

Performers List Validation by Experience (PLVE)

Validation by Experience Dentist (VED) Guidance Pack



HEE North West Office

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What is Performers List Validation by Experience (PLVE)?

As from April 2006 dentists are required to have a Dental Foundation Training (DFT) Number.

To gain a DFT number a dentist must:

- demonstrate they have completed one year of foundation training in the UK (by presentation of a certificate)

OR

- demonstrate that they are exempt from DFT requirements (under the regulations in the National Health Service Performers List Amended Regulations 2005). (NB. There are a number of exemption categories – the main exemption applies to fully qualified dentists coming to work in the United Kingdom from an EEA member state where they are fully licensed to practice as a dentist).

If the dentist does not have a DFT number NHSE will allow the VED to join the list as a Performer in Training. In order to gain a full Performer's Number NHSE will request the dentist to fulfil certain requirements. PLVE is one of these requirements.

What are the Aims of the Process?

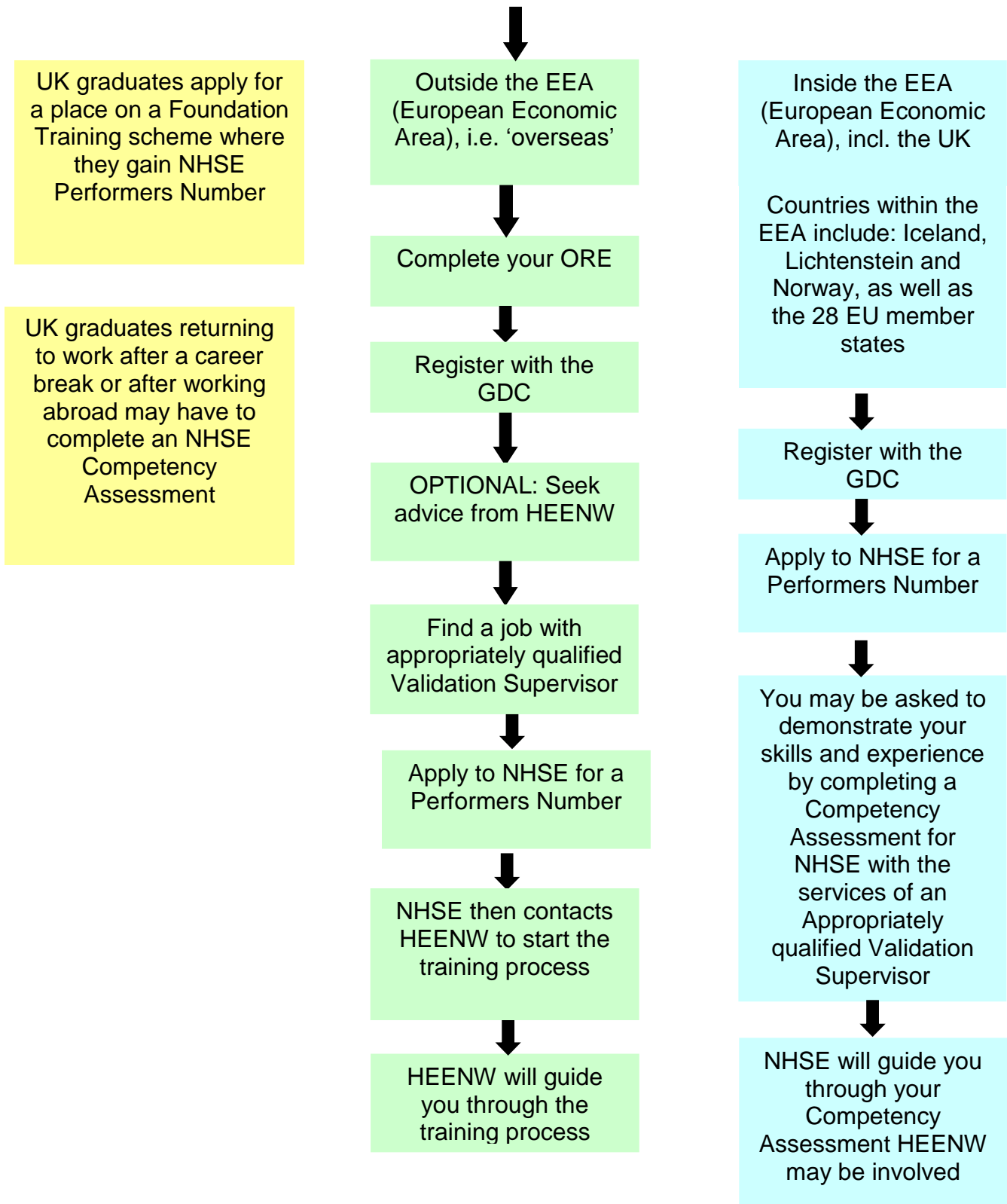
PLVE aims to ensure the VED gains the full breadth of clinical experience available on the NHS in a supervised and safe practice, alongside an experienced clinician. It aims to bring overseas dentists / dentists without formal NHS DFT training up to the same level as a dentist who has completed standard DFT, in terms of their knowledge of working within the NHS, and bring the dentist in line with the requirements of English Law as it pertains to dental practices.

This guidance pack gives you details of the PLVE process including how to put together a portfolio (which HEENW will use to assess experience and skills). The assessment of your previous experience is standardised within a defined framework modelled on the competencies for UK Dental Foundation Training.

When you have completed the PLVE process, the portfolio will provide evidence that you have fulfilled the requirements for entry onto the NHSE Performers List.

How Do You Get a UK Performer's Number? Flow Chart 1

Where do you come from?



Frequently Asked Questions - Answered

Over the past few months HEENW has dealt with an increasing number of enquiries and it may be timely to provide some advice on the differences and appropriateness of each pathway.

How do we get a NHSE performers number?

To enter onto a NHSE performer's list and work in NHS Primary Care, UK graduating dentists must provide their Local Area Team at NHSE with their Foundation Training number (awarded on satisfactory completion of Dental Foundation Training).

Dentists from outside the EEA may complete DFT (if offered a rarely available place). Alternatively, they have the option to complete the 'PLVE' pathway.

Dentists from within the EEA (i.e. Iceland, Lichtenstein and Norway, and the 28 EU member states) must complete the requirements of the country in which they studied. It is then an NHSE decision as to whether they can demonstrate they are professionally and managerially competent to work within the NHS or not.

What are the aims of the Performers List Validation by Experience (PLVE) pathway?

PLVE aims to ensure the VED gains the full breadth of clinical experience available on the NHS in a supervised and safe practice, alongside an experienced clinician. It also aims to bring overseas dentists, up to the same level as a UK DFT in terms of their knowledge of working within the NHS and also with the requirements of English Law as it pertains to dental practices.

How is PLVE demonstrated?

This is demonstrated by the production of a portfolio of evidence derived over a period of training. The portfolio has sections relating to professional skills and practice management abilities. As the VED progresses through their training period they will acquire evidence which will enable them to demonstrate their competence in each of various required fields.

What about funding?

Unlike DFT there is no central additional funding available. VEDs complete their portfolio whilst working in an approved practice alongside an approved VS, helping the practice to complete its NHS contract.

From **September 2017**, the way HEENW charge for completion of PLVE has changed, see details below:

Initial application process for proposed VS and VED. This charge is payable before application forms for PLVE are sent out to the VS and VED (£200 each application).	£400.00
Please note any change in VS / VED will incur a further charge of £200 per substitution.	

Once applications for both VS and VED have been approved by the TPD for PLVE and completed both Educational Agreements and Contractual Hours Agreement have been received by HEENW, the second payment due to HEENW can be calculated. On receipt of payment the practice visit (if appropriate) can be arranged.

TPD meeting with VED at HEENW local office every 3 months, the number of meetings will depend on length of training period for PLVE.	£2,320 to £2,680
First and final portfolio assessment and report	

These fees are charged to the training practice, but the practice may wish to arrange for the VED to pay some / all of the charge.

What does the process mean for the practice Validation Supervisor?

On application to NHSE for inclusion on to the performer list, the practice where the VED will be working will be asked to name the proposed VS. This means that the proposed VS must be able to demonstrate their ability to supervise the VED. This is achieved through satisfactory completion of an appropriate training course or through previous, recent (within the last 2 years), experience within the DFT or PLVE programme. Once NHSE has approved the VS a referral is made to HEENW and the practice will be inspected by HEENW and NHSE. The inspection is required to check that the practice and facilities are up-to-date, safe and suitable for a VED to work in. This will also include a short interview with the proposed VS.

The VS is required to be present in the practice to supervise, advise and help the VED. They must be prepared to “channel” appropriate patients towards the VED, so they get the breadth of clinical experience. They may be required to assist the dentist in completing their portfolio, including specific advice on practice policies etc.

They must allow the applicant to take time out to complete any courses recommended by HEENW.

How long does the process take?

There is no set time period as this varies from applicant to applicant.

There are several variables that can affect the length of the process:

- Time of application to training start date. This depends on the timely submission of the VED’s and VS’ applications and the availability of the Training Programme Director (TPD) for PLVE, the TPD for DFT and when the practice visit takes place.
- Training period – must be for a minimum of 3 months for those with recent PRIVATE clinical experience in a general dental practice and a maximum of 12 months (based on a full time working pattern). Part-time training will require a pro-rata training period. There is a minimum requirement of 3 days clinical work per week.
- The portfolio assessment – depends on the availability of the HEENW Assessment Panel and is assessed by a representative from HEENW and NHSE.

What about a ‘Competency Assessment’?

A ‘Competency Assessment’ is where NHSE assesses whether a UK dentist who has had a break from NHS provision or an applicant from within the EEA is competent, safe and up-to-date to practise.

Frequently NHSE will ask a dentist to produce a similar portfolio to that required for VEDs, because it is testing out the same areas of knowledge.

What courses would you recommend before / during training?

If you haven’t already completed the following courses, you will need to complete them as part of your training:

- Introduction to working in the NHS or Equivalent
- Medical Emergencies

- Disinfection and Decontamination
- Radiography and Radiation Protection

GDC Recommend

- Legal and Ethical Issues
- Complaints Handling
- Oral Cancer: Early Detection
- Safeguarding Children and Vulnerable Adults (minimum level 2)

Other courses will be recommended in discussions with the TPD and / or the VS.

Information on courses can be found on HEENW website:

<https://www.maxcourse.co.uk/henw/guestHome.asp>

If I have a problem who do I go to for help?

You should speak to your VS in the first instance. It is their responsibility to give you advice and support.

If this is not appropriate, or you need further help (particularly with the portfolio) you should contact the TPD (see page 19 for contact details).

What are the Educational Agreements?

The Educational agreements are signed by yourself and the VS and outline the responsibilities you both have during the PLVE process. By signing this you both confirm with HEENW your understanding of your roles.

What are Health Education England North West's responsibilities?

