**Peer Review for the Dental Team: National Toolkit**

Resources

* This document includes all the resources required to participate in peer review.
* The resources included are free to use, and editable to match your requirements.
* Please refer to the Peer Review for the Dental Team: National Toolkit for a more comprehensive guide to peer review.
* The full guidance is free to access online at *https://www.cqc.org.uk/guidance-providers/dentists/dental-mythbuster-17-audit- improvement-primary-dental-services*.

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| Appendix 2 | PR2 Peer review group cycle completion form |
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Peer review is an excellent opportunity for learning and development. Any member of the dental team can participate in peer review.

The aim of peer review is to review aspects of practice, share experiences and identify areas in which changes can be made.

The objective of peer review is to improve the quality of a service offered to patients.

The expected outcome is a sustainable improvement in dental service and care for patients.

To create a peer review group, one does not necessarily require funding. However, should an organisation provide funding for peer review, the onus then lies on the group to apply for funding.

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Published July 2022



**Appendix 1: PR1 Peer Review Group Application Form**

The facilitator is responsible for submitting all relevant documentation for all members of the group.

All three sections of this form should be completed by the facilitator once a peer review group has been established.

This form should be returned electronically to **‘insert email address’**[.](mailto:nadeem.ahmed9@nhs.net)

Please note meetings cannot commence until approval has been given by the **‘insert organisation’**.

Please note handwritten forms will not be accepted.

**Section 1** – Please complete the following:

**Facilitator Information**

|  |  |
| --- | --- |
| **Title** | Mr Mrs Miss Ms Dr Prof Other (please specify below)  ……………………………………………………………… |
| **Forename** |  |
| **Surname** |  |
| **Status** | Dentist DCP  If DCP please specify …………………………………………. |
| **GDC number** |  |
| **Performer number (if applicable)** |  |
| **Place of work** |  |
| **Place of work address** |  |
| **Place of work contact number** |  |
| **Email address** |  |
| **Name of peer review group** |  |
| **Name of organisation funding this peer review group** |  |
| **Proposed date of first meeting** |  |

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| **Date of peer review training course attended (if applicable)** |  |
| **Total number of members in the group** |  |
| **Number of practices involved in the group (does not apply to CDS, secure settings or secondary care)** |  |

**Section 2** – Please provide details of all members in the group (use a separate sheet if needed)

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| **Title** |  | **Forename** |  | | **Surname** |  | |
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| **Performer number (if applicable)** | |  | | **Place of work** |  | | |
| **Place of work address** | |  | | | | | |
| **Place of work contact number** | |  | | **Email address** |  | | |

**Section 3** – Declaration (to be completed by the facilitator)

Under guidance issued by the **‘insert organisation’**, I confirm that all the information provided above is correct and I agree to provide a report on completion of the peer review cycle.

|  |  |
| --- | --- |
| **Full name:** |  |
| **Date:** |  |

This form, once completed and signed by the facilitator, should be returned electronically to **‘insert email address’**.

The facilitator must keep a record of any meeting agendas, minutes, attendance records, meeting evaluations and CPD certificates.

**Appendix 2: PR2 Peer Review Group Cycle Completion Form**

This form should be completed by the facilitator once a peer review group has completed its cycle of meetings.

All sections of this form should be completed by the facilitator.

The facilitator is responsible for submitting all relevant documentation for all members of the group.

This form should be returned electronically to **‘insert email address’**[.](mailto:nadeem.ahmed9@nhs.net)

Please note meetings cannot commence until approval has been given by the **‘insert organisation’**.

Please note handwritten forms will not be accepted.

**Section 1** – Please complete the following:

**Facilitator Information**

|  |  |
| --- | --- |
| **Title** | Mr Mrs Miss Ms Dr Prof Other (please specify below)  ……………………………………………………………… |
| **Forename** |  |
| **Surname** |  |
| **Status** | Dentist DCP  If DCP please specify ………………………………………….. |
| **GDC number** |  |
| **Performer number (if applicable)** |  |
| **Place of work** |  |
| **Place of work address** |  |
| **Place of work contact number** |  |
| **Email address** |  |
| **Name of peer review group** |  |
| **Name of organisation funding this peer review group** |  |

|  |  |
| --- | --- |
| **Number of peer review meetings completed in this cycle** |  |
| **Date of first meeting in this cycle** |  |
| **Date of last meeting in this cycle** |  |

