

Ethics for Dental Care Professionals

Suitable for: DCP (Dental Care Professionals)

Speakers: Jane Holt

Verifiable CPD hours: 2 (Morning Course)

Aim:

To inform DCPs about their legal responsibility when working in dentistry and give an update on GDC standards and guidance

Date

11/03/2010

Venue

Northern Deanery Dental Training Facility, Bourne House,
 Mandale Business Park, Belmont, Durham DH1 7TH

Reference

C/0974

Expected Learning Outcomes:

By the end of the course, participants will be able to:

- describe the importance of the GDC standards guidance
- list key issues in the GDC guidance "Principles of dental team working"
- give an account of principles of complaint handling in dentistry
- discuss the importance of the scope of practice document and the impact it may have on them as an individual
- describe the importance of reflective practice in the work place

Essential Content:

Communication, Consent, Complaint handling, Principles of team work, GDC standards and guidance

Teaching Method:

Lecture/s, discussion/s

Course Information:

This course consists of 2 hours of guided learning and is designed as a general update in ethics for Dental Care Professionals. The course will be delivered in the form of a lecture and discussion by very experienced speaker Jane Holt who is a principle tutor working at Leeds Dental Institute.

Course participants are limited to 40, if this course is oversubscribed:

- (a) Your name will be automatically added to the waiting list unless you tick the box below
- (b) Your cheque(s) will be shredded

✂

PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO: Janet Fullard, Northern Deanery Dental Training Facility, Bourne House, Mandale Business Park, Belmont, Durham DH1 7TH

Please tick if you do not wish to be included on a waiting list for this course

Course title: **Ethics for Dental Care Professionals**

Course Date: **11/03/2010**

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I enclose one cheque dated **3/11/2010** for £5 (per person) to cover the cost of catering, materials etc. made payable to "**North East SHA**"

Title	First Name	Surname	Post	GDC No
Practice Address & Postcode				
Daytime Contact Telephone:			Mobile Telephone:	
PCT & Performer No:				
Email Address:				
Signature:			Date:	