HEENW is responsible for the quality of your training experience. They will ensure the practice and VS are suitable and capable for your PLVE. If there are any problems with the practice or VS, HEENW will intervene and make suggestions on improvements or changes. If HEENW is unhappy with the practice or VS they also have the responsibility to suggest changes as appropriate.

What happens if I need more time or if my portfolio is assessed as incomplete?

From the date you start work in the practice, you have 12 months (full time, or pro-rata part-time) in which to complete your training and submit the final version of your portfolio.

In extenuating circumstances this may not always be possible. If this is the case you should arrange to meet with the VS and the TPD to discuss your next steps.

What happens on completion?

Once the HEENW Assessment Panel are satisfied that all competences have been completed and that you have fulfilled all the requirements of PLVE, you will be issued with a certificate of completion by the Dean of Postgraduate Dental Education (this includes your PLVE number). The certificate will also be sent to NHSE who will issue you with a full Performer's Number.

Where can I get further information?

You can speak to NHSE or contact:

Mrs Gill Shea,
Training Programme Director for Performers List Validation by Experience
gill.shea@hee.nhs.uk

Laura Griffiths
Administrator for Performers List Validation by Experience
laura.griffiths@hee.nhs.uk

Performers List Validation by Experience in More Detail

- The Application Form (page 8)
- The Personal Development Plan (PDP) (pages 8 - 9)
- HEENW Educational Agreements (page 9)
- In-practice training (pages 9 - 10)
- Validation Supervisor (VS) support (pages 10 - 11)
- The portfolio (pages 11 - 18)

The Application Form

When you apply for PLVE at HEENW you will be asked to complete a structured application form which includes information about your clinical experience.

There has to be an assessment of your experience and clinical skills before you begin work in practice so that you can receive the correct advice on the training / continuing professional development (CPD) you need to undertake. The application form and discussion with the TPD at the first meeting will form the basic assessment of the training you require (This meeting follows the referral from NHSE and the approval of the training practice and VS).

The application form

The Sections of the application form:

Section 1 - Structured CV

Section 2 - Record of Clinical Experience

Section 3 - Data Protection Declaration

Appendix - Guidance on CPD Record Keeping

Appendix 2 - VS Educational Agreement

Appendix 3 - VED Educational Agreement

Appendix 4 - Contractual Hours Agreement

Personal Development Plan

During your meeting with the TPD you will be shown how to develop a Personal Development Plan (PDP). Your PDP will continue to be developed throughout your training, with the support of your VS. A copy of your PDP must be submitted to HEENW within one month of starting work at the practice.

Your PDP will ensure that you satisfy all competences required for your portfolio of evidence within your training period, highlighting the courses you need to complete and the clinical competences you need to work on. The PDP will also help you to focus your time during training on the areas of experience or clinical skills that need to be improved or developed.

A PDP is a means of identifying your development needs and desires and devising the best way to satisfy these requirements. This process is part of Clinical Governance (CG) and it is a government requirement that all clinicians in the NHS must have, and use, a PDP. The specific purpose of a PDP for you, the PLVE applicant, is to meet the competency standards. At the end of the training period you will present a version of your PDP clearly demonstrating what you have already achieved and with a plan for your future development.

There are many forms and tables available to help you write your PDP however the simpler they are, the easier they are to use. The table below shows one example you could use.

Developing the Plan

- Before creating a PDP it is important that you take the time to think – reflect - about your practice.
- The use of SWOT (strengths, weaknesses, opportunities, threats) analysis or appraisal can be helpful.
- Educational needs should be precise. Ask yourself the question - What exactly do you want to be able to do? Be specific.
- Each of the competencies you have to reach might require a number of actions.
- Once a plan is created it is important to find the resources to fulfil the educational needs you have highlighted.
- Although courses and lectures are important, think of other resources (e.g. support from your VS or the TPD, peer review / learning groups, internet resources, reading journals, focused team meetings).
- Your PDP will and should change as you progress through PLVE, it should be updated at regular intervals and when goals have been achieved.

Competency Standard or element	Action: How might this be developed?	Outcome / Evidence	Target date for completion

You will need to provide a copy of your PDP in your portfolio (see pages 11 - 18 for more information).

HEENW Educational Agreements / Contractual Hours Agreement

There are two educational agreements that need to be signed;

- The first is the Education Support Agreement for VS's, **Appendix 2** that sets out the responsibilities as VS.
- The second agreement is the Agreement for VEDs, **Appendix 3** that needs to be signed by the VED. This agreement sets out your responsibilities during the PLVE process.
- There is a Contractual Hours Agreement, **Appendix 4** that requires the signatures of both the VS and the VED.

It is the responsibility of the VS to ensure these agreements are signed and returned to HEENW with your completed application form.

In Practice Training

Following your meeting with the TPD for PLVE you will be required to complete a period of in-practice training supervised by your named VS. This training period must last for a minimum of three months and a maximum of 12 months based on a full time contract (or the equivalent part time). If in part time clinical practice there will be a minimum requirement of 3 days a week.

Within the first 2 weeks of beginning work at the practice your VS will carry out a Direct Observation of Procedural Skills (DOPS) with you on both a New Patient Examination and on a Simple Restoration and submit a report on the standards achieved to the TPD.

Within the first month you will meet with your VS to develop your PDP. During your training period you will then be required to complete the recommendations within your PDP and any further recommendations developed during discussions with the TPD and the VS. As previously mentioned, you should continue to develop your PDP throughout your training.

The workload, measured in UDAs, **should not exceed 1500** over the first 6 months of PLVE based on full time working patterns.

It is the responsibility of both you and your VS to ensure you gain experience in a broad range of clinical areas. If you have any problems or issues with your professional or managerial skills, you should discuss these with your VS and work through them together.

Validation Supervisor Support and Reports

It is particularly important that your VS is capable of supporting you through your training. It is their responsibility to meet with you on a regular basis (weekly) and on an impromptu basis when you need support and advice.

The VS will sign an agreement with you agreeing to support you through your training and help you:

- to develop your PDP
- to complete any training highlighted in your PDP, or by the TPD
- by assessing your clinical skills.

Tutorials

It is your VS' responsibility to meet with you on a regular basis (weekly) and on an impromptu basis when you need support and advice.

During your tutorials you should discuss one or more of the following with your VS:

- the milestones you have achieved on your PDP
- your progress within the PLVE process, in relation to the portfolio competences
- your progress on the compilation of your portfolio of evidence
- your clinical skills or experience
- any issues you might be experiencing

Interim Reviews and Final Report

The VS is required to meet with you once every 3 months for an Interim Review, following which they will need to submit the completed Interim Review form to the TPD at HEENW to report on your progress (in particular on your clinical skills). Each Interim Review should be completed with full input from you, following a work-based assessment.

The review allows your progress during your training to be monitored so that problems, or training issues that are being neglected, can be identified at an early stage. They allow the TPD to quality manage the process **Appendix 7**.

The final report (VS Structured Final Report) should be completed by the VS approximately 1 month before the completion date of PLVE using the additional template which can also be found in **Appendix 7**.

Work-based Assessments

In advance of each Interim Review you will need to aim to complete **at least one of each** of the following forms (one of each type is expected to form part of your portfolio). They can also be completed in advance of tutorials:

- **Direct Observation of Procedural Skills (DOPS)**
2 to be completed within two weeks of start of training and to consist of a new patient exam and a simple restoration to assess basic communication and clinical skills.
DOPS assessments are used to record judgements on the performance of the VED following an evaluator's observation of a specific patient encounter or case. The VS should give feedback as soon as possible after the event, whereby the VED's insight into their own performance will also be evaluated **Appendix 10**.
- **Dental Evaluation of Performance (D-EP)**
D-EP is used to record judgements on your performance following observation of a specific patient encounter or case. Feedback should be given as soon as possible after the event, whereby your insight into your own performance will also be evaluated. The GDC definition for insight is applied, this being the ability to recognise weaknesses, the resolution to make the necessary changes to overcome them, and doing it **Appendix 11**.
- **Dental Case-Based Discussion (D-CbD)**
D-CbD requires you to present a case (including patient records and associated documents) to your VS, who will judge your performance in terms of the clinical judgements you make etc. Once your VS has made their assessment, feedback is given (insight is assessed during this part of the process) and the case is discussed in more detail **Appendix 12**.
- **Patient Assessment Questionnaire (PAQ) – to be driven by the VS**
Fifty questionnaires should be handed to consecutive patients within a 4 week time period. A minimum of 20 PAQ returns are required for reliable analysis **Appendix 13**.
You will need to keep copies of these documents for your portfolio.

The Portfolio

You are required to complete a portfolio of evidence to demonstrate your competency in several different areas. These competences are those accepted as essential requirements for dentists wishing to work within NHS General Dental Practice.

The portfolio is a work-in-progress during your training and the completed portfolio will be used for your final assessment at the end of the PLVE process.

The portfolio is vital to your satisfactory completion of PLVE as it allows you to demonstrate to the HEENW Assessment Panel that you are competent in the necessary areas.

- The portfolio is split into four main sections covering Professionalism, Managerial competences, Knowledge of Health & Safety and Clinical skills.
- These are then split into sub-sections which are the individual competences you are required to demonstrate.
- Within each sub-section you are expected to prove your competency with specific evidence – this may be production of a certificate, with reflection and learning outcomes (confirming attendance on a course and what you learned that can be applied to improve your practise), anonymised patient records (to show what treatments and procedures you

have undertaken), or reflective writing (in which you describe / explain in more detail what you have done, understand and applied to your practice) **Appendix 16**.

The Competency Framework and Guidance describes each of the sub-sections in detail, including the evidence you need to produce to complete the competency. It gives an overview of the types of evidence which you need for your portfolio (see pages 14 – 18).

How it should look:

- The portfolio should be clear and concise and should only contain the information / evidence requested in a format that is easy to understand in relation to the competency framework.
- Please put all information in a ring binder or lever arch file.
- Use dividers to separate the sub-sections (as demonstrated in the second section of this guidance pack).
- Ensure each sub-section is marked appropriately (e.g. P01 or M04).
- Please remember your final portfolio version is assessed by two different people.
- Please clearly mark any portfolio that contains any original documents / certificates.

Portfolio assessment - draft

You are required to submit a draft version of your portfolio to HEENW three months before you anticipate completion of your training. The TPD will look through the draft version and make recommendations on further work / development to reduce the possibility of a rejection at the time of final submission.

Portfolio assessment – final version

Once you have reached the end of your training you must submit the final version of your portfolio for assessment. HEENW will use this portfolio to assess that you have met the standard required in your professional skills and managerial abilities. More information on the assessment is provided later in the guidance.

