

# Certificate of attendance



Name of the participant

This is to certify that

**[NAME]**

Number of hours

Subject of CPD

attended a training session on the topic of:

**Infection prevention**

on

**7 November 2024**

Date of CPD activity

**Aims**

*Overview of what the activity will achieve*

**Aims:**

To provide an update on the latest developments within infection prevention and control guidelines and consider current prevention measures in practice.

**Objectives**

*Should fulfil the aim. By the end of this activity, the participant should be able to.....*

**Objectives:**

- Describe what a healthcare-associated infection is and how these infections spread;
- Understand the impact of healthcare associated infections on patients, and the dental professional's duty of care to patients in the workplace that can prevent the spread;
- Describe best practice measures for infection prevention, and update workplace protocols accordingly.

**Learning content**

**Learning content:**

This training session is intended to create an understanding of the need to apply effective infection prevention and control measures in the dental setting and reduce potential risk factors to both patients and members of the dental team.

**Development outcomes:**

This CPD course meets the criteria for the GDC's development outcomes C.

**Anticipated GDC development outcomes**

**Confirmation from the provider that information is full and accurate**

**Name of the person or body providing quality assurance**

*We confirm that the information provided on this certificate is full and accurate and has been subject to quality assurance by John Smith.*