



Special Purpose – Supervised Practice Assessment Report – Form D332 v.August 2008

This form must be completed in accordance with the requirements of the Dental Board of Queensland's Policy No. 19 – Special Purpose Registration of Dentists under Queensland Public Sector Dental Workforce Scheme (PSDW Scheme).

Section 1: Registrant details

Name: _____

Address: _____

Registration no.: _____ Date of birth: _____

Current supervision level (circle one): 1 2 3 4 Date of last assessment report: _____

Current practice location: _____

Section 2: General dental practice competencies

The supervisor must complete an assessment of the registrant's competency in the following areas by placing a ✓ in the relevant box.

(Note: If the registrant is currently at Level 1, only questions 1 – 7 are to be completed.)

	Competent	Not competent
1 Appropriate recognition of workplace health and safety measures	<input type="checkbox"/>	<input type="checkbox"/>
2 Effective infection control procedures at all times	<input type="checkbox"/>	<input type="checkbox"/>
3 Accurate examination of patients; accurate record keeping and effective treatment planning for patient care; and, appropriate recognition of oral/dental implications of medical conditions and medication used by patients.	<input type="checkbox"/>	<input type="checkbox"/>
4 Safe and effective intra-oral radiography	<input type="checkbox"/>	<input type="checkbox"/>
5 Effective intra-oral local anaesthesia for dental procedures	<input type="checkbox"/>	<input type="checkbox"/>
6 Quality basic intra-coronal restorations	<input type="checkbox"/>	<input type="checkbox"/>
7 Safe and effective exodontia procedures under local anaesthesia	<input type="checkbox"/>	<input type="checkbox"/>
8 Removable full and partial prosthetics	<input type="checkbox"/>	<input type="checkbox"/>
9 Large intra-coronal restorations	<input type="checkbox"/>	<input type="checkbox"/>
10 Extra-coronal restorations	<input type="checkbox"/>	<input type="checkbox"/>
11 Endodontic therapy	<input type="checkbox"/>	<input type="checkbox"/>
12 Emergency/pain treatment	<input type="checkbox"/>	<input type="checkbox"/>
13 Exodontia	<input type="checkbox"/>	<input type="checkbox"/>
14 Management of periodontal disease at general practitioner level	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Understanding of safe practice principles

The supervisor must complete an assessment of the registrant's status in the following areas by placing a ✓ in the relevant box.

(Note: The following is a requirement for registrants on level 2, 3 or 4.)

The registrant:	Yes	No
1 understands the philosophy of total patient care including the interaction with specialty areas	<input type="checkbox"/>	<input type="checkbox"/>
2 appreciates the range of clinical techniques and materials available to meet an individual's health needs.	<input type="checkbox"/>	<input type="checkbox"/>
3 understands contemporary concepts and practices in cross infection control.....	<input type="checkbox"/>	<input type="checkbox"/>
4 demonstrates skills in history taking, examination and treatment planning for elective and emergency care	<input type="checkbox"/>	<input type="checkbox"/>
5 has skills in recognising oral/dental implications of medical conditions and medications used by patients.....	<input type="checkbox"/>	<input type="checkbox"/>
6 demonstrates competency in evaluation of treatments performed.	<input type="checkbox"/>	<input type="checkbox"/>
7 effectively communicates appropriate oral health information and advice relating to treatment of patients	<input type="checkbox"/>	<input type="checkbox"/>
8 practises dentistry in a professional and safe manner (including but not exclusive to complying with workplace health and safety and infection control practices, confidentiality, privacy and effective interactions with other health professionals).....	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Further comments

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Section 5: Submission by principal supervisor

The registrant has been assessed as **competent** in all minimum scope of clinical practice requirements. I recommend the registrant progress to next level of supervision.

The registrant is **not competent** in all minimum scope of clinical practice requirements.

I recommend

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Principal Supervisor
 Name: _____
 Date: _____

Director, Oral Health
 Name: _____
 Date: _____