Submitting your portfolio

If you are posting either your draft or final portfolio to HEENW, please remember to send it using the Royal Mail 'Signed For' or 'Special Delivery' services. Your portfolio contains a large amount of personal information that should be protected. These services track your parcel in case something should go missing. We use the 'Signed For' service when posting your portfolio to our external assessors and when returning copies to you. You can also directly submit your portfolios to **HEENW in the Manchester office or Liverpool office**. These should be marked clearly for the attention of **Laura Griffiths, Administrator for Performers List Validation by Experience**.

Other items to be included in your portfolio:

- **Future PDP** (This is in addition to the original PDP at the start of PLVE)
This document looks forwards, at the future training / development you plan once you are working without supervision and is produced following completion of a practice appraisal (with HEENW trained appraiser).
- **Clinical Experience Checklist**
You will have completed this as part of your original application form. It acts as a record of the range of procedures carried out during your previous posts (you only need to record the dates of the first five occasions that each procedure was carried out). Depending on your experience, there may be gaps in the check list at the beginning of the PLVE process. The checklist needs to be updated and completed for your portfolio submission to demonstrate that you no longer have any gaps in your experience **Appendix 14**.

- **CPD & Education Log**

Your CPD & Education log looks backwards at any training or development you have completed during your training. It is best if you update the log at the time that you complete any verifiable and non-verifiable CPD or other educational activities undertaken during PLVE.

- **SCRIPT Dental**

This relates to on-line training in antimicrobial prescribing at a cost of £20 for completion. It is an easily accessible web based eLearning programme. Its interactive content encourages safe, effective and appropriate prescribing practice. It allows for flexible and adaptable learning. Each of the 7 modules contains formative assessments to consolidate and extend the VED's knowledge (**Appendix 6**).

You will also need to include at least one of each of the following:

- Direct Observation of Procedural Skills (DOPS)
- Dental Evaluation of Performance (D-EP)
- Dental Case-based Discussions (D-CbD)
- Patient Assessment Questionnaire (PAQ).

The portfolio assessment

You are required to submit a draft version of your portfolio to HEENW three months before the anticipate completion of your training to the TPD who will look through the draft version and will advise on any gaps or amendments that need to be made and it will be returned with this constructive feedback if required.

At the end of the training period your portfolio will be assessed by HEENW Assessment Panel. The panel consists of the TPD for PLVE and an NHSE Dental Professional Advisor (DPA).

Once each panel member has made their assessment, the TPD will inform you whether you have successfully completed PLVE, or whether you require an extension to your training.

When you have successfully completed PLVE you will be emailed a PLVE questionnaire, once this has been returned to HEENW you will be issued with your PLVE Certificate. HEENW will inform NHSE Local Area Team that you have completed PLVE. NHSE Local Area Team will remove your Performers List Conditions and inform you they have been removed.

PLVE Portfolio: Competency Framework Guidance

Domain – Professionalism		
Competency		Evidence required
P01	Have an up to date Personal Development Plan (PDP) indicating professional aims and objectives	Copy of Personal Development Plan with training needs identified for next 12 months after PLVE period
		Reflective log of recent training
P02	To be aware of and understand the requirements of the GDC document “Standards for the Dental Team”	Evidence of tutorial signed by Validation Supervisor or attendance at HEE Local Office approved course on GDC requirements,
		Signed reflective commentary demonstrating understanding of the requirements
P03	Understand practice-based NHS complaints procedures	Copy of practice NHS complaints procedure
		Anonymised copy of complaint (if available) and response
		Evidence of tutorial signed by Validation Supervisor or attendance at HEE Local Office approved course on NHS complaint management
		Signed reflective commentary demonstrating understanding of NHS complaints management
P04	Work with patients and colleagues demonstrating courtesy and professional integrity	Results of NHS patient satisfaction survey (questionnaires)
		Signed reflective commentary demonstrating learning from the survey results
		Summary of 360° feedback outcomes from colleagues and staff (minimum of 8 where possible)
		Signed reflective commentary demonstrating learning from the feedback outcomes
		Practice appraisal outcomes
P05	Knowledge and understanding of Clinical Audit and Peer Review	Evidence of NHS-based audit and/or peer review experience during training period
P06	Commitment to Lifelong Learning and professional development, including Core CPD	Records of verifiable and non-verifiable CPD for previous twelve months. Evidence of non-verifiable CPD should include reflective notes on learning acquired
		Evidence of participation in Core CPD as required by the GDC including Medical Emergencies; Disinfection and Decontamination; Radiography and radiation protection; Legal and ethical issues; Complaints handling; Early detection of Oral Cancer; Safeguarding Children and Vulnerable Adults level 2

Domain – Management & Leadership		
Competency		Evidence required
M01	Able to demonstrate good record keeping	Evidence of tutorial signed by the Validation Supervisor or attendance at HEE Local Office approved course on record keeping
		Record keeping audit cycle completed for a minimum of 21 NHS patient records (on HEE Local Office template, if available)
		Signed reflective commentary demonstrating understanding of the principles of good record keeping
M02	Able to refer patients to specialist colleagues	Two sample referral letters completed by applicant (anonymised), together with responses from specialist
M03	Able to prescribe drugs / therapeutics for patients safely and with knowledge of potential drug interactions	Copy of practice NHS drug prescribing protocols
		Evidence of tutorial signed by Validation Supervisor or attendance at HEE Local Office approved course on prescribing and drug interactions
		Signed reflective commentary demonstrating understanding of the protocols
		Sample of anonymised NHS patient records demonstrating ability to prescribe appropriately
		Certificated completion of Dental SCRIPT training resource. This relates to on-line training in antimicrobial prescribing at a cost of £20 for completion (see Appendix 6)
M04	Appropriate training in up to date IRMER regulations and Radiation Protection	Evidence of attendance at IRMER or equivalent radiological training within past five years (5 hours verifiable CPD minimum)
		Signed reflective commentary demonstrating understanding of the regulations and procedures of dental radiology
M05	Knowledge of Cross Infection Control procedures to HTM 01-05 standards	Copy of practice infection control procedures
		Signed reflective commentary demonstrating understanding of infection control procedures

Domain – Management & Leadership (continued)		
Competency		Evidence required
M06	Knowledge of H&S policies and regulations including COSHH	Copy of practice Health & Safety policy
		Signed reflective commentary demonstrating understanding of Health & Safety principles and requirements
		Copy of practice COSHH statements
		Signed reflective commentary demonstrating understanding of the COSHH regulations
		Evidence of tutorial or attendance at HEE Local Office approved course on Health & Safety and COSHH requirements
M07	Awareness of NHS regulations in providing treatment for patients	Evidence of previous experience in NHS primary care dentistry since April 2006 (if applicable)
		Evidence of attendance at a HEE Local Office approved NHS dentistry induction programme or equivalent training
		Evidence of tutorial signed by Validation Supervisor or attendance at HEE Local Office approved course on NHS regulations,
M08	Understanding of Employment and Contract Law in UK	Copy of the practice employment contract/associate agreement
		Signed reflective commentary demonstrating understanding of the basic principles of relevant employment and contract law
M09	Ability to recognise and deal with medical emergencies in the Dental Practice	Copy of CPR training certificate within the previous 12 months
		Copy of practice emergency drug protocol
		Signed reflective commentary demonstrating understanding of the principles of managing medical emergencies
M10	Knowledge of current Safeguarding Children and Vulnerable Adults requirements and their application in practice	Copy of the practice Safeguarding policy to
		Evidence of tutorial on Safeguarding signed by Validation Supervisor
		Signed reflective commentary demonstrating understanding of the principles of Safeguarding

Domain: Clinical		
Competency		Evidence required
CL01	Understanding and Experience of Working in NHS Primary Care Dentistry.	Clinical portfolio for the training period, signed by Validation Supervisor
		Signed VS's Structured Report on competence progression
		Evidence of Case-based Discussions (CbDs) and Dental Evaluations of Performance (ADEPTs) undertaken during training period and of learning from outcomes
		Evidence of tutorials and attendance at HEE Local Office approved courses on clinical elements identified in the PDP and/or by the HEE Local Office
CL02	Experience in relevant clinical competencies	Evidence of experience and/or training in the following clinical elements during the training period:
		• Patient examination & diagnosis
		• Treatment planning & patient management
		• Health promotion & disease prevention
		• Medical & dental emergencies
		• Anaesthesia, sedation, pain & anxiety control
		• Periodontal therapy & management
		• Hard & soft tissue surgery
		• Non-surgical management of the hard & soft tissues of the head & neck
		• Management of the developing dentition
CL03	Previous Experience of Working in NHS Primary Care Dentistry (where applicable)	CV and signed reflective commentary on learning achieved through previous experience
		Two recent clinical references from appropriate NHS dentist colleagues
		Evidence of experience of providing a broad range of treatments on NHS patients

Domain: Communication		
Competency		Evidence required
CO01	Able to communicate with patients appropriately	Results of NHS patient satisfaction survey –see also Competency P04
		Evidence from DOPS undertaken at the commencement of the training period
		Evidence of CbDs and DEPs undertaken on NHS patients during training period
		Signed reflective commentary demonstrating understanding of the importance of effective patient communication
CO02	Understanding of the importance of Team Work in Dentistry	Evidence of involvement in staff training and practice meetings
		Signed reflective commentary demonstrating understanding of the importance and application of team working

Reflective commentaries should include sufficient information to demonstrate that the applicant understands the principles of the topic and their own role and responsibilities in the context.

