

Performers List Validation by Experience (PLVE)

Validation Supervisor (VS) Guidance Pack



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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.

***Please note: at the present time Health Education England is not able to accept applications into PLVE from dentists who cannot provide clinical references relating to two recent* posts (one of which will usually be a current post) each of which lasted at least three months (continuous period) without a significant break, or where this is not possible, a full explanation as to why that is the case and the names and addresses of two alternative referees. *'Recent' is defined as 'working within a dentist's full scope of practice within the previous two years' and is based on the AoMRC Return to Practice Guidance (2017 Revision).

To clarify, the minimum clinical experience threshold for dentists to be accepted into the PLVE programme is three months full time pro rata, where full time is 37.5 hours per week.

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.

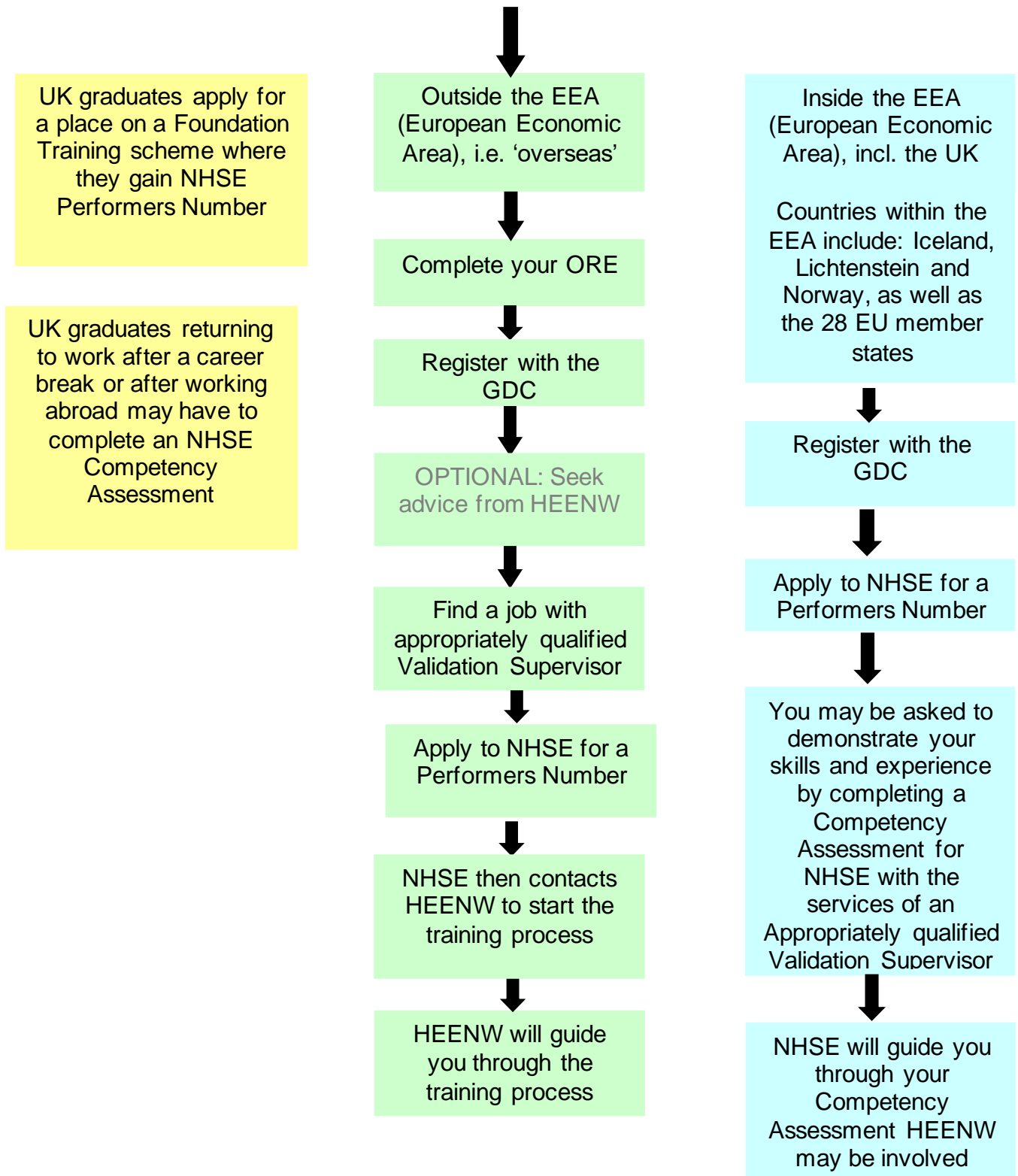
This guidance pack gives you details of the PLVE process including how to put together a portfolio (which HEENW will use to assess experience and skills). The assessment of your previous experience is standardised within a defined framework modelled on the competencies for UK Dental Foundation Training.

