



Mapping document for verifiable CPD

This document can be used when professionals undertake CPD that meets the GDC's verifiable requirements, but the CPD provider's own evidence doesn't include all the information needed to demonstrate that the required criteria have been met.

The GDC recognises that professionals will identify CPD relevant to their field of practice, but which may fall outside the mainstream of dental CPD provision. Examples of situations include (but are not limited to):

- CPD which is designed for a wide variety of healthcare professionals;
- CPD which is designed for another (non-dental) group of professionals;
- CPD undertaken overseas; and
- University and other postgraduate or additional qualifications.

Professionals must be confident that the CPD undertaken meets all of the verifiable criteria independently of this document (see [professionals guidance](#)). This document does not substitute the need for the criteria to be met; it simply allows professionals to map the criteria for evidence purposes. If professionals have concerns as to whether all these criteria will be met by the CPD activity, they should clarify with the provider directly before undertaking the CPD.

This document must be accompanied by other supporting evidence from the provider and will not be sufficient alone should a registrant's record be requested. In some circumstances, if a registrant is unable to complete a mapping document in full, they may submit alternative forms of evidence, such as an email from the provider confirming that CPD criteria have been met.

To be considered as sufficient evidence by the GDC, this document must:

- 1) Be completed by the individual participant;**
- 2) Include confirmation from the provider that the information is full and accurate;
and**
- 3) Be kept alongside other supporting evidence from the CPD provider to demonstrate validity, which must verify the participant's attendance, hours completed and date.**

If some of the criteria below are already covered by evidence from the CPD provider, it may be copied directly into this document.

Please note, all other requirements of the enhanced CPD scheme still apply. Professionals must be familiar with the [CPD scheme requirements](#) in full.



Mapping evidence for verifiable CPD

To be completed by the individual participant:

Name of course provider:

Subject of CPD:

Name of participant:

Date(s) of activity:

Aim(s) of activity:

Objective(s) of activity:

Learning content:

Anticipated GDC development outcome(s):

Total number of hours of CPD undertaken:

This CPD is subject to quality assurance by (name of person or body providing the quality assurance):

To be completed by the provider:

Confirmation from the provider that the information contained in this document is full and accurate:

Full name:

Job title:

Date: