# Dental Specialty Training Out of Programme (OOP) Supervisors Report YH

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| --- | --- |
| Name  |  |
| GDC Number |  |
| Type of OOP |  |
| Title of OOP |  |
| Date OOP Commenced |  |
| Planned OOP End Date |  |
| Number of Months Counting Towards CCST |  |
| OOP Supervisor Completing Report |  |
| Date Report Completed  |  |

Please use this Supervisor’s Report to detail the progress that the above named Dentist has made during their Our of Programme period so far, against the aims and objectives outlined at the start of the OOP.

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| Achievements |
|  |
| Strengths  |
|  |
| Areas for Development  |
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| Progress against GDC Management and Leadership Domain *(if OOP is a Leadership Fellow post)* |
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If other Clinicians have been involved in the supervision of the Dentist during their OOP, please detail their comments below.

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| --- | --- |
| Name |  |
| Role  |  |
| Comments |
| Name |  |
| Role |  |
| Comments |

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| --- |
| Summary  |
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Signature of OOP Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_