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

Have you worked as a dentist in the last two years (for a minimum of three months full time pro rata, where full time is 37.5 hours per week)? Proceed to next step:

Where did you qualify?



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

Dentists who qualified 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 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 the approved VS, helping the practice to complete its NHS contract.

From **1 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). Please note any change in VS / VED will incur a further charge of £200 per substitution.	£400.00
TPD meeting with VED at HEENW local office every 3 months, the number of meetings will depend on length of training period for PLVE. First and final portfolio assessment and report	£2,320 to £2,680

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

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's applications, the availability of the Training Programme Director (TPD) for PLVE (or NHSE DPA) and the TPD for DFT as to 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 GDC Highly recommended
- Medical Emergencies
- Disinfection and Decontamination
- Radiography and Radiation Protection (IRMER)

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 your VED has a problem who do I go to for help?

They should speak to you as the VS in the first instance. It is the responsibility of the VS to give them advice and support.

If this is not appropriate, or the VED needs further help (particularly with the portfolio) they should contact HEENW TPD or the Associate Dean for Conduct and Performance.

What are the Educational Agreements?

The Educational agreements are signed by the VED 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 is obliged to 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 the VED needs more time or if my portfolio is assessed as incomplete?

From the date the VED started work in the practice, they have 12 months (full time, or pro-rata if part-time) in which to complete their training and submit the final version of the portfolio.

In extenuating circumstances this may not always be possible. If this is the case, they should arrange to meet with the VS and TPD to discuss 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, s/he will be issued with a certificate of completion by the Associate Dean for Conduct and Performance (this includes your PLVE number). The certificate will also be sent to NHSE who will issue the VED with a full Performer's Number.

Where can I get further information?

You can speak to NHSE or contact:

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The Role of the Practice

The practice plays an important part in the PLVE process by creating a safe educational environment and providing support for the VED to develop. The VS is central to the VED's experience, supervising the VED during their working hours, as well as offering advice and guidance where required.

Expectations of the Practice

The practice will provide HEENW with a copy of a practice inspection approval certificate completed within the last two years (provided by NHSE or HEENW). If this is not available, the practice will be inspected by the TPD for PLVE and a TPD for DFT representative (see page 11 for more details).

During the training period (i.e. when the VED is employed in the practice):

- The practice must allow the VED time to complete any additional training / attend educational activity required (as highlighted in one-to-one's or on their PDP)
- Allow the VED and VS time to meet for Interim Reviews every 3 months, tutorials on a regular basis (weekly, not during lunch hours) and on an impromptu basis when the VED requires support and advice
- Provide a dedicated surgery and nurse for the VED for 37.5 hours per week for 48 weeks of the year (or part time equivalent) to treat adults and children under the NHS
- Allow the VED the opportunity to perform the full range and breadth of treatments available on the NHS, including molar endodontics, chrome partial dentures and crown and bridge work
- Provide satisfactory facilities (including an adequate supply of hand-pieces and instruments, sufficient to allow them to be sterilized between patients or be disposed of according to Department of Health guidelines)
- Provide adequate administrative support

The Role of the Validation Supervisor

The PLVE process differs from standard DFT in that most dentists who take part in the process already have some degree of experience in primary care dentistry. This means that the focus of the process is not so much on 'clinical training', but on work experience, particularly in terms of NHS Primary Care Dentistry experience. There is, as such, not as strong a VS-VED working relationship as with DFT, or as much expected of the VS. The role is to *mentor* the VED during their working hours, offering advice and guidance where required, meeting with them on a regular basis and helping them to develop their PDP and portfolio.

VS person specification

Any practitioner considering application for the role of VS must fulfil the following specifications:

- Normally have been working in NHS primary care for at least four years as a performer with some managerial experience. This does not include the Foundation Training year
- Be fully included on a performers list, without conditions
- As a minimum the VS must have completed a short Educating-the-Trainer course within the last 2 years to prepare them for their role. Ideally completion of a Postgraduate Certificate, Teaching and Learning in Clinical Practice at Edge Hill University (or equivalent)
- Be compliant with all GDC guidance (including all CPD requirements)
- Demonstrate commitment to a wide range of NHS treatment
- Not be subject to any NHSE / HB or GDC investigations or concerns
- Satisfy the conditions of the educational support agreement

- Normally have a contractual commitment to working with the NHS covering all mandatory service of not less than 1000 UDA's per annum
(**The VED's workload – measured in terms of UDA's – should not exceed 1500 over the first six months of PLVE training, based on full time working patterns**).
- Provide no more than 10,000 UDAs per annum personally unless he/she can evidence that the excess UDAs are provided by a Therapist.

