating understanding of the principles of referrals |  |

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| **Competency** | **Evidence required** | **Date Completed** |
| M03 | Able to prescribe drugs / therapeutics for patients safely and with knowledge of potential drug interactions | Copy of practice NHS drug prescribing protocols  |  |
| Evidence of tutorial signed by VS or attendance at HEE Local Office approved course on prescribing and drug interactions,  |  |
| Signed reflective commentary demonstrating understanding of the protocols |  |
| Sample of anonymised NHS patient records demonstrating ability to prescribe appropriately |  |
| Certificated completion of Dental SCRIPT learning resource <http://hee3cpd.dentalprescriber.org/login>  |  |
| M04 | Appropriate training in up to date IRMER regulations and Radiation Protection | Evidence of attendance at IRMER or equivalent radiological training within past five years (5 hours verifiable CPD minimum) |  |
| Signed reflective commentary demonstrating understanding of the regulations and procedures of dental radiology |  |
| M05 | Knowledge of Cross Infection Control procedures to HTM 01-05 standards | Copy of practice infection control procedures |  |
| Signed reflective commentary demonstrating understanding of infection control procedures |  |
| M06 | Knowledge of H&S policies and regulations including COSHH | Copy of practice Health & Safety policy |  |
| Signed reflective commentary demonstrating understanding of Health & Safety principles and requirements |  |
| Copy of practice COSHH statements |  |
| Signed reflective commentary demonstrating understanding of the COSHH regulations |  |
| Evidence of tutorial signed by VS or attendance at HEE Local Office approved course on Health & Safety and COSHH requirements  |  |
| M07 | Awareness of NHS regulations in providing treatment for patients | Evidence of previous experience in NHS primary care dentistry since April 2006 (if applicable) |  |
| Evidence of attendance at a HEE Local Office approved NHS dentistry induction programme or equivalent training |  |
| Evidence of tutorial signed by VS or attendance at HEE Local Office approved course on NHS regulations,  |  |
| **Competency** | **Evidence required** | **Date Completed** |
| M08 | Understanding of Employment and Contract Law in UK | Copy of the practice employment contract/associate agreement |  |
| Signed reflective commentary demonstrating understanding of the basic principles of relevant employment and contract law |  |
| M09 | Ability to recognise and deal with medical emergencies in the Dental Practice | Copy of CPR training certificate within the previous 12 months |  |
| Copy of practice emergency drug protocol |  |
| Signed reflective commentary demonstrating understanding of the principles of managing medical emergencies |  |
| M10 | Knowledge of current Safeguarding Children and Vulnerable Adults level 2 requirements and their application in practice | Copy of the practice Safeguarding policy |  |
| Evidence of tutorial signed by VS on Safeguarding signed by VS |  |
| Signed reflective commentary demonstrating understanding of the principles of Safeguarding  |  |
|  |  |  |
| **Domain – Clinical** |  |  |
| **Competency** | **Evidence required** | **Date Completed** |
| CL01 | Understanding and Experience of Working in NHS Primary Care Dentistry. | Clinical portfolio for the training period, signed by VS |  |
| Signed VS’s Structured Report on competence progression |  |
| Evidence of any Case-based Discussions (CbDs) and Dental Evaluations of Performance (ADEPTs) identified in the Action Plan and undertaken during the PLVE Period and of learning from outcomes |  |
| Evidence of tutorials and attendance at HEE Local Office approved courses on clinical elements identified in the PDP and/or by the HEE Local Office  |  |
| CL02 | Patient examination & diagnosis | A minimum of five samples of patient assessments (anonymised) demonstrating a broad range of diagnostic skills |  |
| Signed reflective commentary demonstrating understanding of the principles of patient examination and diagnosis |  |

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| --- | --- | --- |
| **Competency** | **Evidence required** | **Date Completed** |
| CL02 cont | Treatment planning & patient management | A minimum of five samples of patient treatment plans (anonymised) demonstrating a broad range of treatment planning and patient management skills |  |
| Signed reflective commentary demonstrating understanding of the principles of treatment planning and patient management |  |
| Health promotion & disease prevention | Summary NHS BSA data (anonymised) demonstrating the performance of preventative procedures to conserve tooth structure, prevent dental disease and oral health |  |
| Signed reflective commentary demonstrating understanding of the principles of health promotion and disease prevention |  |
| Audit demonstrating compliance with the national toolkit ‘Delivering Better Oral Health’ |  |
| Dental emergencies | Summary NHS BSA data (anonymised) demonstrating experience in the management of dental emergencies  |  |
| Local anaesthesia, pain & anxiety control | Signed reflective commentary demonstrating understanding of the principles of appropriate management of pain control and anxiety in patients |  |
| Periodontal therapy & management | A minimum of five samples of patient treatment records (anonymised) demonstrating appropriate management of periodontal conditions in patients |  |
| Signed reflective commentary demonstrating understanding of the principles of periodontal therapy and management |  |
| Hard & soft tissue surgery | A minimum of five samples of patient treatment records (anonymised) demonstrating effective management of buried roots etc. |  |
| Summary NHS BSA data (anonymised) demonstrating the performance of extractions on a range of patient groups |  |
| Management of the developing dentition | Signed reflective commentary demonstrating understanding of the principles of management of the developing dentition, including IOTN and other indices |  |