**Section 2** – End of peer review group cycle report. All information should be anonymised. Please continue on a separate sheet if needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Meeting 1** | | | |
| **Date** |  | **Venue** |  |
| **Number of members in attendance** |  | **Duration** |  |
| **List of topics discussed** | | | |
|  | | | |
| **What were the learning points from the meeting?** | | | |
|  | | | |
| **What improvements will this lead to on the quality of patient care?** | | | |
|  | | | |
| **How did the group members benefit from the meeting?** | | | |
|  | | | |
| **Meeting 2** | | | |
| **Date** |  | **Venue** |  |
| **Number of members in attendance** |  | **Duration** |  |
| **List of topics discussed** | | | |
|  | | | |
| **What were the learning points from the meeting?** | | | |
|  | | | |
| **What improvements will this lead to on the quality of patient care?** | | | |
|  | | | |
| **How did the group members benefit from the meeting?** | | | |
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| **Meeting 3** | | | |
| **Date** |  | **Venue** |  |
| **Number of members in attendance** |  | **Duration** |  |
| **List of topics discussed** | | | |
|  | | | |
| **What were the learning points from the meeting?** | | | |
|  | | | |
| **What improvements will this lead to on the quality of patient care?** | | | |
|  | | | |
| **How did the group members benefit from the meeting?** | | | |
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| **Meeting 4** | | | |
| **Date** |  | **Venue** |  |
| **Number of members in attendance** |  | **Duration** |  |
| **List of topics discussed** | | | |
|  | | | |
| **What were the learning points from the meeting?** | | | |
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| **What improvements will this lead to on the quality of patient care?** | | | |
|  | | | |
| **How did the group members benefit from the meeting?** | | | |
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| **Meeting 5** | | | |
| **Date** |  | **Venue** |  |
| **Number of members in attendance** |  | **Duration** |  |
| **List of topics discussed** | | | |
|  | | | |
| **What were the learning points from the meeting?** | | | |
|  | | | |
| **What improvements will this lead to on the quality of patient care?** | | | |
|  | | | |
| **How did the group members benefit from the meeting?** | | | |
|  | | | |

**Section 3** – Declaration (to be completed by the facilitator)

I hereby confirm that all the information provided above is correct and that this peer review cycle has not been previously funded or approved by any organisation/ body/ committee/ society in the United Kingdom.

|  |  |
| --- | --- |
| **Full name:** |  |
| **Date:** |  |

This form, once completed and signed by the facilitator, should be returned electronically to **‘insert email address’**.

The facilitator must keep a record of any meeting agendas, minutes, attendance records, meeting evaluations and CPD certificates.

**Appendix 3: PR3 Peer Review Facilitator Payment Claim Form**

This form should be completed by the facilitator once approval of a peer review cycle has been accepted by the **‘insert organisation’**.

This form should be returned electronically to **‘insert email address’**[.](mailto:nadeem.ahmed9@nhs.net)

Please note handwritten forms will not be accepted.

A payment of £350 can be claimed by the facilitator for initially recruiting members to the group and holding the first two meetings.

A further payment of £50 per meeting can also be claimed, up to a maximum of £150 for further meetings.

**A facilitator can therefore claim for a maximum of £500 for setting up a group and holding five meetings over a period of 12 months.**

**Facilitator Information**

|  |  |
| --- | --- |
| **Title** | Mr Mrs Miss Ms Dr Prof Other (please specify below)  ……………………………………………………………… |
| **Forename** |  |
| **Surname** |  |
| **Status** | Dentist DCP  If DCP please specify ………………………………………………………….. |
| **GDC number** |  |
| **Performer number (if applicable)** |  |
| **Place of work** |  |
| **Place of work address** |  |
| **Place of work contact number** |  |
| **Email address** |  |
| **Name of peer review group** |  |
| **Name of organisation funding this peer review group** |  |
| **Number of meetings held** |  |
| **Dates of all meetings** |  |
| **Total amount claimed (£)** |  |
|  | I certify that I am the facilitator of the above named peer review group and claim payment from the **‘insert organisation’** on completion of a peer review cycle as defined by the guidance provided by the **‘insert organisation’** |
|  | I understand that I am liable to declare payments to the Inland Revenue and that Income Tax and National Insurance payments will NOT be deducted on my behalf from the payment that is being claimed |