Responsibilities of the Validation Supervisor

The VS agrees to the following as part of their role in the PLVE process:

- They will submit a completed application form to HEENW
- The VS will be present in the practice at all times while the VED is working (i.e. for a minimum of three days a week) for the duration of the training period
- They will provide HEENW with a copy of the written employment contract (or agreement) with the named VED before the VED starts work
- They will ensure HEENW Educational Agreements and Contractual Agreements are signed by the VED and by the VS, and submitted to HEENW with the completed application form
- Within the first 2 weeks of beginning work at the practice the VS will carry out a Direct Observation of Procedural Skills (DOPS) with the VED on both a New Patient Examination and on a Simple Restoration and submit the VS's declaration no later than 1 month from start of training (*Appendix 11: Direct Observation of Procedural Skills (DOPS): New Patient Exam, page 37*)
- They will also ensure the VED's initial PDP is sent to HEENW within one month of VED starting work at the practice
- The VS will set time aside to be available for TPD visit/s as required, including ad hoc visitations
- They will set time aside for: Interim Reviews (every 3 months), tutorials with the VED on a regular basis (weekly) and on an impromptu basis when the VED requires support and advice
- They will advise HEENW of the VED's progress, submit a copy of Interim Review every 3 months to HEENW and a final report at the end of the VED's training

Performers List Validation by Experience in more detail

- **The VS application form, practice visit/s, training**
- **The VED's application, PDP**
- **HEENW Educational Agreements**
- **In-practice training**
- **VS support, tutorials, interim reviews and work-based assessments**
- **The portfolio**

The Validation Supervisor Application

To apply to be a VS you must complete the following steps:

- Submit a completed application form to HEENW to establish your suitability for the role (this will be sent along with this pack). More information on the VS role can be found on page 9
- If you have not had prior experience as either a VS (in PLVE) or as a VS (in DFT) you will be required to complete a Training-the-Trainer course, or equivalent, to prepare you for your role (see page 9).

Following approval by the NHSE you must maintain the position of VS throughout the process.

The Application Form

It is important that, as VS, you can support the VED through the PLVE process, primarily so that the standard of the VED on completion is comparable to the standard of a UK graduate who has completed mainstream DFT.

Following the published report on Competency Assessment (Prof Alison Bullock, Dec 2010, funded by COPDEND), the role of the VS was highlighted as an area of great importance for achieving the same standards of Dental Foundation Training. An application form has been developed, in place of a formal interview, to ensure you (the VS) have the right amount of experience to support the VED through the process.

The application form is divided into 5 parts:

1. Personal Details
 2. Registration and Qualifications
 3. Experience
 4. CPD
 5. Declarations
- Appendix 1: Guidance on CPD requirements
Appendix 2: VS Educational Agreement
Appendix 3: VED Educational Agreement
Appendix 5: Contractual Hours Agreement

Parts 1-3 are to assess your competence and experience within primary care dentistry to ensure you have sufficient experience to guide the VED.

Part 4 is to assess your commitment to learning and continuing professional development, with the view that a practitioner demonstrating good practice will pass this on to the VED.

Part 5 covers the administrative issues like working hours, the agreements you make with HEENW on application and your signature.

Validation Supervisor Approval

Following submission of your application form to HEENW, with evidence of your suitability to take on the role of VS, and payment of the required fee, your practice will be visited by HEENW TPD and a TPD for DFT (see below for more information). If the VS and practice are deemed suitable for PLVE, confirmation will be sent following the practice visit approving both for a 24-month period.

The practice visit

The practice must demonstrate its suitability as a training practice for the PLVE process:

1. The practice must be able to demonstrate that it fulfils current health and safety standards. To do so the practice must: either submit a copy of a recent (within the last 2 years) practice inspection approval certificate (provided by NHSE or HEENW); OR it will be inspected by an HEENW TPD or NHSE DPA and a TPD for DFT representative. If the practice requires an inspection you will be sent the relevant documentation via email.
2. The VS must be able to demonstrate that he / she is suitable for the educational needs of a VED, *Appendix 2: Practice Visit Report: Education, page 19*.

On receipt of the VED and VS application forms, PLVE administration fee and, where applicable, a copy of the latest practice inspection certificate, the HEENW Administrator for PLVE will contact the practice to organise the record keeping audit and practice visit.

Validation Supervisor training

The training will cover topics such as:

- Assessing and supporting the applicant
- Developing a detailed and structured PDP
- Mentoring skills for tutorials / discussions regarding the PDP and portfolio
- Use of the PLVE paperwork for case-based discussions / DEPs / Audit / Early stage review log.

The VED's application

When a VED applies to do PLVE at HEENW they will be asked to complete a structured application form which includes information about their clinical experience.

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

The Personal Development Plan (PDP)

During their appointment with the TPD, the VED will be shown how to develop a PDP. This will be developed throughout the period of training with the support of the VS. A copy of the initial PDP should be submitted to HEENW within one month of the VED starting work at the practice.