Contacts

Health Education England North West

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Laura Griffiths Administrator for Performers List Validation by Experience	laura.griffiths@hee.nhs.uk	0161 625 7606
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Health Education England North West Address:	Health Education England North West Manchester Office Dental Section 3 rd Floor 3 Piccadilly Place Manchester M1 3BN	Health Education England North West Liverpool Office Dental Section Regatta Place Summers Road Brunswick Business Park Liverpool L3 4BL
Anything submitted by post should be addressed to Laura Griffiths at the Manchester Office		
Health Education England North West:	https://www.nwpgmd.nhs.uk/dentistry/welcome	

NHSE Performers List Administration – HEENW Regions






You will find the information you require to make an application to go onto the performers list on the following website: <https://pcse.england.nhs.uk/services/performers-lists/>

Appendices

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Performers List Validation by Experience (PLVE) Process for the Management of Applications Flow Chart 2

<p>Where elements of the process are delegated to a third party, it is important to ensure that, in accordance with Regulation 30(2)(c)(iii), the dentist has been assessed by a post-graduate dental dean or director of postgraduate dental education to have demonstrated knowledge and experience equivalent to that of a dental practitioner who has satisfactorily completed foundation training.</p>	
NHSE Responsibility	HEE Responsibility
<p>Stage 1 - Performers List application received by NHSE (or its agent)</p>	
<p>NHSE (or its agent) carries out all necessary Performers List checks to determine if appropriate to PLVE process or not</p>	
<p>NHSE (or its agent) informs NHSE Local Team and HEE Local Office that applicant is required to demonstrate PLVE</p>	
<p>NHSE Local Team ensures that a practice has been identified and that there are no outstanding issues and informs HEE Local Office</p>	<p style="text-align: center;">Stage 2 – PLVE Requirements Assessment</p> <p>Application forms and guidance packs for PLVE process are sent out to both Applicant and potential Validation Supervisor (VS)</p> <p>HEE Local Office (or its agent) sends Record of Clinical Experience (RCE) form to the applicant</p>
	<p>HEE Local Office checks that proposed VS and placement practice meet its criteria for appointment</p>
	<p>HEE Local Office reviews RCE and application information and decides on approval or otherwise</p>
	<p>If approved, HEE Local Office sets educational requirements and informs applicant and VS</p>
<p>Continued on next page</p>	

NHSE Responsibility	HEE Responsibility
<p>Stage 3 – Entry on to Performers List</p> <p>NHSE Local Team adds applicant on to Performers List, with the requirement that the applicant needs to complete PLVE</p> <p style="text-align: center;"></p> <p>NHSE Local Team sends email to HEE Local Office informing that the applicant has been placed on the Performers List</p>	<p>HEE Local Office contacts HEE Local Team (<i>and its agent, if appropriate</i>) and, if approved for PLVE, informs them that the practice and VS have been approved and also the duration of the PLVE review period.</p> <p style="text-align: center;"></p> <p style="text-align: center;"></p> <p>Stage 4 - Applicant formally enters PLVE process</p>
	<p>HEE Local Office manages PLVE arrangements in accordance with its local processes</p> <p>Practice VS carries out communications DOPS and clinical DOPS within first two weeks and reports to HEE local Office</p> <p>Applicant carries out requirements set out in approved and agreed Action Plan</p> <p>Applicant submits portfolio of evidence for review (to timescale set by HEE Local Office)</p> <p>If evidence not complete, HEE Local Office informs applicant of outstanding requirements (and extends review period if necessary)</p>
<p>Stage 5 Review of Performers List Status</p> <p>NHSE Local Team receives notification of completion certificate issue and reviews applicant's Performer List status</p> <p style="text-align: center;"></p> <p>Applicant's Performers List Conditions are removed by NHSE Local Team and its agent is informed if necessary</p>	<p>If evidence complete, applicant completes HEE Local Office PLVE questionnaire.</p> <p>HEE Local Office informs applicant and NHSE Local Team of completion and issues Certificate of Demonstration to applicant.</p> <p style="text-align: center;"></p> <p>Applicant formally leaves PLVE process</p>

PERFORMERS LIST VALIDATION BY EXPERIENCE EDUCATIONAL AGREEMENT

This is an Educational Agreement between the Postgraduate Dental Dean (PGDD) or their representative and a Validation Supervisor under Regulation 30(2)(c) of the National Health Service (Performers Lists) (England) Amendment Regulations 2013 SI 2013 No. 335

VALIDATION SUPERVISOR NAME

The purpose of this agreement is to set out the terms of your accreditation as a VS in respect of a Validation by Experience Dentist (VED) undertaking a programme of Performers List Validation by Experience (PLVE). This is not a contract of employment.

This training agreement is limited to the training programme in connection with the VED named below. Nothing in this agreement should be construed as approval for the VS to act as an Educational Supervisor in formal one-year Dental Foundation Training.

As the approved VS named above I agree to carry out, to the best of my abilities, the duties listed below for a period of **[INSERT NUMBER]** months commencing on **[INSERT DATE]**.

I agree to meet the obligations listed below in respect of **[INSERT NAME OF VED]**

- Work in the same premises as the VED, in a surgery which allows ready access to and for the VED, for not less than three days a week.
- Provide no more than 10,000 UDAs per annum personally unless I can evidence that the excess are provided by a Therapist.
- Ensure that the VED has access to adequate administrative support and the full-time assistance of a suitably experienced dental nurse.
- Conduct an initial assessment interview to identify the VED's strengths and weaknesses and draw up the VED's personal development plan (PDP), which must be agreed with the Training Programme Director (TPD) for PLVE or their nominated deputy. The development plan should be aimed at delivering those requirements which a HEE Local Office Assessment Panel has identified as necessary for the VED to demonstrate experience equivalent to the satisfactory completion of Dental Foundation Training.
- Be available for guidance in both clinical and administrative matters and provide help on request or where necessary.
- Prepare and conduct appropriate tutorials (such tutorials to be of suitable duration and recorded in the VED's portfolio).
- Provide satisfactory clinical and other facilities for the VED.
- Provide relevant training opportunities so that a wide range of NHS practice is experienced.
- To monitor and assess the VED's progress and professional development using the methods required by the TPD for PLVE as evidenced by the relevant document provided for this

purpose; to give feedback to the VED; and to liaise with the HEE Local Office nominated representative as necessary.

- Ensure that the portfolio and the processes involved in assessment of the VED are documented and kept up-to-date and ensure that the completed portfolio is available to the HEE Local Office for assessment at least one month before the end of the prescribed period.
- Participate in identified training at my own expense when necessary to undertake the role of VS within the context of the training programme identified by the HEE Local Office Assessment Panel.
- Ensure that the VED has access to appropriate dental reference material within the practice. (Journals, CD Roms, books, Department of Health documentation, etc.)
- Advise on the final certification of the VED at the completion of the Performers List Validation by Equivalence programme. Inform the TPD for PLVE (in writing) if the circumstances of either the VS, the VED or the practice change in such a way as to alter the contract of employment of the VED, or the ability of the VED or the VS to meet the obligations of this Educational Agreement.
- Provide e-mail access linking the VED and VS with the HEE Local Office.
- To advise on the final certification of the VED with regard to satisfactory demonstration of completion of PLVE.

Failure to meet any of the obligations listed above will be considered a breach of the agreement which may result in immediate withdrawal of approval as VS by **HEENW**.

SIGNATURE:		TPD for PLVE		Date
SIGNATURE:		Validation Supervisor		Date
Collection & use of personal information:				
<p>The data collected about you will be stored on Health Education England's North West database. The information held will be used to communicate with you and may be shared with NHS and other related organisations in relation to your employment, training and assessment within Health Education England. These organisations include the Department of Health, GDC, Royal Colleges/Faculties and Trusts. Health Education England will process all personal data in accordance with the eight principles of good practice as set out in the Data Protection Act (1998). Should you have any questions regarding the use of your data please contact the Data Protection/FOI Lead on 0116 4788 625 or write to Christopher Brady, FOI, Data Protection and Briefing Lead, Health Education England, Westbridge Place, 1 Westbridge Close, Leicester LE3 5DR</p>				
<p>I acknowledge the importance of these responsibilities. If I fail to meet them I understand that the TPF for PLVE may require me to meet with him/her to discuss why I have failed to comply with these conditions. I understand that this document does <i>not</i> constitute an offer of employment.</p>				
SIGNATURE:		Validation Supervisor		Date

PERFORMERS LIST VALIDATION BY EXPERIENCE EDUCATIONAL AGREEMENT

This is an Educational Agreement between the Postgraduate Dental Dean or their representative and a Validation by Experience Dentist (VED) undertaking a period of Performers List Validation by Experience (PLVE) under Regulation 30 (2) (c) of The National Health Service (Performers Lists) (England) Regulations 2013 SI 2013 No.335

VALIDATION BY EXPERIENCE DENTIST NAME

The purpose of this agreement is to set out obligations of a Validation by Experience Dentist undertaking a PERIOD of Performers List Validation by Experience. This is not a contract of employment. This educational agreement is limited to the period of set out in the educational requirements document (unless an extension is agreed by the Training Programme Director (TPD)).

As the VED named above I agree to carry out, to the best of my abilities, the duties listed below for a period of **[INSERT NUMBER]** months, commencing on **[INSERT DATE]**.

I agree to meet the obligations listed below

- Work in the same premises as the VS for the duration of the training period. Not to work in any other premises without the prior agreement of the TPD for PLVE.
- Conduct an initial planning exercise with my VS to identify my strengths and weaknesses and draw up a personal development plan (PDP), which must be agreed with a local representative of the HEE Local Office. This development plan should be aimed at delivering those requirements which the HEE Local Office Assessment Panel has identified as necessary for me to undertake to demonstrate experience equivalent to the completion of Foundation Training
- Be prepared to seek guidance and help in both clinical and administrative matters where necessary.
- Take part in appropriate tutorials (such tutorials to be of suitable duration, and recorded in my portfolio).
- Submit my completed portfolio of evidence for assessment by one month before the end of the training period.
- Participate in identified training when necessary within the context of the training programme identified by the HEE Local Office Assessment Panel.

Failure to meet any of the obligations listed above will be considered a breach of this agreement which may result in immediate withdrawal of approval as a VED by **HEENW**.

SIGNATURE:		TPD for PLVE		Date
SIGNATURE:		Validation by Experience Dentist		Date
<p>Collection & use of personal information:</p> <p>The data collected about you will be stored on a Health Education England North West database. The information held will be used to communicate with you and may be shared with NHS and other related organisations in relation to your employment, training and assessment within Health Education England. These organisations include the Department of Health, GDC, Royal Colleges/Faculties and Trusts. Health Education England will process all personal data in accordance with the eight principles of good practice as set out in the Data Protection Act (1998). Should you have any questions regarding the use of your data please contact the Data Protection/FOI Lead on 0116 4788 625 or write to Christopher Brady, FOI, Data Protection and Briefing Lead, Health Education England, Westbridge Place, 1 Westbridge Close, Leicester LE3 5DR</p>				
<p>I acknowledge the importance of these responsibilities. If I fail to meet them I understand that the TPD for PLVE may require me to meet with him/her to discuss why I have failed to comply with these conditions. I understand that this document does <i>not</i> constitute an offer of employment.</p>				
SIGNATURE:		Validation by Experience Dentist		Date

**Performers List Validation by Experience
Contractual Hours Agreement**

I, [VS] _____ confirm that

[VED] _____ will work under
the following arrangement of hours during the Performers List Validation by Experience
process.

The applicant will work _____ hours per week. (Full-time 37.5hpw)

If there are any changes to these arrangements, I undertake to inform Health Educational
England North West of the changes, and the reasons for them, immediately.

SIGNATURE: _____
VS

SIGNATURE: _____
VED

DATE: _____

EMAIL: _____
VS

Please sign and return a copy of this agreement to the following address:

Laura Griffiths
Health Education England North West
Dental Section
3rd Floor
3 Piccadilly Place
Manchester
M1 3BN
Email: laura.griffiths@hee.nhs.uk

Personal Development Plan

A Personal Development Plan (PDP) is a means of identifying development needs and desires and devising the best way to satisfy these requirements. This process is part of Clinical Governance and it is a government requirement that all clinicians in the NHS have and use a PDP. The specific purpose of a PDP for the PLVE Applicant is to meet the competency standards.

There are many forms and tables available to help practitioners write their PDP, however the simpler they are, the easier they are to use. The table below shows one example that could be used.

