

**General  
Dental  
Council**

# **Personal Professional Development Plan: template**

# Personal Professional Development Plan

## Introduction

This Personal Professional Development Plan (PPDP) is designed for you to carefully assess how you will demonstrate the steps you have taken to address the concerns identified by case examiners, a practice committee, or an Interim Order Committee.

To satisfy our requirements, your PPDP *must* include:

1. Details of the CPD you plan to undertake, which should be directly relevant to your conditions and/or undertakings. You should include any reading, professional discussion, literature review, audits (i.e., non-verifiable CPD) and any verifiable CPD activities, such as learning courses (this is not a complete list). More details on what constitutes verifiable CPD can be found in our [Enhanced CPD scheme guidance](#). You should clearly indicate how you will demonstrate and evidence how your CPD has developed your practice.
2. The timeframes within which you expect to complete your CPD, in line with your conditions and/or undertakings.
3. The location i.e. number of the evidence in your portfolio when submitted.

Your completed PPDP will form part of the information you submit to our Case Review Team (CRT) to evidence your compliance with your conditions and/or undertakings.

## CPD development outcomes

Not all your conditions/undertakings will have an obvious development outcome. Where relevant please insert at least one outcome (A, B, C, or D), while ensuring that any verifiable CPD evidence is linked to a learning outcome as per our [Enhanced CPD scheme guidance](#). It is possible for some CPD activities to link to multiple outcomes.

Development outcomes	Example of CPD content
A. 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.	<ul style="list-style-type: none"><li>• Communication skills</li><li>• Consent</li><li>• Complaint handling</li><li>• Raising concerns</li><li>• Safeguarding</li></ul>
B. 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.	<ul style="list-style-type: none"><li>• Effective practice management</li><li>• Business management</li><li>• Team working</li></ul>

Development outcomes	Example of CPD content
C. Maintenance and development of knowledge and skill within your field of practice.	<ul style="list-style-type: none"> <li>• Clinical and technical areas of study</li> <li>• Radiography</li> <li>• Cross infection control</li> <li>• Medical emergencies and CPR</li> <li>• CPD on quality assurance for MHRA</li> <li>• CPD specific for your daily role(s)</li> <li>• Upskilling opportunities</li> </ul>
D. Maintenance of skills, behaviours and attitudes which maintain patient confidence in you and the dental profession and put patients' interests first.	<ul style="list-style-type: none"> <li>• Ethical and legal issues and developments</li> <li>• Professional behaviours</li> <li>• Equality and diversity training</li> </ul>

### PPDP template

The GDC template consists of three parts:

1. **Your practice:** details and supervisory (if relevant) details
2. **Field of practice:** to help you analyse all aspects of your professional practice, and to stimulate you to think more widely about your learning and maintenance needs. Please refer to the full guidance for professionals [on our website](#) for more information on field of practice.
3. **PPDP:** to help you plan your activity in a meaningful and targeted way, reflecting your field of practice and linking to the development outcomes and your conditions/undertakings.

**Remember, you may wish to add to your PPDP throughout your remediation period. For example, if you come across a CPD course or journal article that you would find useful, but had not planned for in your initial PPDP, you can go back and update it.**

## Part 1: your practice

Name:

Registration number:

Practice location(s):

Name of practice	Address line 1	Address line 2	telephone	Email contact

**Your development adviser:** (NB: this person needs to be approved by the GDC. The person selected needs to have experience in educational aspects of remediation and development. They can help you to develop your PPDP and your choice of development activities. They are expected to provide regular reports to the GDC, dependent on your conditions or undertakings.)

Name	Contact details email/mobile	His/her qualifications	His /her experience

**Your workplace supervisor:** (NB: This person needs to be approved by the GDC). They are expected to provide regular reports to the GDC, dependent on your conditions and/or undertakings, they are almost always someone at your workplace who fulfils the specification. If there is no one at your workplace who is willing or able to supervise, special arrangements may have to be made.)

Name	Contact details	His/her qualifications	His /her experience

**Your mentor** (NB: this person is designated by you and should be a more experienced colleague. Your mentor is not expected to provide reports (although it can be helpful if they do), but to provide remedial or pastoral support, or in some cases, career advice and support.) They can support you in deepening your reflection and insight, and your personal reflective statement.