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| --- | --- | --- |
| **Competency** | **Evidence required** | **Date Completed** |
| CL 02 cont | Restoration of teeth | Summary NHS BSA data (anonymised) demonstrating the provision of simple and complex restorative treatments (Bands 2 and 3) on a range of patient groups |  |
| Replacement of teeth | Summary NHS BSA data (anonymised) demonstrating the provision of a range of fixed and removable prostheses, including bridges, removable and complete dentures |  |
| CL03 | Previous Experience of Working in NHS Primary Care Dentistry (where applicable) | CV and signed reflective commentary on learning achieved through previous experience  |  |
| Evidence of experience of providing a broad range of treatments on NHS patients |  |
|  |  |  |  |
| **Domain – Communication** |  |  |
| **Competency** | **Evidence required** | **Date Completed** |
| CO01 | Able to communicate with patients appropriately | Results of NHS patient satisfaction survey – see also Competency P04 |  |
| Evidence from DOPS undertaken at the commencement of the training period |  |
| Evidence of CbDs and DEPs undertaken on NHS patients during training period  |  |
| Signed reflective commentary demonstrating understanding of the importance of effective patient communication |  |
| CO02 | Understanding of the importance of Team Work in Dentistry | Evidence of involvement in staff training and practice meetings |  |
| Signed reflective commentary demonstrating understanding of the importance and application of team working |  |

**TRAINING NEEDS ANALYSIS**

**GUIDANCE NOTES**

The following five sheets should be completed to develop your actual learning needs over the training period. They are designed to form part of your Personal Development Plan and should be included in your portfolio of evidence when it is submitted for consideration by the HEE Local Office Assessment Panel.

These notes are included to help for to obtain the most value from the process.

1. You should complete the following four sheets yourself and then sit down with your VS to discuss the learning needs you have identified and you and your VS should complete the fifth sheet (Action Plan Breakdown) together and agree how you will proceed to obtain the necessary learning
2. The importance of the level of learning need – “low”, “medium” or “high” should relate directly to the training period and reflect the training you need to undertake to be able to work safely as an independent practitioner in primary care NHS dental practice
3. “Low” means that you have sufficient knowledge or experience at the present time in a particular topic to be able to concentrate on other needs

“Medium” means that you still have learning needs in a particular area but that these can safely be left until after the training period “High” means that you need to undertake training in this topic during the training programme to complete the assessment portfolio, meet the requirements of your training plan or to work safely in NHS dental practice (or all three!)

**TRAINING NEEDS ANALYSIS**

**ASSESSMENT CHART**

**Clinical Topics**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TOPIC** | **IMPORTANCE of LEARNING NEED** | **ACTUAL LEARNING NEED**  | **ACTION REQUIRED** | **DATE for COMPLETION** |
| **Fillings etc** | **Low** | **Medium** | **High** |  |  |  |
| **Crowns and veneers** | **Low** | **Medium** | **High** |  |  |  |
| **Bridges (including adhesive bridges** | **Low** | **Medium** | **High** |  |  |  |
| **Periodontology (including root planing)** | **Low** | **Medium** | **High** |  |  |  |
| **Full dentures (including relines, immediate and copy dentures)** | **Low** | **Medium** | **High** |  |  |  |
| **Partial dentures (including metal dentures and additions)** | **Low** | **Medium** | **High** |  |  |  |
| **Children’s dentistry** | **Low** | **Medium** | **High** |  |  |  |