Word templates of this and a second example are available from HEENW.

Developing the Plan

- Before writing a PDP it is important that you take the time to think about your practice.
- The use of SWOT (strengths, weaknesses, opportunities, threats) analysis or appraisal can be helpful.
- Educational needs should be precise. What exactly do you want to be able to do? Be specific.
- Each competency standard need might require a number of actions.
- Once a plan is written it is important to find the resources to fulfil the educational needs highlighted.
- Although courses and lectures are important, think of other resources (e.g. peer review/learning groups, internet resources, reading journals, focused team meetings).
- A plan will and should change in the future, it should be updated at regular intervals and when goals have been achieved.

Competency Standard or element	Action: How might this be developed?	Outcome/Evidence	Target date for completion



Is an innovative e-learning programme designed to help dentists and dental trainees in their learning and knowledge of therapeutics and safe prescribing.

Its interactive content encourages safe, effective and appropriate prescribing practice.

It allows for flexible and adaptable learning.

Each module contains formative assessments to consolidate and extend the trainees knowledge.

There are 7 modules containing interactive content and care-based prescribing scenarios. In-module activities and a pre-and post-test will help with understanding of baseline knowledge and measuring progress.

The 7 modules are:

- Prescribing Documentation and Drug History
- Medication Errors and Adverse Drug Reaction
- Special Patient Groups
- Prescribing in Medical Emergencies
- Peri Procedural Prescribing
- Management of Infection
- Pain, Ulceration and Inflammation

The subscription for individuals to pay for CPD is set at £20 incl VAT.

Link to Script Dental User Guide <https://www.safeprescriber.org/>

VED Interim Review

To be completed by the VS in practice and/or Training Programme Director for PLVE to inform feedback discussion with the VED.

Name of VED: _____

Start date of training (i.e. contract start date): _____

Expected end date of training: _____

Has the VED provided evidence of meeting all competency standards? Yes / No
If not, identify missing evidence and suggest action required. (see pages 14 – 18).

Do you have any concerns about the VED's clinical practice?

- I have no concerns
 I have some concerns which relate to.....

Do you have any concerns about the VED's professionalism?

- I have no concerns
 I have some concerns which relate to.....

Do you have any concerns about the VED's professional insight (their self-reflection and awareness of areas to develop, improve)?

- I have no concerns
 I have some concerns which relate to.....

Do you have any concerns about the VED's communication skills with patients and the dental team (clarity, intelligibility, ability to build rapport, listen, persuade and negotiate)?

Has the VED kept to the educational agreement? Yes / No
If not, identify areas of non-compliance (refer to Agreement)

Name: _____ Position/Role: _____

Signed: _____ Date: _____

Please sign and return a copy of this agreement to the following address:

Laura Griffiths
Health Education England North West
Dental Section
3rd Floor
3 Piccadilly Place
Manchester
M1 3BN
Email: laura.griffiths@hee.nhs.uk

Performers List Validation by Experience (PLVE)

Final Validation Supervisor's Report

Name of VED:		GDC Number:	
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Topic	Concerns		Comments (if 'Concerns' box marked 'Yes')
Clinical Experience and Skills			
Do you have any concerns about the above VED's level of knowledge?	Yes	No	
Do you have any concerns about the above VED's overall clinical competence?	Yes	No	
Do you have any concerns about the above VED's awareness and insight into knowing when it is necessary to seek help/advice?	Yes	No	
Do you have any concerns about the above VED's ability to organise him/herself and to prioritise clinical problems and their own work?	Yes	No	
Personal Skills			

Do you have any concerns about the above VED's ability to communicate with colleagues and patients to promote teamwork and patient care (clarity, intelligibility, ability to build rapport, listen, persuade, negotiate)?	Yes	No	
Do you have any concerns about the above VED's ability to act decisively and take responsibility (make decisions, assert appropriate authority)?	Yes	No	
Do you have any concerns about the above VED's interpersonal skills (ability to see patients as people, empathise, work co-operatively with others)?	Yes	No	
Do you have any concerns about the above VED's ability to demonstrate flexibility in day to day work (ability to change and adapt, respond appropriately to rapidly changing circumstances)?	Yes	No	
Do you have any concerns about the above VED's ability to demonstrate resilience in day to day work (ability to operate under pressure, cope with setbacks, self-aware)?	Yes	No	
Personal Skills (continued)			

Do you have any concerns about the above VED's ability to demonstrate thoroughness in day to day work (is well-prepared, shows self-discipline and commitment)?	Yes	No	
Do you have any concerns about the above VED's commitment, enthusiasm and drive to deliver primary dental care in the UK (is a self-starter, motivated, shows curiosity)?	Yes	No	
Do you have any concerns about the above VED's probity in the approach to patient care in dealing with colleagues (displays honesty, integrity, aware of ethical dilemmas)?	Yes	No	
Attendance			
Do you have any concerns about the above VED's attendance at the practice for the agreed hours?	Yes	No	
Has the VED attended tutorials as required?	Yes	No	

Signed	Date	VS's Name:	VS's GDC Number:
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	Periodontal Screening & Management	Appropriate Radiography	Soft tissues examined	Medical History	Clinical Narrative	Consent and estimates	Evidence of Patient Risk assessment:	Total
Patient ID-initial and DOB	BPE Score -1 Management of Treatment-1 2 Points	Justification-1 Quality-1 Report-1 3 Points	Intra oral - 1 Extra oral - 1 2 Points	Documented-1 Dated and signed-1 2 Points	Examination -1 Treatment Plan logical approach-1 2 Points	Evidence of written options & costings-1 Consent-1 Estimate (NHS FP17 DC06)-1 3 Points	Caries-1 Perio-1 Cancer-1 Recall-1 Tooth surface loss-1 5 Points	19 Points
Adult Dentate Patients								
1								
2								
3								
5								
Child Adolescent Patients								
	2 points	3 points	2 points	2 points	2 points	3 points	4 points (cancer risk N/A	18 Points
1								
2								

- (1) Faculty of General Dental Practitioners (UK) Clinical examination and record keeping. Good practice guidelines. London. FGDP(UK). 2009 2nd Edition
- (2) Faculty of General Dental Practitioners (UK) Selection Criteria for Dental Radiography. London. FGDP(UK).3rd Edition, 2013
- (3) Dental Recall – Recall Interval Between Routine Dental Examinations – Clinical Guidance NICE 2004
- (4) Delivering Better Oral Health – an evidence-based toolkit for prevention – 3rd Edition DOH 2014
- (5) Guidelines for Periodontal screening and Management of Children and Adolescents under 18 years of age –British Society of Periodontology 2012
- (6) Standards for Dental Professionals 2013. (Medical history standard 4)
- (7) <http://www.bsperio.org.uk>
- (8) Antimicrobial prescribing for general dental practitioners FGDP (UK) May 2012

Notes to practitioners: 5 record cards of adult dentate patients (including 2 perio cases) and 2 record cards of child adolescent patients who have recently undergone treatment. Practitioners should refer to best practice guidance from the publications noted above. A minimum score of 80% has been the standard set.

Total Score	/ 131
Convert to %	100
Pass 105 (80%)	

VSs name:

Surgery:

Inspected by:

Date:

Once completed, this form MUST be returned for document storage to: Laura Griffiths, Administrator for PLVE, HEENW, Dental Section, 3rd Floor, 3 Piccadilly Place, Manchester M1 3BN

360° QUESTIONNAIRE

- This questionnaire should be completed anonymously and your answers will not be attributable to you, nor shown to the candidate.
- In part A, please circle one number in each of the five coloured sections that you feel best describes *your opinion* of the candidate's ability in that area.
- *Use the text if it helps - but it is only a guide.*
- For example, 1 is very poor, 4/5 is average, and 8 is exceptional.
- In Part B please tick all the statements that you think describe the candidate.
- If you do not wish to answer any part please leave blank. Write any comments you wish to make on the reverse of this sheet.
- After completion please place sheet in the envelope and seal it.
- Please do not confer with anyone else. Thank you for taking part.

Part A. Please circle one number for each question

1. Patient assessment and management

1	2	3	4	5	6	7	8
Incomplete examination and no history taken. No diagnosis made or treatment plan given. Patient not involved in decision making		Thorough examination including medical history. Diagnosis made and patient informed. Patient involved in decision making. Treatment plan made and given to patient. Estimate of costs explained and given to patient.					Full examination and history, x-rays if needed. Diagnosis made and all treatment options discussed and agreed with informed consent.

2. Record keeping

1	2	3	4	5	6	7	8
No records made or incomplete notes taken. Illegible or confusing records. Notes lost or altered or added to afterwards.		Thorough records taken and logically recorded in the patient notes. Clearly written and easy to understand by all staff. Correctly filed and retrievable. Medical history and consent forms up to date.					Complete record of all visits and phone calls, test results, referral letters and payments made, all clearly and accurately recorded.

3. Clinical competence

1	2	3	4	5	6	7	8
No self-confidence or over-confident in own ability. Can't undertake some treatments or fails to complete them safely, patients at risk		Fully aware of own level of skill and ability. Seeks help if needed and able to give help if needed. Able to carry out tasks that are within capability and to appropriately refer to specialist when required. Full range of treatment completed safely to a high standard.					Confident and skilled clinician achieving highest standard of patient care. Keeps up to date with techniques and materials.

4. Attitude to patients

1	2	3	4	5	6	7	8
Rude and discourteous to patients, ignores or bullies them. Can be too familiar or over friendly. Patients get upset complain.		Friendly and polite and shows an appropriate level of authority, respect and dignity. Listens and communicates well with appropriate emotion and is patient and reassuring when necessary. Maintains confidentiality and privacy.					Excellent manner with all patient groups. Empathises with and supports patient's emotional need and anxiety. Often praised.

5. Working with colleagues

1	2	3	4	5	6	7	8
Refuses to work in a team. Always has to lead. Doesn't listen to, or is disinterested in others views. Selfish and inflexible. Acts like a dictator.		Approachable and supportive of colleagues need. Willing to participate in team work to develop new ways of working. Happy as leader or follower sharing tasks according to ability. Open to change and new ideas. Listens to views and opinions of others before making changes. Praises good performance and criticises constructively.					Actively encourages new ideas to be shared and support. Accepts criticism and admits fault when wrong. Always makes you feel valued. Encourages your personal development.