<b>Name</b>	<b>Contact details</b>	<b>His/her qualifications</b>	<b>His /her experience</b>

<b>Any special arrangements (notes)</b>

## Part 2: Your field of practice

<b>My registrant title(s) and cycle period:</b>	<b>My work setting(s):</b>	<b>Any additional roles, qualifications or professional interests:</b>	<b>My patient population:</b>
<i>List each title you are registered under, your cycle period and total hours needed.</i>	<i>What is your place(s) of work and its environment? Different settings may require you to undertake certain roles and skills.</i>	<i>Do you have additional roles, qualifications, specialties or areas of focus/interest? Do any of these roles need continual learning or maintenance?</i>	<i>What are the oral health and management needs of patients in your care? Does this change across your work settings?</i>

### Part 3: Your PPDP plan (please use a separate line for each individual item of evidence)

Relevant dates, as detailed in the compliance table provided by CRT.

Condition/ undertaking	Development outcome	What will I do to address this?	What evidence will I produce to show I have improved?	When will I complete the activity?	Completion date	Evidence or page number in portfolio
<i>Example - What skills or knowledge have been identified that need developing or maintaining?</i>	<i>Dependent upon the area requiring development.</i>		<i>Letters from supervisors, meeting review, record of discussions, video and audio files, photographs of work, course certificates.</i>	<i>What are your target dates for review and completion?</i>		
<i>Example - Record keeping.</i>	<i>To fully understand the criteria for patient record keeping.</i>	<i>Read guidelines and agree standards to be adopted. Develop audit using College of General Dentistry parameters.</i>	<i>Audit cycle.</i>	<i>Over six months starting with retrospective. Audit of 30 patients prior to incident.</i>		
		<i>Read College guidelines.</i>	<i>Buy guidelines? Access online.</i>			
		<i>Attend course specific to this area of development.</i>	<i>Course certificate and evidence of reflection following completion of the course.</i>			

## Building your portfolio:

1. You will build a portfolio of evidence, which can be electronic, or paper-based, to support you to meet the conditions imposed on your registration, or the undertakings you've agreed with case examiners.
2. You should ensure that your portfolio is well presented, and evidence numbered according to the table above.
3. Ideas and advice about suitable evidence is provided in [Appendix 1](#).
4. You should include a statement indicating that the work provided is your own, and you should devise your own audit protocols, however your development adviser or mentor may support you in their construction; these should exclude audits conducted routinely in the practice.
5. You should include reflective comments about the work that you complete or courses you attend. You may need advice about writing reflectively, your mentor will be able to guide you. You can also find [blog posts about reflective practice](#) on our website.
6. You should *not* include in your portfolio any third party publication, including clinical practice guidance, policies, national guidelines, or essays (please do not cut and paste descriptions from guidelines). While you will wish to consult these types of publications and refer to them in your reflections, completing the work is a vital part of the learning process. Portfolios including this type of information will not be sufficient evidence of your learning, and should not be included. You might wish to keep them for your own reference.
7. References you may find useful can be found at [Appendix 2](#).
8. If you need any further help or guidance, please contact CRT by email on [crt@gdc-uk.org](mailto:crt@gdc-uk.org)



## Appendix 1 – Suitable evidence for portfolios

### Suitable evidence to demonstrate compliance with conditions/undertakings:

*“The evidence used in assessment must be **valid, authentic, current and sufficient**. If the evidence is valid, it means that it provides information relevant to the standard and **condition/undertaking** being assessed. Authentic means the evidence produced pertains to the learner assessed and is not someone else’s work. Current means the evidence shows that the candidate is still competent at the time of assessment.*

” [Evidence Guides:](#)

[The Missing Link in the Assessment Process | Skills Portal](#)

**Not all types of evidence are expected, the type of evidence produced will vary with the conditions imposed or undertakings agreed. Please ask if you are concerned.**