**Clinical Topics**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TOPIC** | **IMPORTANCE of LEARNING NEED** | **ACTUAL LEARNING NEED**  | **ACTION REQUIRED** | **DATE for COMPLETION** |
| **Orthodontics (including IOTN)** | **Low** | **Medium** | **High** |  |  |  |
| **Endodontics (including rotary techniques)** | **Low** | **Medium** | **High** |  |  |  |
| **Oral surgery (including extractions)** | **Low** | **Medium** | **High** |  |  |  |
| **Conscious sedation (including Relative Analgesia)** | **Low** | **Medium** | **High** |  |  |  |
| **Radiology (including IRMER training)** | **Low** | **Medium** | **High** |  |  |  |
| **Local anaesthetics** | **Low** | **Medium** | **High** |  |  |  |
| **Other** (specify): | **Low** | **Medium** | **High** |  |  |  |

**Management Topics**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TOPIC** | **IMPORTANCE of LEARNING NEED** | **ACTUAL LEARNING NEED**  | **ACTION REQUIRED** | **DATE for COMPLETION** |
| **NHS Rules and regulations** | **Low** | **Medium** | **High** |  |  |  |
| **Complaint handling** | **Low** | **Medium** | **High** |  |  |  |
| **Health & Safety (including COSHH)** | **Low** | **Medium** | **High** |  |  |  |
| **Risk assessment and management** | **Low** | **Medium** | **High** |  |  |  |
| **Infection Control**  | **Low** | **Medium** | **High** |  |  |  |
| **Clinical Governance (including Standards for Better Health)** | **Low** | **Medium** | **High** |  |  |  |
| **Employment Law** | **Low** | **Medium** | **High** |  |  |  |

**Management Topics**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TOPIC** | **IMPORTANCE of LEARNING NEED** | **ACTUAL LEARNING NEED**  | **ACTION REQUIRED** | **DATE for COMPLETION** |
| **Finance** | **Low** | **Medium** | **High** |  |  |  |
| **Computing system** | **Low** | **Medium** | **High** |  |  |  |
| **Appraisal** | **Low** | **Medium** | **High** |  |  |  |
| **Confidentiality** | **Low** | **Medium** | **High** |  |  |  |
| **Equal opportunities/diversity** | **Low** | **Medium** | **High** |  |  |  |
| **Legislation and good practice** | **Low** | **Medium** | **High** |  |  |  |
| **Other** (specify): | **Low** | **Medium** | **High** |  |  |  |

**ACTION PLAN BREAKDOWN**

**(use this section to identify individual actions to achieve your learning need and make additional copies of this sheet if necessary)**

|  |  |  |
| --- | --- | --- |
| **LEARNING NEED** | **ACTIONS REQUIRED** (in chronological order) | **DATE COMPLETED** |
| 1 |  | 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 2 |  | 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 3 |  | 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  | 1 |  |  |
| 2 |  |  |
| 3 |  |  |

**TUTORIAL RECORD**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date** | **Topic** | **Comments** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |

**Weekly Log**

**Week 1 Date:**………………

|  |
| --- |
| **Achievements / Concerns this week:** |
| **What have I learned this week?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**Weekly Log**

**Week 2 Date:**………………

|  |
| --- |
| **Actions completed from previous weekly plans:** |
| **Actions carried forward (not completed) from previous plans:** |
| **Achievements / Concerns this week:**  |
| **What have I learned this week?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**Weekly Log**

**Week 3 Date:**………………

|  |
| --- |
| **Actions completed from previous weekly plans:** |
| **Actions carried forward (not completed) from previous plans:** |
| **Achievements / Concerns this week:**  |
| **What have I learned this week?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**Weekly Log**

**Week 4 Date:**………………

|  |
| --- |
| **Actions completed from previous weekly plans:** |
| **Actions carried forward (not completed) from previous plans:** |
| **Achievements / Concerns this week:**  |
| **What have I learned this week?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**Weekly Log**

**Week 5 Date:**………………

|  |
| --- |
| **Actions completed from previous weekly plans:** |
| **Actions carried forward (not completed) from previous plans:** |
| **Achievements / Concerns this week:**  |
| **What have I learned this week?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**Weekly Log**

**Week 6 Date:**………………

|  |
| --- |
| **Actions completed from previous weekly plans:** |
| **Actions carried forward (not completed) from previous plans:** |
| **Achievements / Concerns this week:**  |
| **What have I learned this week?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**Weekly Log**

**Week 7 Date:**………………

|  |
| --- |
| **Actions completed from previous weekly plans:** |
| **Actions carried forward (not completed) from previous plans:** |
| **Achievements / Concerns this week:**  |
| **What have I learned this week?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**Weekly Log**

**Week 8 Date:**………………

|  |
| --- |
| **Actions completed from previous weekly plans:** |
| **Actions carried forward (not completed) from previous plans:** |
| **Achievements / Concerns this week:**  |
| **What have I learned this week?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**Monthly Log**