Part B. Please tick box for all statements that you feel describe this candidate

Honest	<input type="checkbox"/>	Approachable	<input type="checkbox"/>	Clean appearance	<input type="checkbox"/>
Truthful	<input type="checkbox"/>	Has time for me	<input type="checkbox"/>	Skillful	<input type="checkbox"/>
Ethical	<input type="checkbox"/>	Communicates effectively	<input type="checkbox"/>	Happy	<input type="checkbox"/>
Punctual	<input type="checkbox"/>	Non judgmental	<input type="checkbox"/>	Well dressed	<input type="checkbox"/>
Fair	<input type="checkbox"/>	Works well with others	<input type="checkbox"/>	Conscientious	<input type="checkbox"/>
Consistent	<input type="checkbox"/>	Well organised	<input type="checkbox"/>	Patient	<input type="checkbox"/>
Respected	<input type="checkbox"/>	Maintains high standards	<input type="checkbox"/>	Good to work with	<input type="checkbox"/>
Friendly	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Courteous	<input type="checkbox"/>

Direct Observation of Procedural Skills (DOPS): New Patient Exam

This assessment should observe the Validation by Experience Dentist (VED) during a new patient examination. The assessment is used to record judgements on the performance of the VED following an evaluator’s observation of a specific patient encounter or case. The Assessor should give feedback as soon as possible after the event, whereby the VED’s insight into their own performance will also be evaluated. Serious concerns should be notified to the Postgraduate Dental Dean or his/her representative as soon as possible

Date of assessment _____

Description of case/encounter _____

Please grade the following areas using the 1 to 4 scale:	Serious Concerns	Specific training required	Supervision required	Acceptable
	1	2	3	4
Patient examination				
Diagnosis/clinical judgement				
Treatment planning				
Procedural knowledge				
Communication (patient and team)				
Professionalism				
After feedback given on the assessment, please rate:				
VED’s insight into own performance				

Areas of good performance _____

Specific areas for development (please attach action plan) _____

Minutes spent observing _____

Minutes spent giving feedback _____

VED’s comments, if any _____

VS name and signature _____

VED’s name and signature _____

Direct Observation of Procedural Skills (DOPS): A Simple Restoration

This assessment should observe the Validation by Experience Dentist (VED) during a simple restoration. The assessment is used to record judgements on the performance of the VED following an evaluator's observation of a specific patient encounter or case. The Assessor should give feedback as soon as possible after the event, whereby the VED's insight into their own performance will also be evaluated.

Date of assessment _____

Description of case/encounter _____

Please grade the following areas using the 1 to 4 scale:	Serious Concerns	Specific training required	Supervision required	Acceptable
	1	2	3	4
Procedural knowledge				
Technical ability				
Communication (patient and team)				
Professionalism				
Time management and organisation				
After feedback given on the assessment, please rate:				
VED's insight into own performance				

Areas of good performance _____

Specific areas for development (please attach action plan) _____

Minutes spent observing _____

Minutes spent giving feedback _____

VED's comments, if any _____

VS name and signature _____

VED's name and signature _____

Performers List Validation of Experience (PLVE)

Validation Supervisor DOP's Declaration

Name of Validation by experience dentist (VED):
--

Name of VS:	GDC Number:
--------------------	-------------

Please complete Parts 1 to 3 below and return to the HEENW

Part 1 I confirm that I have carried out a Direct Observation of Procedural Skills (DOPS) of the above named dentist on both a New Patient Examination and on a Simple Restoration. I attach the completed forms.

Part 2 As a result of the above observed procedures, I confirm that: <i>(please tick one only of a), b), c) or d))</i>	
a) I have no specific concerns with the abilities of the VED with regard to clinical or communication skills	
b) As a result of my observation procedural skills, I propose to carry out further supervision in the areas set out in the attached action plan	
c) I believe that specific training is required in the topics identified in the attached action plan before the VED carries out work in the these areas I would / would not <i>(delete as applicable)</i> like to discuss the training requirements with a HEE Local Office/Deanery representative	
d) I have serious concerns with regard to the abilities of the VED in the following areas and would like to discuss these with a HEE Local Office/Deanery representative as soon as possible	
<i>NB: It is the responsibility of the VS and the employer (where different) of the VED to ensure that the dentist is providing safe dental care.</i>	

Part 3 Signed:	Date:
Practice Address:	

A Dental Evaluation of Performance (D-EP) Assessment Tool

VED _____ GDC No _____ Date _____

VS _____ Position _____ Location _____

Clinical Major Competencies covered 1 2 3 4 5 6 7 8 9 10 11
 (Key on next page - ****Please circle all that apply to this encounter****)

Description of case / encounter _____

Please grade the following areas using the scale 1 - 6	Needs Improvement before PLVE completion		Borderline for PLVE completion	Acceptable for PLVE completion	Above expectations for PLVE completion		Not Observed
	1	2	3	4	5	6	
Patient examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis / clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedural knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication (patient & team)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management & organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After feedback given on the assessment please rate: VED's insight into own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of good performance _____

Areas for development before completion of PLVE _____

Time (observing) _____ Time (feedback) _____

Signature: _____ Signature: _____
 VS VS

Additional notes: _____

Clinical Major Competencies Key

- 1. Patient examination & diagnosis
- 2. Treatment planning & patient management
- 3. Health promotion & disease prevention
- 4. Medical & dental emergencies
- 5. Anaesthesia, sedation, pain & anxiety control
- 6. Periodontal therapy & management of soft tissues
- 7. Hard & soft tissue surgery
- 8. Non-surgical management of the hard & soft tissues of the head & neck
- 9. Management of the developing dentition
- 10. Restoration of teeth
- 11. Replacement of teeth

Case based Discussion (D-CbD) Assessment Form

VED _____ GDC No _____ Date _____

VS _____ Position _____ Location _____

Clinical Major Competencies covered 1 2 3 4 5 6 7 8 9 10 11
 (Please circle all that apply to this encounter – Key on next page)

Description of case / encounter _____

Please grade the following areas using the scale 1 - 6	Needs Improvement before PLVE completion		Borderline for PLVE completion	Acceptable for PLVE completion	Above expectations for PLVE completion		Not Observed
	1	2	3	4	5	6	
Patient record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigations / referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow up & patient mgt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After feedback given on the assessment please rate: PLVE VED's insight into their own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of good performance _____

Areas for development before completion of PLVE _____

Time (observing) _____ Time (feedback) _____

Signature _____ Signature _____
 VS VED

Case based Discussion (D-CbD) Assessment Form

Please use this space to write notes and record the questions you will ask during or following the case presentation in order to assess the VED's clinical judgement in this case:

Questions asked:

Evaluator Notes:

Clinical Major Competencies Key

1. Patient Examination & Diagnosis
2. Treatment Planning & Patient Management
3. Health promotion & disease prevention
4. Medical & dental emergencies
5. Anaesthesia, sedation, pain & anxiety control
6. Periodontal therapy & management of soft tissues
7. Hard & soft tissue surgery
8. Non-surgical management of the hard & soft tissues of the head & neck
9. Management of the developing dentition
10. Restoration of teeth
11. Replacement of teeth

We would like you to answer a series of questions about the dentist you saw today

Name of dentist-

- * All you need to do for section A is to rate your dentist for each skill shown below on a scale of 1 to 5 (where 1 = poor, 2 = fair and so on.) and tick the appropriate box to show your choice.
- * If you are unsure of a question, or if it is not relevant to your visit today, tick the box "can't say".
- * All your answers are CONFIDENTIAL. The dentist will not see your answers.

	POOR - 1	FAIR - 2	GOOD - 3	VERY GOOD - 4	EXCELLEN - 5	CAN'T SAY
HOW WAS THE DENTIST YOU SAW TODAY?						
1. Greeting you in a friendly way; not being grumpy or rude to you.						
2. Asking you questions about the reasons for your visit and listening carefully to your responses.						
3. Explaining what s/he is going to do before starting to examine you.						
4. Letting you know what s/he finds after examining you; not keeping you in the dark or confusing you.						
5. Talking through the different options for your treatment helping you to choose; not rushing ahead or telling you what to do.						
6. Indicating the likely cost of the chosen course of treatment at the outset; never waiting until you are presented with the bill.						
7. Treating you with courtesy, respect and as an equal; never belittling you or making you feel stupid.						
8. Being sensitive, understanding and patient with you; never rough, unsympathetic or impatient.						
9. Forewarning you of any likely pain involved and offering you ways of reducing pain.						
10. Talking in plain language, using words you can understand; never being too technical or complicated.						
11. Inspiring your trust and confidence; never appearing nervous or unsure of himself/herself.						
12. Advising you on how to look after your teeth & gums at home.						
13. Listening to any questions you have and answering you clearly; not avoiding or ignoring your questions.						

Any other comments:

THANK YOU FOR YOUR HELP

- * Please now place your completed questionnaire in the stamped addressed envelope provided.
- * Post at your nearest post box or hand in to the dentist's receptionist for posting.

Record of Clinical Experience

This document will form part of the assessment of your previous clinical experience:

- Please provide as much information as possible to assist the assessors
- Do not include experience obtained as a student
- Please base all figures on your last 12 months of clinical practice
- Please type the form.
- Please write clearly. Illegible forms will not be accepted and will be returned for resubmission.

Confidence:	Indicate how confident you now feel on a scale of 1 to 6 (where 6 is 'very confident').				
Number:	Approximate numbers of procedures you have carried out in last 12 months of employment as a dentist.				
Period	State below which 12 month period you are using for your response				
	From:		(mm/yyyy)	to:	
	Average number of hours per week spent treating patients in this period:				
Description	Please add detail in the space available, using the guidance questions.				

Topics	Page
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Extractions and Oral Surgery				
Have you undertaken the following surgical procedures?		Number of Cases	Confidence	Please provide any additional information which may be helpful to the assessors
Simple extractions	Y/N			
Extractions including root division	Y/N			
Complex extractions with flap and bone removal	Y/N			
Removal of a partly erupted third molar (wisdom) tooth	Y/N			
Removal of buried tooth or roots	Y/N			
Re-implantation (and splinting) of avulsed teeth	Y/N			
Have you used luxators and elevators?	Y/N			
Have you treated a dry or infected socket?	Y/N			
If yes, describe how you manage a dry socket and the materials you use				

Children's (Paediatric) Dentistry				
Have you carried out the following procedures on deciduous teeth?		Number of Cases	Confidence	Please provide any additional information which may be helpful to the assessors
Fillings:				
Anterior teeth	Y/N			
Posterior teeth	Y/N			
Comment on the materials you normally use				
Vital Pulpotomy	Y/N			
Comment on the materials you normally use				
Stainless steel crown on a molar tooth	Y/N			
Have you applied topical fluoride as a preventative measure?	Y/N			
If yes, please give a brief description of the process you used				
Have you undertaken the provision of sealant restorations?	Y/N			
If yes, please give a brief description of the processes you used				

Dental Trauma			
	Number of cases	Confidence	Please provide any additional information which may be helpful to the assessors
How many traumatised incisors have you treated?			
Please indicate in which scenarios you would treat traumatised teeth by:			
Indirect pulp capping			
Direct pulp capping			
Please indicate how you would manage the traumatised open apex of an anterior tooth			

Preventive Dentistry			
Do you routinely provide the following advice to patients:	Please provide any additional information which may be helpful to the assessors		
Brushing and flossing	Y/N		
Diet	Y/N		
Smoking cessation	Y/N		
Alcohol use	Y/N		

Orthodontics

		Number of cases	Confidence	Please provide any additional information which may be helpful to the assessors
Have you ever carried out treatment with removable orthodontic appliances?	Y/N			
Have you ever carried out treatment with fixed or bonded orthodontic appliances?	Y/N			
Have you used the IOTN assessment system?	Y/N			
Have you used the PAR index?	Y/N			
Have you ever taken impressions for orthodontic study models?	Y/N			
If yes, briefly describe the process you used				
Under what circumstances would you refer a patient to an orthodontic specialist?				

