

Registration as a Dental Care Professional with the
General Dental Council

Assessment of Learning

Outcomes Dental Technician Form

Last name:

First name(s):

ALL NON-UK QUALIFIED DENTAL TECHNICIANS APPLYING FOR AN ASSESSMENT OF THEIR QUALIFICATIONS, KNOWLEDGE AND SKILLS MUST COMPLETE THIS FORM.

HOW TO COMPLETE THE FORM

Only complete this form if you are applying to register as a dental technician.

The learning outcomes on this form may not be numbered in chronological order because only the ones that apply to dental technicians (according to the GDC's Preparing for Practice curricula) will be listed.

PLEASE NOTE:

- **You must type in all information on a computer and print out the fully completed form. If not possible, you must complete this form in block capitals only, using black ink.**
- **You must not alter this form in any way or it will not be accepted by the GDC.**
- **You must have the English translation of your syllabus and all your professional reference letters when completing this form.**
- **Please ensure that the English translation of your syllabus is clearly paginated / numbered. If this is not the case, you must paginate/ number the English translation yourself before submitting your application.**
- **If this form is not completed correctly or is illegible, it will not be processed and will be returned to you along with your application and any supporting documents submitted.**

SECTION 1

You will need the full and detailed syllabus that you used and studied during your training in order to complete this section. This document must be issued by your training institution. Please see the application form guidance notes for further instructions.

You will also need to have the detailed references from previous employer(s) and/or references from dental professionals who have worked with you to complete this section.

You must complete Column B and Column C as stated below.

Column A	Column B	Column C
In Column A are the learning outcomes that a dental technician is expected to have successfully completed by the end of their training in the UK in order to register with the GDC.	<p>If this learning outcome was covered during your training please indicate in Column B where this can be found in your syllabus.</p> <p>Write the following information in this column:</p> <ul style="list-style-type: none">• All subject(s) or topic name(s) where the learning outcome is mentioned or covered in your syllabus.• Page number where the subject or topic can be found. Please refer to the translated, English version of the syllabus.	<p>If this learning outcome was not covered during your training but you gained the knowledge and experience after you qualified, through additional training or whilst at work, please indicate in Column C where this is evidenced in your application.</p> <p>Please refer to the training certificate or work reference where the subject is mentioned or covered and include this evidence with your application.</p>

Examples

Below is an example of how to complete Section 1 if the applicant has been taught the subject during their dental technology training.

	COLUMN A	COLUMN B	COLUMN C
DT-1.7	Patient management	Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT-1.7.1	Treat all patients with equality, respect and dignity	<ul style="list-style-type: none"> • <i>Communication pg. 37</i> • <i>Sociology, pg. 54</i> • <i>General Psychology, pg. 83</i> 	<ul style="list-style-type: none"> • <i>Not covered</i>

Below is an example of how to complete Section 1 if the applicant has gained experience of the subject after they qualified.

	COLUMN A	COLUMN B	COLUMN C
DT-1.7	Patient management	Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT-1.7.1	Treat all patients with equality, respect and dignity	<ul style="list-style-type: none"> • <i>Not covered</i> 	<ul style="list-style-type: none"> • <i>Reference from Mr Dentist, dated dd-mm-yy</i> • <i>Reference from Miss Dental Technician, dated dd-mm-yy</i> • <i>**CPD, titled Communicating with patients, issued May 2013</i> • <i>**CPD, titled Equality and Diversity, issued Aug 2014</i>

*Please number the pages of the English translation of your syllabus

**Continuing Professional Development

DENTAL TECHNICIAN LEARNING OUTCOMES

There are seven overarching outcomes which should be demonstrated throughout education and training. These form the key principles of effective and professional practice, running through all the domains (Clinical, Communication, Professionalism, Management and Leadership), and apply to all of the registration categories. Upon registration with the GDC the registrant will be able to:

- Practise safely and effectively, making the high quality long term care of patients the first concern
- Recognise the role and responsibility of being a registrant and demonstrate professionalism through their education, training and practice in accordance with GDC guidance
- Demonstrate effective clinical decision making
- Describe the principles of good research, how to access research and interpret it for use as part of an evidence based approach to practice
- Apply an evidence-based approach to learning, practice, clinical judgment and decision making and utilise critical thinking and problem solving skills
- Accurately assess their own capabilities and limitations, demonstrating reflective practice, in the interest of high quality patient care and act within these boundaries
- Recognise the importance of lifelong learning and apply it to practice

CLINICAL - Upon registration with the GDC the Registrant will be able to demonstrate the outcomes as relevant to the practice of dental technology and patient care.