The PDP will ensure that the VED satisfies all competences required for their portfolio of evidence within the training period, highlighting the courses they need to complete and the clinical competences they need to work on. The PDP will also help the VED to focus their time during training on the areas of experience or clinical skills that need to be improved or developed. The PDP should be regularly updated such that, at the end of the training period, future development needs will be readily identified.

The VED's guidance pack gives further advice to the VED on producing a PDP.

Health Education England North West Educational Agreements

There are two educational agreements that need to be signed;

- The first is the Education Support Agreement for VS's, *Appendix 3: Educational Support Agreement for Validation Supervisor, page 23* that sets out the responsibilities taken on as VS.
- The second agreement is the Agreement for VED, *Appendix 4: Educational Agreement for Validation by Experience Dentist, page 25* that needs to be signed by the VED. This agreement sets out the VED's responsibilities within the PLVE process.
- There is a Contractual Hours Agreement, *Appendix 5: Contractual Hours Agreement, page 27* 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 the VED's acceptance onto the performer's list NHSE will require that they complete a period of in-practice training supervised by you, the 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.

The VED is required to complete the recommendations within their PDP and any further recommendations developed during discussions with either the TPD for you, during their training period. The PDP should continue to be developed throughout the training.

It is the responsibility of both the VED and the VS to ensure the VED gains experience in a broad range of clinical areas. If the VED has any problems or issues with professional or managerial skills, they are advised to discuss these with the VS, to work through them together.

Validation Supervisor support and reports

It is the VS's responsibility to support the VED through their training. The VS will agree to meet with the VED on a regular basis (**weekly, not during lunch hours or after working hours**) and on an impromptu basis when they need support and advice.

The VS will agree to support the VED by:

- Carry out the initial DOP's New Patient Exam and Simple Restoration within two weeks of start date, submitting a Declaration to TPD within one month of start of training
- Helping them to develop their PDP
- Allowing them time to complete any training highlighted in their PDP, or by the TPD
- Assessing their clinical skills.

Tutorials

During the regular meetings, or tutorials, the VS has with the VED discussion of one or more of the following should take place:

- their PDP
- their progress within the PLVE process, in relation to the portfolio competences
- their progress on the compilation of their portfolio of evidence

- their clinical skills or experience
- any issues they might be experiencing.

Interim Reviews and Final Structured Report

The VS will be required to meet with the VED once every 3 months for an Interim Review, following which they will need to submit a completed Interim Review form to the TPD at HEENW to report on the VED's progress (especially on their clinical skills). A Structured Final Report should be submitted two months before the end of the VED's training.

Each Interim Review should be completed with full input from the VED, following one form of work-based assessment. *Appendix 8: Interim Review and Final Structured Report, page 30.*

The review assesses the VED's progress during training and allows the TPD to quality assure that there are no problems, or training issues, that are being neglected.

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 8: Interim Review and Final Structured Report, page 30.*

Work-based assessments

In advance of each Interim Review the VS will need to aim to complete **at least one of each** of the following forms with the VED (at least one of each will need to be included in the VED's 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 11: Direct Observation of Procedural Skills (DOPS): New Patient Exam, page 37.*

- **Dental Evaluation of Performance (D-EP)**

D-EP is used to record judgements on performance following observation of a specific patient encounter or case. Feedback should be given as soon as possible after the event, whereby the VED's insight into their performance will 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 12: A Dental Evaluation of Performance (D-EP) Assessment Tool, page 40.*

- **Dental Case-Based Discussion (D-CbD)**

D-CbD involves the VED presenting a case (including patient records) to the VS. The M will judge the VED's performance in terms of clinical judgements made etc. Once the VS has made this assessment they will need to feed back to the VED (insight is assessed during this part of the process) and the case should be discussed in more detail, *Appendix 13: Case based Discussion (D-CbD) Assessment Form, page 42.*

- **Patient Assessment Questionnaire (PAQ) – to be driven by the VS**

Fifty questionnaires should be handed to consecutive patients within a 4-week time period, usually towards the end of the training period. A minimum of 20 PAQ returns are required for reliable analysis, *Appendix 14: Patient Assessment Questionnaire, page 44.*

The VED will need to keep copies of these documents for their portfolio.

The Portfolio

The VED is required to complete a portfolio of evidence to demonstrate their competency in several different areas. These competences are generally accepted as essential requirements for dentists wishing to work within NHS General Dental Practice.

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

The portfolio is vital to the satisfactory completion of PLVE as it allows the VED to demonstrate to the HEENW Assessment Panel that they 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 the VED is required to demonstrate.
- Within each sub-section the VED is expected to prove their competency with specific evidence – this may be production of a certificate (proving attendance on a course), anonymised patient records (to show what actions were undertaken), and reflective writing (in which the VED describes / explains in more detail what they have done, know and understand). The VED's guidance pack includes more information reflective writing.