Prosthetics / Prosthodontics

Have you ever undertaken the following:		Number of cases	Confidence	Please provide any additional information which may be helpful to the assessors
Design and provision of full upper and lower dentures?	Y/N			
Design and provision of immediate dentures?	Y/N			
Adding a tooth to a denture?	Y/N			
Relining an old denture?	Y/N			
Adding a soft lining to an old denture?	Y/N			
Design and provision of acrylic partial dentures	Y/N			
Design and provision of cast chrome-cobalt partial dentures?	Y/N			
Repair of a fractured denture?	Y/N			
Design and provision of overdentures?	Y/N			
Design and provision of implant retained dentures?	Y/N			

Restorative Dentistry				
Have you carried out the following treatments:		Number of Cases	Confidence	Please provide any additional information which may be helpful to the assessors
Fillings using silver amalgam?	Y/N			
Fillings using composite resin?	Y/N			
Fillings using glass ionomer cement?	Y/N			
Porcelain crowns?	Y/N			
Porcelain fused to metal crowns?	Y/N			
Porcelain veneers?	Y/N			
Direct composite resin veneers?	Y/N			
Metal crowns?	Y/N			
Resin Bonded bridges?	Y/N			
Fixed fixed conventional bridges?	Y/N			

Restorative Dentistry (continued)				
Have you carried out the following treatments:		Number of Cases	Confidence	Please provide any additional information which may be helpful to the assessors
Cantilever conventional bridges?	Y/N			
Post crowns with cast metal posts?	Y/N			
Post crowns with pre-fabricated posts?	Y/N			
Inlays and onlays	Y/N			
When carrying out a filling on a premolar or molar tooth please indicate the proportion of cases in which you would choose:	% of cases	Please provide any additional information which may be helpful to the assessors		
Silver amalgam				
Composite resin				
Glass ionomer cement				
Other (please name)				
What do you understand by the term close support (4 handed) dentistry?				
Have you previously worked in this way?	Y/N			

Endodontics		
How many root fillings have you carried out on:	Number of cases	Please provide any additional information which may be helpful to the assessors
Anterior teeth		
Premolar teeth		
Molar teeth		
What materials do you usually use for filling the canals?		
Have you been trained in the use of nickel titanium rotary techniques?	Y/N	
If yes, please give details of the technique		
What technique do you use to file / clean the canals?	% of cases	
Hand files		
Nickel titanium rotary technique		
Other (please name)		

Periodontology			
Please interpret this BPE chart, indicating how you would manage the patient:			Please provide any additional information which may be helpful to the assessors
	4	1	3
	2	2	2
			Number of cases
			Please provide any additional information which may be helpful to the assessors
Have you used ultrasonic scaling techniques?	Y/N		
Have you used hand scaling techniques?	Y/N		
Have you performed root debridement or root planing (under local anaesthetic)?	Y/N		
Have you performed gingival surgery?	Y/N		
How do you treat acute gingival infections?			
How do you treat acute periodontal infections?			
How do you treat chronic periodontal disease?			
Have you previously worked with a dental hygienist?	Y/N		
If yes, please give an example of a prescription to a hygienist for a typical patient.			

Conscious Sedation / Anaesthesia

If you have never treated a patient under any form of conscious sedation (either administered by yourself or someone else) please put a cross "X" in the box on the right and go on to the next page.

		Number of cases	Please provide any additional information which may be helpful to the assessors
Have you treated patients under general anaesthesia?	Y/N		
Have you treated patients under inhalational sedation?	Y/N		
Have you treated patients under intravenous conscious sedation?	Y/N		
If yes, Which drugs do you/the Sedationist routinely use?			
What preoperative assessments would you carry out?			
Have you given intra-venous sedation as well as treating the patient?	Y/N		
If yes which drug(s) did you use?			
Have you received any specific training in conscious sedation?	Y/N		
If yes, please give brief details			

Local Anaesthetic / Pain Control		
Please provide any additional information which may be helpful to the assessors		
What local anaesthetic do you usually administer?		
What local anaesthetic do you administer for patients with latex allergy?		
Have you used Articaine?		Y/N
If "yes", when would you use it?		
Please provide any additional information which may be helpful to the assessors		
Do you give a local anaesthetic for a simple filling?		
Always	Sometimes	Never
		Number
Please provide any additional information which may be helpful to the assessors		
Approximately how many inferior dental blocks (IDBs) have you given?		
Which anaesthetic agent would you use for IDB?		
Do you routinely use an aspirating syringe?		Y/N
Do you routinely use a sheathing device?		Y/N
Have you given local anaesthetic by the intra-ligamentous route?		Y/N

Medical emergencies and Cardio-pulmonary Resuscitation (CPR)

Please provide any additional information which may be helpful to the assessors

Have you taken part in recent CPR training?
Please give the date of the last training

Y/N

Have you received training in medical emergencies (other than CPR)

Y/N

If yes, please give details of the training and the date(s) it was given

Have you had to manage a medical emergency?

Y/N

If so what problem occurred and how did you deal with it?

Please outline your understanding of the basic principles given in the Resuscitation Council's guidelines on Basic Life Support.

What drugs would you expect to find in a dental practice emergency drugs box, please outline what you would use each one for?

Radiology		
Would you normally take your own radiographs?	Y/N	
If no, please give details of who takes them		
How often would you take (or prescribe) bitewing radiographs for patients in the following caries risk categories?	Frequency (in months)	Please provide any additional information which may be helpful to the assessors
High		
Low		
Medium		
Which periapical radiographs would you normally take for a tooth requiring endodontic treatment, before and during the treatment?		
Would you normally take a periapical radiograph before carrying out the following?	Please state the reasons for your decision	
A routine extraction	Y/N	
A root filling	Y/N	
A crown	Y/N	
A bonded bridge	Y/N	
Recementing a post crown	Y/N	

Radiology (continued)	Please provide any additional information which may be helpful to the assessors	
Please state the date of your last IRMER training		
Do you prescribe Panorax (OPT) radiographs? If yes, how often would this be carried out?	Y/N	
Have you used digital radiographic equipment?	Y/N	
Do you use a long cone technique for intra-oral radiographs?	Y/N	
Do you use aiming devices for intra-oral radiographs?	Y/N	
Do you regularly carry out an audit of your radiographs? If yes, please give details	Y/N	
What are the essential requirements of IRR 99 and IR(ME)R 2000 Regulations in the UK regarding dental X-rays?		

Patient management				
Have you carried treatments on the following groups of patients:		Number of Cases	Confidence	Please provide any additional information which may be helpful to the assessors
Anxious children?	Y/N			
Children in pain?	Y/N			
Anxious adults?	Y/N			
Adults in pain?	Y/N			
Aggressive patients?	Y/N			
Metal crowns?	Y/N			
Resin Bonded bridges?	Y/N			

Clinical Photography				
Have you carried out:		Number of Cases	Please provide any additional information which may be helpful to the assessors	
Intra oral photograph (including use of intraoral mirror)?				
Extra oral photography?				

Miscellaneous

		Number of Cases	Please provide any additional information which may be helpful to the assessors
Have you fitted an upper or lower occlusal splint?	Y/N		
If yes, what materials have you used?			
Have you been trained in child protection?	Y/N		
Have you been trained in safeguarding vulnerable adults?	Y/N		
What is your understanding of the charting notation used in the UK?			
Please describe and show the charting for the following teeth: 1. an upper left first molar 2. a lower right second premolar 3. an upper left deciduous second incisor			
Have you ever placed a dental implant?	Y/N		
If yes, which system did you use?			
Outline your understanding of the provision of implants within the NHS			

Miscellaneous (continued)	
	Please provide any additional information which may be helpful to the assessors
When would you suggest an implant to a patient and what information would you provide?	
How would you normally test the vitality of a tooth?	
How do you treat dental hypersensitivity?	
In England, what are the distinguishing features of: A NHS practice A private practice	

DECLARATION:			
I confirm that this is a true and accurate record of my clinical experience as a qualified dental surgeon			
Signed:		Date:	

IMPORTANT - Please also complete the Data Protection Declaration

DATA PROTECTION ACT 1998



Health Education England Local Offices are registered with the Data Protection Registrar under the Terms and Conditions of the Data Protection Act 1998. Health Education England is committed to upholding the Eight Protection Principles of good information handling practice.

Where appropriate, information is shared with those who have a responsibility for the organisation, management and delivery of the PLVE process, to help them execute their function in the planning, monitoring and delivery PLVE programmes for dentists.

I understand that the information provided in the application form will be processed in accordance with the Data Protection Act and agree for my information to be shared as set out above.

SIGNED:	
NAME (<i>in CAPITALS</i>):	

Reflective Writing

Reflective writing is an essential part of your portfolio. It allows you to demonstrate your knowledge and skills in specific areas, expanding on your understanding of that area and on any other evidence you have produced. It also allows the Assessment Panel to gain more of an understanding into your personal knowledge and personal development.

Reflective writing is evidence of reflective thinking. Reflective thinking usually involves looking back at an event, an idea or object, then analysing that event or idea (thinking in depth and from different perspectives), before finally thinking carefully about what it meant to you, its impact on your practice, and your ongoing progress as a learner and practising professional. Reflective writing is more personal than other kinds of writing.

Your reflective writing should include

- a brief description
- your interpretation of the event / idea (i.e. what is most important, interesting, useful or relevant about the event or the idea? And how is it similar to *and* different from others?)
- a conclusion (i.e. what have you learned from this? How you might make changes to your practice, how you might measure the impact of those changes and what does this mean for your future?)

Points to remember:

- reflection is about the exploration and explanation of events – not simply a description of them.
- reflective writing is often about revealing anxieties, errors and weaknesses, as well as strengths and successes. This is an important aspect of reflection, particularly when discussing your understanding of possible causes and possible improvements.
- it is often useful to reflect on the future as well as the past.

On the next page we have included a useful article on how to be a reflective practitioner.

Health Education England North West

Education Matters - No. 23

Becoming a reflective practitioner

David N Brigden Adviser for Postgraduate Medical & Dental Education, Mersey Deanery

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Reflection and reflective practice are two of the key buzzwords in professional and education practice at present. But what exactly do we mean by these terms and how can we develop our capacity for reflection? This article focuses on how to become more reflective in your professional practice whether as a clinician or educator. In it we define what we mean by reflection, identify the key stages in reflective practice and outline the main reflective practice skills.