The registrant will be able to apply to the practice of dental technology principles that derive from the biomedical, engineering, and materials sciences. The registrant will recognise and take account of the needs of different patient groups including children, adults, older people, and those with special care requirements

DT-1.1	Foundations of practice	Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT-1.1.1	Describe the principles of an evidence-based approach to learning, professional practice and decision making		
DT-1.1.2	Describe the range of normal dental and oral anatomy and physiology		
DT-1.1.3	Recognise abnormalities of the oral cavity and their effect on dental devices		
DT-1.1.4	Explain the potential routes of transmission of infectious agents in dental practice, mechanisms for the prevention of infection, the scientific principles of decontamination and disinfection and their relevance to health and safety		

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		Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT-1.1.5	Describe and evaluate the procedures used in the design and manufacture of custom made dental devices		
DT-1.1.6	Describe and evaluate the scientific principles underpinning the use of materials and dental biomaterials and discuss their selection		

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DT-1.5	Responding to the prescription	Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT-1.5.1	Carry out procedures to meet the prescription		
DT-1.5.2	Assess the fitness for purpose of custom made dental devices and propose alternative solutions where required		

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		Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT-1.5.3	Recognise and take responsibility for establishing personal networks with dental professionals, specialists and other relevant individuals and organisations		
DT-1.5.4	Discuss the role of the dental technician and other members of the dental team in the treatment plan		
DT-1.5.5	Explain the principles of obtaining valid consent		
DT-1.5.6	Obtain valid consent from the patient before starting treatment, explaining all the relevant options and the possible costs		

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DT-1.7	Patient management	Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT-1.7.1	Treat all patients with equality, respect and dignity		
DT-1.7.2	Explain the impact of medical and psychological conditions in the patient		
DT-1.7.3	Manage patient anxiety, support and reassure patients through effective communication and behavioural techniques		
DT-1.7.4	Recognise and take responsibility for understanding the management and organisation of local referral networks, local clinical guidelines and policies		
DT-1.7.5	Discuss the role of the dental technician and other members of the dental team in the patient management process		

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DT-1.8	Patient and public safety	Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT-1.8.1	Recognise the risks around the working laboratory environment and manage these in a safe and efficient manner		
DT-1.8.2	Perform effective decontamination and infection control procedures, taking into account their effect on materials		
DT-1.8.3	Take responsibility for ensuring compliance with current best practice guidelines and European manufacturing legislation		
DT-1.8.4	Recognise and take responsibility for the fitness for purpose of custom made dental devices provided		
DT-1.8.5	Recognise and manage medical emergencies		

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		Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT-1.8.6	Explain the importance of and maintain contemporaneous, complete and accurate patient records in accordance with legal requirements and best practice		

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DT-1.10	Health promotion and disease prevention	Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT-1.10.1	Describe the principles of preventive care		
DT-1.10.2	Explain how the design and manufacture of custom made dental devices can contribute to the prevention of oral disease and the interests of the patient's long term oral health, safety and well-being		
DT-1.10.3	Evaluate and apply the principles of evidence based and appropriate design in the manufacture and provision of custom made dental devices		

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DT-1.14	Manufacture of custom made dental devices	Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT-1.14.1	Design, manufacture, assess and provide biomechanically sound removable devices		
DT-1.14.2	Design, manufacture, assess and provide biomechanically sound fixed prostheses		
DT-1.14.3	Design, manufacture, assess and provide biomechanically sound orthodontic appliances		
DT-1.14.4	Evaluate, for individual patients, the need for more complex treatment and seek advice		

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DT-1.15	Modification and repair of custom made dental devices	Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT-1.15.1	Repair custom made dental devices to meet the needs of the patient		
DT-1.15.2	Repair and modify custom made dental devices		

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DT-2	Population-based health and care	Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT- 2.1	Explain how social, cultural and environmental factors contribute to general and oral health		
DT-2.2	Describe the dental healthcare systems dental professionals work within including health policy and organisation, delivery of healthcare and equity		
DT-2.3	Recognise the impact of clinical guidelines relating to the delivery of oral health care on laboratory practice and their implications		

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Clinical Learning Outcomes – DT (optional information)

Any additional information you wish to provide (maximum 2000 characters) Please note that the completion of this box is optional.
(For example: further explanation of how you achieved the clinical learning outcomes)

Empty text box for providing additional information.