The Competency Framework and Guidance describes each of the sub-sections in detail, including the evidence the VED needs to produce to complete the competency, *Appendix 15: Performers List Validation by Experience Portfolio: Competency Framework Guidance, page 45*

Portfolio assessment - draft

The VED is required to submit a draft version of their portfolio to HEENW three months before they anticipate completion of their training to the TPD who 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 the VED has reached the end of their training they must submit their final version portfolio for assessment. HEENW will use this portfolio to assess their professional skills and managerial abilities. More information on the assessment is provided later in this guidance.

Other items to be included in the 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 planned by the VED once they are working without supervision and is produced following completion of practice appraisal (with HEENW trained appraiser).
- **Clinical Experience Checklist**
The VED will complete this as part of their application form and it acts as a record of the range of procedures carried out during their previous posts. Depending on their 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 the portfolio. A copy of this is included in VED's guidance pack and electronic copies are available from HEENW.

- **CPD & Education Log**

The CPD & Education log looks backwards at any training or development the VED has completed. They will need to keep the log updated with 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 £25 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 know (*Appendix 6: Script Dental, page 36*)

The VED 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

The first portfolio draft will be reviewed by the TPD, who will check through to see it is complete. If it is not complete, the VED will be advised on any gaps or amendments that need to be made.

On final submission, the portfolio will be assessed by the HEENW Assessment Panel. The panel consists of HEENW TPD and an NHSE Dental Professional Advisor (DPA).

Once each panel member has made their assessment against the competency requirement framework, *Appendix 15: Performers List Validation by Experience Portfolio: Competency Framework Guidance, page 45*, the TPD and DPA will make a decision on whether the Applicant has successfully completed PLVE, or whether they require an extension to their training.

Contacts

Health Education England North West

Name & Job title	Email Address	Contact number
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Miss Olivia Fisher Training Programme Director for Performers List Validation by Experience	Olivia.fisher@hee.nhs.uk	07738 176 943 Thursdays only
Sarah Roberts Programme Officer for Performers List Validation by Experience	sarah.roberts2@hee.nhs.uk	0151 479 2610

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
We would encourage you send all documents electronically, however, anything submitted by post should be addressed to Sarah Roberts at the Liverpool Office (above)		
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/>