**All payments will be made by BACS. Please provide your bank details:**

|  |  |
| --- | --- |
| **Name of Bank Account** |  |
| **Account Number** |  |
| **Sort Code** |  |

**Appendix 4: Meeting Agenda**

**Name of Peer Review Group**

**Meeting Title (main topic of discussion)**

**Meeting Agenda**

**Date:**

**Time:**

**Venue:**

**Meeting facilitator:**

**Aim(s):**

**Objective(s):**

### 1. Discuss key points arising from previous meeting and any changes made to practice

**2. Introduce topic of discussion**

### 3. Group to discuss topic

* Share existing practice
* Literature
* Guidelines
* Policy
* Share experiences
* Review existing practice in light of discussion
* Identify areas for change

### 4. Plan next meeting

* Topic, Date and Time, Location, Meeting Facilitator

### 5. AOB

**6. Summary of meeting**

**Task List**

**Individual member tasks after the meeting:**

**1.** Complete individual reflection learning log

**Facilitator tasks after the meeting:**

**1.** Record minutes

**2.** Complete PR2 **for this meeting only (for funded groups)**

**3.** Complete attendance register

**4.** Issue CPD certificates

**Facilitator tasks after cycle of 5 meetings completed (for funded groups):**

**1.** Ensure PR2 has been completed for all meetings

**2.** PR3 - payment claim form

**Appendix 5: Attendance Register**

**Name of Peer Review Group**

**Meeting Title**

**Attendance Register**

**Date:**

**Time:**

**Venue:**

**Meeting facilitator:**

|  |  |  |
| --- | --- | --- |
| **Name** | **GDC Number** | **Present at Meeting** |
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**Apologies**

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| **Name** | **Name** |
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**Appendix 6: Peer Review Individual Reflective Learning Log**

**Name of peer review group:**

**Date:**

**Venue:**

**Meeting facilitator:**

**Title of meeting:**

**Main discussion points:**

*Reflection is an important part of CPD and peer review, and should form part of your personal development plan. Please use this space to reflect on what you have learnt, your experience and how it applies to your role.*

**What did you learn?**

**What will you do more as a result of this?**

**What will you keep doing as a result of this?**

**What will you do less of as a result of this?**

**How can you demonstrate you have implemented changes as a result of this?**

**Please share any other comments, thoughts or feelings.**

**Appendix 7: Peer Review Meeting Evaluation**

**Name of peer review group:**

**Date:**

**Venue:**

**Meeting facilitator:**

**Meeting title:**

**I enjoyed this meeting The meeting was well organised**



**The meeting met my educational needs The meeting was relevant to me**



**There was sufficient time available for discussion The facilitator communicated with a clear voice**



**The facilitator made the meeting interesting**



**What specific changes would you like to make, if any, to your practice as a result of what you have learnt?**

**What do you think was the most successful and/or useful aspect of the meeting?**

**What, if anything, was the least successful and/or useful aspect of the meeting?**

**Please share any comments, thoughts or feelings.**

**Appendix 8: Verifiable CPD Certificate**

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## Insert Organisation (if non-funded insert name of peer group)

This is to certify that

**Insert Name**

**GDC no: Insert GDC no.**

Attended and participated in the following peer review group meeting on

**Insert Title of Meeting**

**Insert venue e.g. online on Zoom**

On **Insert date e.g. Monday 17 January 2022**

Accredited by **Insert organisation or name of peer review group if non-funded**

This CPD is subject to quality assurance by



*Signed…………………………………………………………….*

**Insert facilitator name here and signature above**

*I confirm that the information provided on this certificate is full and accurate*

This activity represents **X hour(s)** of verifiable CPD awarded by the **Insert organisation or name of peer review group if non-funded**

**Aim:**

**Insert aim**

**Objectives:**

**Insert objective**

**Insert objective**

**Insert objective**

**Insert objective**

**Insert objective**

GDC Domains: This CPD course meets the criteria for the GDC’s development outcomes:

**Insert GDC outcomes A, B, C, D**