	Communication	Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT-3.0	<p>Communicate appropriately, effectively and sensitively at all times with and about patients, their representatives and the general public and in relation to:</p> <ul style="list-style-type: none"> · patients with anxious or challenging behaviour · where patients are from diverse backgrounds or there are barriers to patient communication. <p>Obtain valid consent.</p>		
DT-4.0	<p>Communicate effectively with colleagues from dental and other healthcare professions in relation to the direct care of individual patients, including oral health promotion.</p>		
DT-5.0	<p>Communicate appropriately, effectively and sensitively by spoken, written and electronic methods and maintain and develop these skills. Explain the importance of and maintain accurate, contemporaneous and comprehensive patient records in accordance with legal and statutory requirements and best practice.</p>		

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Non- clinical Learning Outcomes – DT – Communication (optional information)

Any additional information you wish to provide (maximum 2000 characters) Please note that the completion of this box is optional.
(For example: further explanation of how you achieved the clinical learning outcomes)

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	Professionalism	Where in the English translation of your syllabus *can this evidence be found?	Where is this covered in your additional training or work experience?
DT-6.0	Patients and the public Put patients' interests, dignity and choice first and act to protect them, be honest and act with integrity to protect them and respect patients' choices. Maintain and protect patients' information.		

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Non- clinical Learning Outcomes – DT – 6.0 Patients and the public (optional information)
Any additional information you wish to provide (maximum 2000 characters) Please note that the completion of this box is optional. (For example: further explanation of how you achieved the clinical learning outcomes)

		Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT -7.0	<p>Ethical and legal Be familiar with and act upon the legal and ethical responsibilities involved in protecting and promoting the health of individual patients (GDC Standards). Act without discrimination and show respect for patients, colleagues and peers and the general public. Take responsibility for and act to raise concerns about your own or others' health, behaviour or professional performance as described in the <i>Standards for the Dental Team, Principle 8 Raise concerns if patients are at risk</i></p>		

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Non- clinical Learning Outcomes – DT – 7.0 Ethical and legal (optional information)
Any additional information you wish to provide (maximum 2000 characters) Please note that the completion of this box is optional. (For example: further explanation of how you achieved the clinical learning outcomes)

		Where in the English translation of your syllabus *can this evidence be found?	Where is this covered in your additional training or work experience?
DT-8.0	Teamwork Explain the contribution that team members and effective team working makes to the delivery of safe and effective high quality care.		

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Non- clinical Learning Outcomes – DT – 8.0 Teamwork (optional information)
Any additional information you wish to provide (maximum 2000 characters) (For example: further explanation of how you achieved the clinical learning outcomes)

		Where in the English translation of your syllabus *can this evidence be found?	Where is this covered in your additional training or work experience?
DT-9.0	Development of self and others Recognise and demonstrate own professional responsibility in the development of self and the rest of the team. Explain the range of learning and teaching methods and the importance of assessment, feedback, critical reflection, identification of learning needs and appraisal in personal development planning.		

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Non- clinical Learning Outcomes – DT – 9.0 Development of self and others (optional information)
Any additional information you wish to provide (maximum 2000 characters) (For example: further explanation of how you achieved the clinical learning outcomes)

	Management and Leadership	Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT-10.0	<p>Managing self Recognise the impact of personal behaviour on the healthcare environment and on wider society and manage this professionally. Recognise the significance of own management and leadership role and the range of skills and knowledge required to do this effectively.</p>		

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Non- clinical Learning Outcomes – DT – 10.0 Managing self (optional information)
Any additional information you wish to provide (maximum 2000 characters) Please note that the completion of this box is optional. (For example: further explanation of how you achieved the clinical learning outcomes)

		Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT-11.0	<p>Working with others Take a patient-centred approach to working with the dental and wider healthcare team. Recognise the importance of and demonstrate personal accountability to patients, the regulator, the team and wider community. Recognise and comply with the team working requirements in the Scope of Practice and Standards documents. Recognise, take responsibility for and act to raise concerns about own or others' health, behaviour or professional performance as described in the <i>Standards for the Dental Team, Principle 8</i></p>		

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Non- clinical Learning Outcomes – DT – 11.0 Working with others (optional information)
Any additional information you wish to provide (maximum 2000 characters) Please note that the completion of this box is optional. (For example: further explanation of how you achieved the clinical learning outcomes)

		Where in the English translation of your syllabus* can this evidence be found?	Where is this covered in your additional training or work experience?
DT-12.0	<p>Managing the clinical and working environment Recognise and comply with systems and processes to support safe patient care. Recognise and demonstrate the effective handling of complaints as described in the <i>Standards for the Dental Team Principle 5 Have a clear and effective complaints procedure.</i> Recognise and comply with national and local clinical governance and health and safety requirements</p>		

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Non- clinical Learning Outcomes – DT – 12.0 Managing the clinical and working environment (optional information)
Any additional information you wish to provide (maximum 2000 characters) Please note that the completion of this box is optional. (For example: further explanation of how you achieved the clinical learning outcomes)

SECTION 2

PLEASE NOTE: You must **type in** any information on a computer and **print out the fully completed form**. If this is not possible, you must complete this form in block capitals only, using black ink. Do not alter this form in any way or it will not be accepted. If this form is not completed correctly or is illegible, we will return it to you.

APPLICANT'S QUALIFICATIONS

I have been awarded with the following qualification(s)

Primary Qualification (the qualification which allows you to practice as a dental technician in the country where you qualified)

Title of qualification:	<input style="width: 95%;" type="text"/>	Start date (M/Y):	<input style="width: 95%;" type="text"/>	End date (M/Y):	<input style="width: 95%;" type="text"/>
Name of awarding institution:	<input style="width: 98%;" type="text"/>				
Address of awarding institution:	<input style="width: 98%;" type="text"/>				
Length of training course:	Years	<input style="width: 80%;" type="text"/>	Months	<input style="width: 80%;" type="text"/>	
Was the course part-time or full-time?	<input type="checkbox"/> Part-time (hours per week) <input style="width: 40px;" type="text"/>		<input type="checkbox"/> Full-time (hours per week) <input style="width: 40px;" type="text"/>		

Dental School(s), Hospital(s), College(s) or other learning environments where professional experience was pursued leading to your qualification (Please continue on a separate sheet if required):

Name of School, Hospital, College or other learning environment	From (M/Y)	To (M/Y)

Additional Qualifications (relevant to dentistry)

Title of Qualification	Name and address of awarding institution	Date the qualification was completed (MM/YY)	Length of course and was it full-time or part-time ?
			<input type="checkbox"/> part time <input type="checkbox"/> full time
			<input type="checkbox"/> part time <input type="checkbox"/> full time

SECTION 3

APPLICANT'S PROFESSIONAL EXPERIENCE

Please provide information regarding your professional experience and the dates of employment below.
(Please continue on a separate sheet if required).

Name and address of employers	From (MM/YY)	To (MM/YY)	Reference enclosed
	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

You must enclose references from your previous employer(s) and/or references from dental professionals who have worked with you. Please note that all references should be typed.

These must provide the following information (please tick):

- When and where you worked
- A full list of the procedures you carried out
- Your level of skill when undertaking your work within your role
- The knowledge and experience you gained
- The levels of supervision you worked under
- Any additional training you undertook during this employment

PLEASE NOTE: References that do not have the relevant information as listed above and/or are not legible/typed will NOT be used during the assessment of your application.

SECTION 4

APPLICANT’S CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Please provide information regarding any Continuing Professional Development activity you have undertaken
(Please continue on a separate sheet if required).

CPD is any activity which contributes to your professional development. A CPD activity can be anything from private study time to attending training courses throughout your dental career.

Name of activity	Number of hours	Date	Certificate enclosed
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 5

This section must be completed and signed by the applicant:

I certify that I have achieved the learning outcomes indicated in this form and that all the information given is, to the best of my knowledge and belief, correct.

Applicant’s full name

Applicant’s signature

Date