<https://www.performer.england.nhs.uk/>

Appendix 1: Performers List Validation by Experience – Flowchart 2

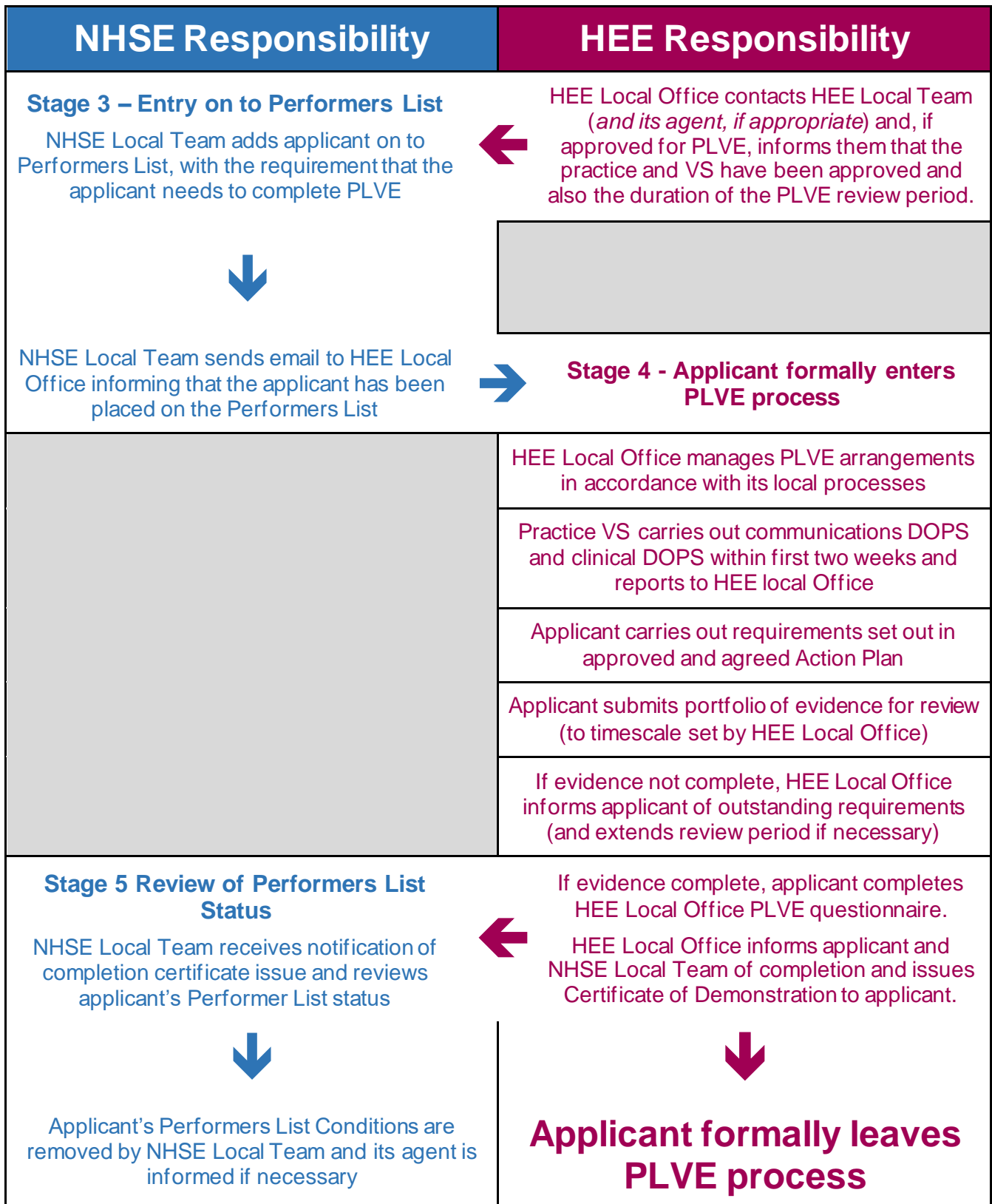


Health Education England
North West Office

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>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>	



Appendix 2: Practice Visit Report: Education

PERFORMERS LIST VALIDATION BY EXPERIENCE

VALIDATION SUPERVISOR PRACTICE: LIST OF ESSENTIAL AND DESIRABLE REQUIREMENTS FORM

Please return completed form to HEE NW two weeks prior to the date of the practice visit

PRACTICE ADDRESS:

NAME OF VED APPLICANT:

NAME OF VS APPLICANT(S):

NAMES OF DIRECTORATE ASSESSORS:

Date of self-assessment:

 dd/mm/yy

Date of HEE assessment:

 dd/mm/yy

NB Throughout this document 'VED' refers to Validation by Experience Dentist (i.e. the dentist who is applying to undertake PLVE)

All requirements below must be met and must be evident on the date of the assessment

ESSENTIAL REQUIREMENTS			
		Self assessment	HEE LO assessment
	Certification, registration, insurance & policies	✓	✓
1	Applicant and all other clinicians have current GDC annual practising certificates		
2	All DCPs have current GDC registration or are in recognised training schemes		
3	Applicant and all other clinicians in the practice have current defence organisation membership or professional indemnity insurance		
4	Applicant has been subject to an enhanced DBS check which revealed nothing which should prevent the applicant from working with vulnerable adults and children.		
5	Employer's Liability/Public Liability Insurance certificate valid and on display		
6	CQC Certificate of registration for registered manager. (Essential for partnerships, LLPs & corporate bodies, not required for sole traders.)		
7	CQC Certificate of registration for diagnostic & screening services, surgical procedures and treatment of disease, disorder & injury		
8	Development plan for areas of CQC registration that are not fully compliant		
9	Certification of last training in CPR and medical emergencies for all staff employed/listed within last year		
10	Child protection and vulnerable adults level 2 training for all clinical staff within the last 3 years		
11	All clinicians exposing radiographs should have certification demonstrating attendance in a recognised IRMER course within the last 5 years		

12	Applicant can evidence annual infection control training for all clinical staff		
13	Applicant has full inclusion in relevant dental performers list		
14	Equal Opportunities/anti-discrimination policies in place and up to date		
15	Data protection certificate in place (where applicable)		
16	Freedom of Information Act – publication scheme registered		
17	Autoclave maintenance/insurance in place		
18	Compressor maintenance/insurance in place		
19	Health & safety policy in place		
20	Infection control policy in place		
21	Radiology policy in place and RPA and RPS appointed		
22	Written plan for practice in case of force majeure (including how to manage the situation if one/all VS's included in the application should be incapacitated long term/permanently)		
	Patient care/record keeping	Self assessment	HEE LO assessment
		✓	✓
1	Complaints procedure in place and nominated officer appointed		
2	Evidence of NHS patients currently treated (BSA monitoring report and vital signs)		
3	Appropriate recording of medical histories		
4	Evidence of significant events recorded and used for staff training		
5	Suitable arrangements in place for dental emergency patients		
	Staff training & development	Self assessment	HEE LO assessment
		✓	✓
1	Reference library (including recent material) or evidence of online researches		
2	Periodicals (evidence of regular subscriptions)		
3	Staff handbook (or equivalent)		
4	Staff appraisal system in place (examples shown)		
5	Evidence of regular team meetings (eg copy of minutes)		
6	Evidence of fire safety training		
7	Core CPD for DCPs monitored		
8	Regular peer review or audit (minutes available)		
	Health & safety, COSHH, infection control	Self assessment	HEE LO assessment
		✓	✓
1	Health and Safety Executive – current version poster on display, details completed		
2	Fire extinguishers available – evidence of regular servicing		
3	Accident book and RIDDOR report forms available		
4	First aid kit available, first aider appointed		

