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| **PERFORMERS LIST VALIDATION BY EXPERIENCE** | | | | | | | | | | | | |
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| **VS PRACTICE: LIST OF ESSENTIAL AND DESIRABLE REQUIREMENTS FORM** | | | | | | | | | | | | |
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| **PRACTICE ADDRESS:** | | | |  | | | | | | | | |
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| **NAME OF VED APPLICANT:** | | | | | |  | | | | | | |
| **NAME OF VS APPLICANT(S):** | | | | | |  | | | | | | |
| **NAMES OF DIRECTORATE ASSESSORS:** | | | | | |  | | | | | | |
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| **Date of self-assessment:** | | | | **/ /** | dd/mm/yy | **Date of HEE assessment:** | | | | **/ /** | dd/mm/yy | |
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| NB Throughout this document ‘VS’ refers to Validation Supervisor, 'VED' refers to Validation by Experience Dentist (i.e. the dentist who is applying to undertake PLVE) | | | | | | | | | | | | |
| **All requirements below must be met and must be evident on the date of the assessment** | | | | | | | | | | | | |
|  | **ESSENTIAL REQUIREMENTS** | | |  |  |  |  | |  |  |  | |
|  | **Certification, registration, insurance & policies** | | | | | | | | | **Self assessment** | **HEE LO assessment** | |
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| 1 | Applicant and all other clinicians have current GDC annual practising certificates | | | | | | | | |  |  | |
| 2 | All DCPs have current GDC registration or are in recognised training schemes | | | | | | | | |  |  | |
| 3 | Applicant and all other clinicians in the practice have current defence organisation membership or professional indemnity insurance | | | | | | | | |  |  | |
| 4 | Applicant has been subject to an enhanced DBS check which revealed nothing which should prevent the applicant from working with vulnerable adults and children. | | | | | | | | |  |  | |
| 5 | Employer’s Liability/Public Liability Insurance certificate valid and on display | | | | | | | | |  |  | |
| 6 | CQC Certificate of registration for registered manager. (Essential for partnerships, LLPs & corporate bodies, not required for sole traders.) | | | | | | | | |  |  | |
| 7 | CQC Certificate of registration for diagnostic & screening services, surgical procedures and treatment of disease, disorder & injury | | | | | | | | |  |  | |
| 8 | Development plan for areas of CQC registration that are not fully compliant | | | | | | | | |  |  | |
| 9 | Certification of last training in CPR and medical emergencies for all staff employed/listed within last year | | | | | | | | |  |  | |
| 10 | Child protection and vulnerable adults level 2 training for all clinical staff within the last 3 years | | | | | | | | |  |  | |
| 11 | All clinicians exposing radiographs should have certification demonstrating attendance in a recognised IRMER course within the last 5 years | | | | | | | | |  |  | |
| 12 | Applicant can evidence annual infection control training for all clinical staff | | | | | | | | |  |  | |
| 13 | Applicant has full inclusion in relevant dental performers list | | | | | | | | |  |  | |
| 14 | Equal Opportunities/anti-discrimination policies in place and up to date | | | | | | | | |  |  | |
| 15 | Data protection certificate in place (where applicable) | | | | | | | | |  |  | |
| 16 | Freedom of Information Act – publication scheme registered | | | | | | | | |  |  | |
| 17 | Autoclave maintenance/insurance in place | | | | | | | | |  |  | |
| 18 | Compressor maintenance/insurance in place | | | | | | | | |  |  | |
| 19 | Health & safety policy in place | | | | | | | | |  |  | |
| 20 | Infection control policy in place | | | | | | | | |  |  | |
| 21 | Radiology policy in place and RPA and RPS appointed | | | | | | | | |  |  | |
| 22 | Written plan for practice in case of force majeure (including how to manage the situation if one/all VSs included in the application should be incapacitated long term/ permanently) | | | | | | | | |  |  | |
|  | **Patient care/record keeping** | | | | | | | | | **Self assessment** | **HEE LO assessment** | |
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| 1 | Complaints procedure in place and nominated officer appointed | | | | | | | | |  |  | |
| 2 | Evidence of NHS patients currently treated (BSA monitoring report and vital signs) | | | | | | | | |  |  | |
| 3 | Appropriate recording of medical histories | | | | | | | | |  |  | |
| 4 | Evidence of significant events recorded and used for staff training | | | | | | | | |  |  | |
| 5 | Suitable arrangements in place for dental emergency patients | | | | | | | | |  |  | |
|  | **Staff training & development** | | | | | | | | | **Self assessment** | **HEE LO assessment** | |
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| 1 | Reference library (including recent material) or evidence of online researches | | | | | | | | |  |  | |
| 2 | Periodicals (evidence of regular subscriptions) | | | | | | | | |  |  | |
| 3 | Staff handbook (or equivalent) | | | | | | | | |  |  | |
| 4 | Staff appraisal system in place (examples shown) | | | | | | | | |  |  | |
| 5 | Evidence of regular team meetings (eg copy of minutes) | | | | | | | | |  |  | |
| 6 | Evidence of fire safety training | | | | | | | | |  |  | |
| 7 | Core CPD for DCPs monitored | | | | | | | | |  |  | |
| 8 | Regular peer review or audit (minutes available) | | | | | | | | |  |  | |
|  | **Health & safety, COSHH, infection control** | | | | | | | | | **Self assessment** | **HEE LO assessment** | |
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| 1 | Health and Safety Executive – current version poster on display, details completed | | | | | | | | |  |  | |
| 2 | Fire extinguishers available – evidence of regular servicing | | | | | | | | |  |  | |
| 3 | Accident book and RIDDOR report forms available | | | | | | | | |  |  | |
| 4 | First aid kit available, first aider appointed | | | | | | | | |  |  | |
| 5 | COSHH and risk assessments in place | | | | | | | | |  |  | |
| 6 | Portable and fixed electrical safety checks in place, qualified inspector | | | | | | | | |  |  | |
| 7 | Evidence of QA process in radiology | | | | | | | | |  |  | |
| 8 | Compliance with the core requirements of HTM 01-05 (infection control) | | | | | | | | |  |  | |
| 9 | Evidence of six monthly audits of decontamination processes | | | | | | | | |  |  | |
| 10 | Magnifying light available for use in decontamination area | | | | | | | | |  |  | |
| 11 | Suitable clinical clothing and PPE to meet HTM 01-05 requirements | | | | | | | | |  |  | |
| 12 | Clinical waste is disposed of in accordance with recommendations plus transfer notes and contract seen | | | | | | | | |  |  | |
| 13 | Special waste is disposed of in accordance with recommendations plus transfer notes and contract seen | | | | | | | | |  |  | |
| 14 | Quality assurance policy in place and displayed | | | | | | | | |  |  | |
| 15 | AED available in practice, with evidence of appropriate staff training in use | | | | | | | | |  |  | |
| 16 | Appropriate disposal of single-use instruments, e.g. 3-in-1 tips | | | | | | | | |  |  | |
| 17 | Full emergency drug kit in place and checked regularly | | | | | | | | |  |  | |
| 18 | Secure storage of drugs and prescription pads | | | | | | | | |  |  | |
| 19 | Portable oxygen available and checked regularly | | | | | | | | |  |  | |
| 20 | Portable self-powered aspirator available | | | | | | | | |  |  | |
| 21 | Airways and ventilation devices available | | | | | | | | |  |  | |
| 22 | Gas cylinders – correct storage, correct maintenance/inspection | | | | | | | | |  |  | |
| 23 | Mercury spillage kit present | | | | | | | | |  |  | |
| 24 | Complies with current requirements regarding waste separation | | | | | | | | |  |  | |
| 25 | Evidence of planned programme for renewal of equipment | | | | | | | | |  |  | |
| 26 | Practice is equipped for NiTi rotary endodontic treatment and available for VED to use | | | | | | | | |  |  | |
| 27 | Evidence of beam-aiming devices and rectangular collimation for radiography | | | | | | | | |  |  | |
| 28 | Compliant with a current approved code of practice for legionnaires' disease | | | | | | | | |  |  | |
| 29 | Impervious floor covering in treatment areas | | | | | | | | |  |  | |
| 30 | Use of needle blocks for re-capping needles with appropriate risk assessment in place or use of safety syringes. (preferred method) | | | | | | | | |  |  | |
|  | **VED's facilities, support and ability to deliver Educational Requirements** | | | | | | | | | **Self assessment** | **HEE LO assessment** | |
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| 1 | VED's appointed nurse is GDC registered and qualified. The same nurse will be allocated for the first three months | | | | | | | | |  |  | |
| 2 | Evidence of sufficient patient numbers to allow VED to achieve a broad range of treatment experience | | | | | | | | |  |  | |
| 3 | Practice can demonstrate that the VED and VS surgeries are in close proximity | | | | | | | | |  |  | |
| 4 | VED to work maximum of 4 hr session without planned break and no more than 8 hours in a working day | | | | | | | | |  |  | |
| 5 | Endodontic system available including rubber dam | | | | | | | | |  |  | |
| 6 | Sufficient instruments and handpieces available to allow appropriate treatment | | | | | | | | |  |  | |
| 7 | Availability of apex locator | | | | | | | | |  |  | |
| 8 | Availability of clinical photographic equipment | | | | | | | | |  |  | |
| 9 | Suitable equipment for performing minor oral surgery | | | | | | | | |  |  | |
|  | **VED's Surgery/ies** | | | | | | | | | **Self assessment** | **HEE LO assessment** | |
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| 1 | Minimum 3 metre's square | | | | | | | | |  |  | |
| 2 | Suitable for both left and right handed operators | | | | | | | | |  |  | |
| 3 | X-ray facility in surgery (Non hand-held) | | | | | | | | |  |  | |
| 4 | Closed aspiration system with exhaust outside building | | | | | | | | |  |  | |
| 5 | Amalgam separation installed | | | | | | | | |  |  | |
| 6 | Encapsulated amalgam production | | | | | | | | |  |  | |
| 7 | Ultrasonic scaler or equivalent | | | | | | | | |  |  | |
| 8 | Composite curing lamp and light meter for testing | | | | | | | | |  |  | |
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|  | **I/we confirm that following the visit today by the HEE Local Office assessors to verify the self-assessment I/we completed on ………….., I/we agree that the HEE Local Office record is a true and accurate reflection of the practice assessment.** | | | | | | | | | | | |
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|  | **Signature** | **………………………………………………..** | | | | | |  | **Date: …………………..** | | |  |
|  | **(Practitioner/s to sign at the time of the visit)** | | | |  |  | |  |  |  | |  |
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|  | **Signature** | **………………………………………………..** | | | | | |  | **Date: …………………..** | | |  |
|  | **(Practitioner/s to sign at the time of the visit)** | | | |  |  | |  |  |  | |  |
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|  | **Signature** | **………………………………………………..** | | | | | |  | **Date: …………………..** | | |  |
|  | **(HEE LO assessor to sign at the time of the visit)** | | | |  |  | |  |  |  | |  |
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|  | **Signature** | **………………………………………………..** | | | | | |  | **Date: …………………..** | | |  |
|  | **(HEE LO assessor to sign at the time of the visit)** | | | |  |  | |  |  |  | |  |