A. Reflection on Current Practices

Before bringing about a change to current practices, the clinician needs to reflect on what is currently being practiced and what changes are required. A key factor in determining whether change is needed is the 'evidence base' relevant to the situation under consideration. One of the most difficult tasks for educators is to help learners to relate theory to practice and reflection is one of the most important factors in achieving this synthesis. Unless this link is made then simply reading up on the evidence base is of little practical value. 'Evidence based practice needs to retain a practical focus and to build on reflective practice'.¹

These skills in reflective practice are:

- a) Thinking about current practice
- b) Questioning whether it is the best method of handling the problem
- c) Enquiring whether other practitioners use similar approaches

This process is referred to as 'reflection on action' that is, it takes place after an event. Another aspect to reflective practice is 'reflection in action,' a more immediate reflection that takes place during the action.

2 3 4

Reflective learning is 'the process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in a changed conceptual perspective.'² In the discussion process of reflection, stages or levels of reflection have been identified. Mezirow identified seven steps of reflectivity in hierarchy, however Atkins in her analysis of the literature found that the differences between authors' accounts of the reflective processes are largely those of terminology, detail and the extent to which the processes are arranged in hierarchy.² She identified the following three key stages in the reflective processes:

B. Stages in reflective practice

1. Awareness - The first stage is triggered by an awareness of uncomfortable feelings and thoughts. This may arise because of some situation or event which does not unfold in the way we would expect. For example there may be an unexpected negative outcome of a usually reliable treatment option or perhaps a strong emotional reaction on the part of a learner. Of course it is also possible for surprising positive outcomes to leave us wondering what is the reason for the event. Either way there is some 'out of the ordinary' experience which causes us to begin reflecting.

2. Critical Analysis - The second stage involves a critical analysis of the situation that leads to an examination of feelings and knowledge - a 'thinking on your feet' situation, based on experience in the decision making process or 'reflection in action'. This means that when that feeling of inner discomfort is felt a change is immediately made to bring about a better result. It may also involve 'thinking on action' where the analysis may involve the generation of new knowledge requiring the process of critical thinking. This process entails 'association, integration, validation and appropriateness. It is at this point that we may start. to look for the evidence base or 'public propositional knowledge'⁵ which relates to the object of our enquiry. We may also want to talk with our colleagues and learn from their experience.

3. New perspectives - The third stage involves 'the development of a new perspective on the situation.' This means, moving from a position of a detached observer, to one of becoming involved'

The model below represents the stages in reflective practice adapted from the text in Atkins (1993)².

C. Reflective Practice Skills

In order to become a reflective practitioner, the individual needs to acquire the skills of reflective practice;

1. Self-awareness

An essential component of reflection is self-awareness or the ability to analyse feelings. It involves an honest examination of how the situation has affected the individual and how the individual has affected the situation. This is not an easy task, especially in the heat and pressure of the moment when it can be hard to recall exactly what happened. Nonetheless we need to develop the capacity to do this if we are to become more effective in our reflection.

2. Description

Description involves having the ability to recognise and recollect salient events. This might entail recalling similar signs and symptoms in patients presenting with a particular disorder, it might involve describing a new finding. The description might be verbalised in a group discussion, written in a clinical guideline, journal article or book, to enable learning through reflection.

3. Critical Analysis

This involves examining components of a situation. This process entails examining existing knowledge, challenging assumptions, imagining and exploring alternatives. Imagining and exploring alternatives also encourages the creation of new ideas and inventiveness. A critical analysis also involves examining how relevant knowledge is to an individual situation. This aspect supports the definition of evidence based medicine where clinicians concentrate on the outcomes of their treatments for individual patients.

4. Synthesis

This is the process of integrating new knowledge or experience and making it part of our "personal knowledge base". This knowledge is used in a creative way to solve problems and to predict the possible outcomes. This is particularly important as the outcome of reflection involves the development of a new perspective. However it may in fact endorse the continuance of a particular practice within a particular context weighed against other factors such as availability of resources and/or patient preferences.

5. Evaluation

Evaluation is defined as the making of judgements about the value of something. It can also be defined as 'to judge or assess the worth of something'.⁶ Both synthesis and evaluation are crucial to the development of a new perspective.² A decision would then have to be made as to whether a change in practice is necessary.

6. Conclusion

Self awareness, description, critical analysis and evaluation are important skills for reflection. Reflection itself is a complex but vital skill which is central both to our capacity to learn from experience and to apply that learning to our professional practice.

1. Perkins E.R. In Perkins E.R., Training and Education. In: Evidence Health Promotion. UK: Wiley 2000:6
2. Atkins S, Murphy K. Reflection: a review of the literature. Journal of Advanced Nursing 1993; 18: 118-119
3. Blomfield R . Hardy. In Trender L & Reynold S, Editors. In: Evidence Based Practice. A Critical Appraisal. UK: Blackwell Science; 2000: 126
4. Brigden D.N, Lilley J.D., Sackville A.D. 'Encouraging Reflective Practice: Mersey Deanery Occasional Paper 1999
5. Eraut M. 'Developing Professional Knowledge and Competence' The Fainter Press 1994
6. Taylor J.L. Svensson J: Radiography Student Guide Anglia Polytechnic University, Cambridge 1999

Clinical References

In the PLVE Portfolio Competency Framework Guidance, Domain: Clinical, Competency: CL03, you are expected to provide two satisfactory clinical NHS references - see page 17 (VED), page 53 (VS).

On pages 68 - 71 is a clinical reference form that can be used for your clinical references.

The referees are expected to be in a position to comment on the following:

- If you were subject to any disciplinary procedure during your time with them
- Your clinical expertise
- Your communication skills
- Your empathy and sensitivity
- Your problem solving skills
- Your organisation and planning
- Your learning and development
- Your ability to deal with pressure
- Your attendance / timekeeping

Referees should comment on whether you have areas which still require further development or areas where your performance is standard or exceptional. Any references which omit to cover any of the identified areas above will be refused.

Referees must also comment on how long and in what capacity, they have personally known you and enclose details of their own position along with a copy of their entry on to their professional register, translated in English if possible.

Clinical reference – Dental

STRICTLY PRIVATE & CONFIDENTIAL

This professional reference should verify factual information and comment on the strengths and weaknesses of the applicant as an indicator of his / her suitability for appointment. This is not a personal testimonial but an objective assessment of competencies.

Please note that we require a clinical reference relating to a recent post, which has lasted at least three months without a significant break.

When providing references for colleagues, your comments must be honest and justifiable; you must include all relevant information which has a bearing on the colleague's competence, performance, reliability and conduct.

Applicant's name	
GDC number	

Please state the dates the applicant worked with you:			
Date started		Date finished	
Position held		Practice / Hospital	

Was the applicant subject to any disciplinary procedure, formal or otherwise, during their time with you?
YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please give details:

Please give your opinion regarding the applicant's present knowledge, skills and personal attributes by ticking the appropriate boxes on the next three pages. Statements are provided to give examples of behaviours that would constitute different levels of performance, though this is not intended to be an exhaustive list. Please use the space provided to give examples of the applicants behaviour that support the rating you have given them in each area, this is **essential if you have given a rating of 1 or 2**.

Clinical expertise: Capacity to apply sound clinical knowledge and an awareness of the need to fully investigate problems. Makes clear, sound and proactive decisions, reflecting good clinical judgement.			
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Cause for concern	Weak	Satisfactory	Good to excellent
Comments / evidence:			
Communication skills: Capacity to adjust behaviour and language (written / spoken) as appropriate to needs of differing situations. Actively and clearly engages patient (and colleagues) in			

equal / open dialogue.			
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Uses technical language that patients do not understand, ignores what they have to say	Can be lacking in clarity and coherence when speaking to patients	Often uses lay language to help patients understand	Always speaks clearly, gives adequate time and checks patients understand
Comments / evidence:			
Empathy and sensitivity: Capacity and motivation to take in patient / colleague perspective, and sense associated feelings. Generates safe / understanding atmosphere. An understanding approach.			
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Is not sensitive to the feelings of patients and treats them in an impersonal manner	Shows some interest in the individual and occasionally reassures patients	Usually demonstrates empathy towards patients	Always shows empathy and sensitivity, gives reassurance to the patient
Comments / evidence:			
Problem-solving skills: Capacity to think / see beyond the obvious, analytical but flexible mind. Maximises information and time efficiently, and creatively.			
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Misses minimal cues and symptoms, lets assumptions guide diagnosis	Often relies on surface information and doesn't probe deeper	Usually thinks beyond surface information, picks up on cues / minimal symptoms	Thinks beyond surface information and gets to the root cause
Comments / evidence:			
Organisation and planning: Capacity to organise information in a structured and planned manner, think ahead, prioritise conflicting demands, and build contingencies. Meets deadlines.			
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Is always late for meetings / deadlines and unable to prioritise tasks	Is often late for meetings and deadlines and disorganised with paperwork etc.	Usually able to prioritise tasks and organise paperwork	Excellent at managing time and prioritising tasks
Comments / evidence:			

Learning and development: Ability to identify own learning and development needs, commits time and resources to appropriate training and development activities.

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Reacts badly to constructive criticism or feedback, not interested in own development	Needs assistance in identifying own training needs / developing personal targets	Often learns from experience, generally reacts well to constructive criticism	Actively seeks out and welcomes constructive criticism/feedback

Comments / evidence:

Ability to deal with pressure: Capacity to put difficulties into perspective, retaining control over events. Aware of own strengths / limitations, able to “share the load.”

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Can be irrational under pressure	Finds it difficult to share workload with others	Often recognises when to share workload with others, usually remains calm under pressure	Remains calm under pressure at all times, recognises when to share work load

Comments / evidence:

Was their attendance / timekeeping satisfactory?

YES NO If no, please give details

This reference is based upon (tick as appropriate):

Opinion of Consultant / Trainer / Supervisor	<input type="checkbox"/> a
Close observation of colleague	<input type="checkbox"/> b
Opinion of Employer	<input type="checkbox"/> c
General Impression	<input type="checkbox"/> d

Would you be happy to work with this dental practitioner again?

YES NO

If you have any other comments regarding this applicant and his / her application for this post, please give details here:

Signature		Name (print in block capitals)	
Position held		Contact telephone number	
GDC number (of referee)		Date	
Email address			
<p>It is essential that this form is stamped with an official hospital or practice stamp. If no stamp is available, please attach a compliment slip signed by the consultant or professional providing the reference. Forms received without a stamp or a signed compliment slip will be returned.</p> <p>Delays in the receiving references can result in the applicant being prevented from working under the terms of the Performers List Regulations.</p>			
Contact address Please print clearly or stamp		Thank you for completing this reference.	