

Development Adviser Report

Case details	
Registrant's name	
Registration number	
Order type	Undertakings/Conditions/Suspension
Case Examiners or Committee	CE/IOC/PCC/PrPC/HC
Order duration	number of months
GDC case reference number	
Case Review Officer	
Personal Professional Development Plan (PPDP) (for use at the initial visit only)	
Does PPDP cover the areas of concern identified by the Committee?	Yes/No
If 'no', please comment and advise of actions taken	<p><i>For example "The PPDP does not suggest an audit with suitable parameters to address the antibiotic concerns."</i></p> <p><i>"The reg is to review parameters and forward revised PPDP by XX date."</i></p>

Compliance with development conditions (for use at subsequent visits)			
Condition/Undertaking (from GDC document)	What is to be done? (from PPDP)	Completion Date (From PPDP)	Comment on standard of evidence authenticity, sufficiency, validity, currency
<i>For example "Record keeping"</i>	<i>Develop audit using College of General Dentistry (CGD) (formally FGDP) parameters</i>	<i>Completed</i>	<i>The audit has been clearly devised by the Registrant, has assessed 30 records retrospectively and included a cycle looking at improved records, I consider that it is suitable evidence for this condition.</i>
	<i>Read CGD guidelines</i>	<i>Incomplete</i>	<i>Reg stated that he had difficulty accessing the pages on the website. I don't know why, have advised that he can purchase the books if necessary or try again.</i>

	Course	Incomplete	A course has not been completed as yet.
Antibiotic practice	Read guidelines	Incomplete	Registrant is not sure which to read, recommended SDCEP or BDA for suitable additional guidance to the CGD.
	Audit	Incomplete	This has not been completed.
<i>Insert more rows by right clicking in a row, click "insert" and "insert rows below"</i>	Literature review	Incomplete	Needs to access "Athens" to speak to librarian.
Additional comments on attitude and behaviour	<p><i>For example "Registrant has cancelled this meeting on two occasions because of illness and need to deal with patients."</i></p> <p><i>"Advised that may need a doctor's certificate or evidence of appointment if further illness."</i></p> <p><i>"Progress with conditions has been minimal, registrant seems to lack confidence".</i></p>		
Any other comments	<p><i>Example "Is keen to provide evidence that is suitable. Asks for reassurance regularly."</i></p> <p><i>"Advised make contact with mentor as well".</i></p>		
Date of next meeting			
Actions to be completed	<p><i>For example "Complete an online course on record keeping."</i></p> <p><i>"Will change antibiotic audit as discussed above."</i></p>		

Sign-off	
Report completed by	
Position	Development Adviser
Date of report	<DATE>
Signed by Registrant	
Signed by Development Adviser	