**Month 3 Date:**………………

|  |
| --- |
| **Actions completed from previous weekly plans:** |
| **Actions carried forward (not completed) from previous plans:** |
| **Achievements / Concerns this month:**  |
| **What have I learned this month?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**Monthly Log**

**Month 4 Date:**………………

|  |
| --- |
| **Actions completed from previous plans:** |
| **Actions carried forward (not completed) from previous plans:** |
| **Achievements / Concerns this month:**  |
| **What have I learned this month?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**Monthly Log**

**Month 5 Date:**………………

|  |
| --- |
| **Actions completed from previous plans:** |
| **Actions carried forward (not completed) from previous plans:** |
| **Achievements / Concerns this month:**  |
| **What have I learned this month?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**Monthly Log**

**Month 6 Date:**………………

|  |
| --- |
| **Actions completed from previous plans:** |
| **Actions carried forward (not completed) from previous plans:** |
| **Achievements / Concerns this month:**  |
| **What have I learned this month?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**Monthly Log**

**Month 7 Date:**………………

|  |
| --- |
| **Actions completed from previous plans:** |
| **Actions carried forward (not completed) from previous plans:** |
| **Achievements / Concerns this month:**  |
| **What have I learned this month?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**Monthly Log**

**Month 8 Date:**………………

|  |
| --- |
| **Actions completed from previous plans:** |
| **Actions carried forward (not completed) from previous plans:** |
| **Achievements / Concerns this month:**  |
| **What have I learned this month?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**Monthly Log**

**Month 9 Date:**………………

|  |
| --- |
| **Actions completed from previous plans:** |
| **Actions carried forward (not completed) from previous plans:** |
| **Achievements / Concerns this month:**  |
| **What have I learned this month?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**Monthly Log**

**Month 10 Date:**………………

|  |
| --- |
| **Actions completed from previous plans:** |
| **Actions carried forward (not completed) from previous plans:** |
| **Achievements / Concerns this month:**  |
| **What have I learned this month?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**Monthly Log**

**Month 11 Date:**………………

|  |
| --- |
| **Actions completed from previous plans:** |
| **Actions carried forward (not completed) from previous plans:** |
| **Achievements / Concerns this month:**  |
| **What have I learned this month?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**Monthly Log**

**Month 12 Date:**………………

|  |
| --- |
| **Actions completed from previous plans:** |
| **Actions carried forward (not completed) from previous plans:** |
| **Achievements / Concerns this month:**  |
| **What have I learned this month?** |
| **Validation Supervisor’s comments on progress:** |
| **Identified further learning needs:** |
| **Action Plan**VED:VS: |

**FINAL ASSESSMENT STATEMENTS**

During the last month of the training period the VED and the Validation Supervisor should separately complete the final assessment statements, which will summarise the achievements during the training period.

Use the headings for guidance, and add any other relevant information that each wishes to have included in the statement.

Once these sections have been completed, the VED and the VS should meet to discuss and agree the final joint training statement for consideration by the Assessment Panel.

The VED and the VS both need to sign the final joint training statement.

This logbook should be included with the rest of the evidence portfolio for the Assessment Panel to consider and, once complete should be submitted to the **[INSERT HEE LOCAL OFFICE CONTACT & ADDRESS]**

|  |
| --- |
| **Final Self-Assessment Statement – VED** |
| Self Management: |
| Professional Values: |
| Interpersonal Skills: |
| Clinical |
| Administration and Management |
| Signed: ………………………….. Date: ……………… |

|  |
| --- |
| **Final Assessment Statement – Validation Supervisor** |
| Self Management: |
| Professional Values: |
| Interpersonal Skills: |
| Clinical |
| Administration and Management |
| Signed: ………………………….. Date: ……………… |

|  |
| --- |
| **Joint Training Statement** |
| Self Management: |
| Professional Values: |
| Interpersonal Skills: |
| Clinical: |
| Administration and Management: |
| Signed: ………………………….. (VED) Date: ……………… | Signed: ………………………….. (VS)Date: ……………… |

**TRAINING PROGRAMME EVALUATION**

|  |
| --- |
| **VED’s Summary** |
| **What was the most useful part of the programme, and why?** |
| **What was the least useful part of the programme, and why** |
| **Other observations:** |
| **Signature:** | **Date:** |
|  |
| **Validation Supervisor’s Summary** |
| **What was the most useful part of the programme, and why?** |
| **What was the most challenging part of the programme, and why?** |
| **Other observations:** |
| **Signature:** | **Date:** |