5	COSHH and risk assessments in place		
6	Portable and fixed electrical safety checks in place, qualified inspector		
7	Evidence of QA process in radiology		
8	Compliance with the core requirements of HTM 01-05 (infection control)		
9	Evidence of six monthly audits of decontamination processes		
10	Magnifying light available for use in decontamination area		
11	Suitable clinical clothing and PPE to meet HTM 01-05 requirements		
12	Clinical waste is disposed of in accordance with recommendations plus transfer notes and contract seen		
13	Special waste is disposed of in accordance with recommendations plus transfer notes and contract seen		
14	Quality assurance policy in place and displayed		
15	AED available in practice, with evidence of appropriate staff training in use		
16	Appropriate disposal of single-use instruments, e.g. 3-in-1 tips		
17	Full emergency drug kit in place and checked regularly		
18	Secure storage of drugs and prescription pads		
19	Portable oxygen available and checked regularly		
20	Portable self-powered aspirator available		
21	Airways and ventilation devices available		
22	Gas cylinders – correct storage, correct maintenance/inspection		
23	Mercury spillage kit present		
24	Complies with current requirements regarding waste separation		
25	Evidence of planned programme for renewal of equipment		
26	Practice is equipped for NiTi rotary endodontic treatment and available for VED to use		
27	Evidence of beam-aiming devices and rectangular collimation for radiography		
28	Compliant with a current approved code of practice for legionnaires' disease		
29	Impervious floor covering in treatment areas		
30	Use of needle blocks for re-capping needles with appropriate risk assessment in place or use of safety syringes. (preferred method)		
	VED's facilities, support and ability to deliver Educational Requirements	Self assessment	HEE LO assessment
		✓	✓
1	VED's appointed nurse is GDC registered and qualified. The same nurse will be allocated for the first three months		
2	Evidence of sufficient patient numbers to allow VED to achieve a broad range of treatment experience		
3	Practice can demonstrate that the VED and VS surgeries are in close proximity		
4	VED to work maximum of 4 hr session without planned break and no more than 8 hours in a working day		
5	Endodontic system available including rubber dam		

6	Sufficient instruments and handpieces available to allow appropriate treatment		
7	Availability of apex locator		
8	Availability of clinical photographic equipment		
9	Suitable equipment for performing minor oral surgery		
	VED's Surgery/ies	Self assessment	HEE LO assessment
		✓	✓
1	Minimum 3 metre's square		
2	Suitable for both left and right-handed operators		
3	X-ray facility in surgery (Non-hand-held)		
4	Closed aspiration system with exhaust outside building		
5	Amalgam separation installed		
6	Encapsulated amalgam production		
7	Ultrasonic scaler or equivalent		
8	Composite curing lamp and light meter for testing		

I/we confirm that following the visit today by the HEE Local Office assessors to verify the self-assessment I/we completed on, I/we agree that the HEE Local Office record is a true and accurate reflection of the practice assessment.

Signature ..
(Practitioner/s to sign at the time of the visit)

Date: ..

Signature ..
(Practitioner/s to sign at the time of the visit)

Date: ..

Signature ..
(HEE LO assessor to sign at the time of the visit)

Date: ..

Signature ..
(HEE LO assessor to sign at the time of the visit)

Date: ..

This form must be completed and returned immediately before the practice inspection visit to: Sarah Roberts
Dental Section,
Regatta Place, Brunswick Business Park
Summers Road,
Liverpool L3 4BL
Email: sarah.roberts2@hee.nhs.uk

**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 (VS) under Regulation 30(2)(c) of the National Health Service (Performers Lists) (England) Amendment Regulations 2013 SI 2013 No. 335

VALIDATION SUPERVISOR's NAME

The purpose of this agreement is to set out the terms of your accreditation as 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 above VED. 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 **[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 UDAs 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 Postgraduate Dental Dean 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 postgraduate Dental Dean 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 PGDD (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 regarding 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 **Health Education England North West Office**.

SIGNATURE:		TPD for PLVE		Date
SIGNATURE:		Validation Supervisor		Date

Collection & use of personal information:

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 six principles of good information handling practice as set out in the General Data Protection Regulation (GDPR) (2018). Should you have any questions regarding the use of your data please contact the GDPR/FOI Lead on 0116 4788 625 or write to Christopher Brady, FOI, GDPR and Briefing Lead, Health Education England, Westbridge Place, 1 Westbridge Close, Leicester LE3 5DR

I acknowledge the importance of these responsibilities. If I fail to meet them I understand that the Postgraduate Dental Dean 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 *not* constitute an offer of employment.