1. Audits – are a very useful means of demonstrating improvement. They should be appropriately presented with:
  - I. introduction that demonstrates how the audit is going to improve either the practice or the registrant’s skills,
  - II. standard setting, which may include a simple literature review,
  - III. methodology,
  - IV. suitable parameters clearly applicable to the need for remediation,
  - V. data collection sheet,
  - VI. assessment of results,
  - VII. action plan and repeated as a cycle.
  - VIII. Should be designed by the registrant and conducted by the registrant.
2. Course completion certificates or attendance certificates with reflective comment. Should always include reflective comment for remediation. *There are numerous sources that may support you in reflective writing, one example is [Reflection \(copdend.org\)](#).*
3. Assessed course certificates i.e., master’s unit completion or graduation certificates.
4. Work products – these are items generated by working, in this case patient’s records, radiographs, video recordings, all anonymised or presented with written and informed patients consent. Meeting agenda or minutes, NHS vital signs quarterly reports.
5. Planned Direct observations of clinical practice by a workplace supervisor where required. Reported and signed by registrant and observer.
6. Meeting documentation. must be dated and signed by registrant and workplace or educational supervisor as required.
7. Photographs – anonymised, or with written permission, dated and signed as current and refers to patient treated by the registrant.

8. Study casts / photographs of study casts anonymised but dated and documents signed as current and refers to patient treated by the registrant.
9. Radiographs- anonymised but dated and signed as current and refers to patient treated by the registrant.
10. Patient records- anonymised but dated and signed as current and refers to patient treated by the registrant, or with signed approval from patient.
11. Patient satisfaction surveys specific and devised by the registrant, not practice wide.
12. 360-degree feedback from work colleagues, patients, mentor, others.
13. Appraisal or Performance review reports (this may not apply to you).
14. Case based discussions.
15. Professional dialogue, peer review, tools for self-awareness, discussions with mentor.

## Appendix 2 - References

1. GDC [Standards for the Dental Team](#) (30 September 2013).
2. [NICE Guidelines](#) (as appropriate).
3. [Scottish Dental Clinical Effectiveness Programme Guidelines](#)
4. The [Good Practice Guidelines, Clinical Examination and Record Keeping](#), Faculty of General Dental Practice (UK) (FGDP (UK)) (now the [College of General Dentistry](#)) and The Royal College of Surgeons of England, 2005/2009/2016.
5. [Selection Criteria for Dental Radiography](#), 3<sup>rd</sup> Edition, Horner K, Eaton K, FGDP (UK), updated 2018
6. [Antimicrobial Prescribing in Dentistry](#) FGDP(UK),3<sup>rd</sup> Edition, Palmer N, 2020.
7. [Standards in Dentistry](#), Eaton K, FGDP (UK), 2<sup>nd</sup> edition, 2018 (now the [College of General Dentistry](#)).
8. [Basic Periodontal Examination](#), British Society of Periodontology 2019,
9. [The Good Practitioner's Guideline to Periodontology](#), British Society of Periodontology, 2016.
10. [Quality guidelines for endodontic treatment](#), European Society of Endodontology; Quality Guidelines, Int Endod Jour 2006; 39: 921-930.
11. [Clinical guidelines: orthodontic retention](#), Johnston et al, 2008, updated in 2013, British Orthodontic Society
12. [Standards for conscious sedation in the provision of dental care](#), FGDP (UK), published in 2015, updated in 2020 (now the [College of General Dentistry](#)).
13. The [Ionising Radiation Regulations 2017](#) and the [Ionising Radiation \(Medical Exposure\) Regulations 2017](#) (IRMER).
14. [Guidance notes for dental practitioners on the safe use of x-ray equipment](#), FGDP (UK), 2<sup>nd</sup> edition, 2020 (now the [College of General Dentistry](#)).
15. '3. Obtain valid consent', GDC [Standards for the Dental Team](#) (30 September 2013).
16. [Consent: supported decision-making, a guide to good practice](#), The Royal College of Surgeons of England.
17. [Decontamination in primary care dental practices](#) (England)
18. [Decontamination in primary care practices](#) (Wales).
19. [Decontamination into practice](#) (Scotland), Scottish Dental Clinical Effectiveness Programme.
20. [Delivering better oral health: an evidence-based toolkit for prevention](#), 2017.
21. [British National Formulary](#) (as appropriate).