SIGNATURE:		Validation Supervisor		Date
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Appendix 4: Educational Agreement for Validation by Experience Dentist



PERFORMERS LIST VALIDATION BY EXPERIENCE

Health Education England

North West Office

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).

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 Postgraduate Dental Dean.
- 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 the HEE Local Office.

SIGNATURE:		TPD for PLVE		Date
SIGNATURE:		Validation by Experience Dentist		Date

Collection & use of personal information:

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 six principles of good information handling practice as set out in the General Data Protection Regulation (GDPR) (2018). Should you have any questions regarding the use of your data please contact the GDPR/FOI Lead on 0116 4788 625 or write to Christopher Brady, FOI, GDPR and Briefing Lead, Health Education England, Westbridge Place, 1 Westbridge Close, Leicester LE3 5DR

I acknowledge the importance of these responsibilities. If I fail to meet them I understand that the Postgraduate Dental Dean 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 *not* constitute an offer of employment.

SIGNATURE:		Validation by Experience Dentist		Date
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Appendix 5: Contractual Hours Agreement

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:

Sarah Roberts
Health Education England North West
Dental Section
Regatta Place
Brunswick Business Park
Summers Road
Liverpool L3 4BL
Email: sarah.roberts2@hee.nhs.uk

Appendix 6: Script Dental



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 £25 incl VAT.

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

Appendix 7: 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 several 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.

For help and information please visit the GDC webpage: <https://www.gdc-uk.org/education-cpd/cpd/recording-and-submitting-cpd>

Appendix 8: Interim Review and Final Structured Report VED Interim Review



Health Education England
North West Office

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 Annex 4)

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)?

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

Name: _____

Position/Role: _____

Signed: _____

Date: _____

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

Sarah Roberts
Health Education England North West
Dental Section
Regatta Place
Brunswick Business Park
Summers Road
Liverpool L3 4BL
Email: sarah.roberts2@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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Appendix 9: Performers List Validation by Experience - RECORD KEEPING AUDIT

	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 Screening-1 2 Points	Justification-1 Quality-1 Report-1 3 Points	Intra oral 1 Extra oral 1 2 Points	Documented-2 Dated and signed-2 4 Points	Examination -1 Treatment Plan logical approach 1 2 Points	Evidence of written options & costings 1 Consent-2 Estimate (NHS FP17 DC06)-2 5 Points	Caries- Perio- Cancer- Recall- Tooth surface loss- <u>If all present</u> 1 Point	19 Points
Adult Dentate Patients								
1								
2								
3								
4								
5								
Child Adolescent Patients								
	2 points	3 points	2 points	4 points	2 points	5 points	1 point (cancer risk N/A)	19 Points
1								
2								

- (1) Faculty of General Dental Practitioners (UK) Clinical examination and record keeping. Good practice guidelines. London. FGDP(UK), 2016 3rd 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 – 2nd Edition DOH 2009
- (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.**

<i>Total Score</i>	<i>/ 133</i>
<i>Convert to %</i>	<i>100</i>
<i>Pass 107 (80%)</i>	

Appendix 10: 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		Approachable		Clean appearance	
Truthful		Has time for me		Skilful	
Ethical		Communicates effectively		Happy	
Punctual		Non-judgmental		Well dressed	
Fair		Works well with others		Conscientious	
Consistent		Well organised		Patient	
Respected		Maintains high standards		Good to work with	
Friendly		Professional		Courteous	

Appendix 11: 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 TPD for PLVE 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's 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 Declaration

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

Name of VS:	GDC Number:
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Please complete Parts 1 to 3 below and return to the HEE local Office/Deanery

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:
(please tick one only of a), b), c) or d))

a) I have no specific concerns with the abilities of the VED regarding 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 these areas I would / would not <i>(delete as applicable)</i> like to discuss the training requirements with a HEE Local Office/HEENW representative	
d) I have serious concerns regarding the abilities of the VED in the following areas and would like to discuss these with a HEE Local Office/HEENW representative as soon as possible	

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.

Part 3 Signed:	Date:
-----------------------	-------

Practice Address:

Appendix 12: 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 VED

Appendix 13: 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

Appendix 14: Patient Assessment Questionnaire

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.

HOW WAS THE DENTIST YOU SAW TODAY?	POOR - 1	FAIR - 2	GOOD - 3	VERY GOOD - 4	EXCELLEN - 5	CAN'T SAY
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.

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

Appendix 15: Performers List Validation by Experience Portfolio: Competency Framework Guidance

**Performers List Validation by Experience (PLVE)
NHS Performers List Applications**

Competency Evidence Portfolio Review

Validation by Experience Dentist's name:		Validation Supervisor's name:	
---	--	--	--

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

Domain – Professionalism					
Competency		Evidence required	Present		Comments
			Y	N	
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			

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

Domain – Professionalism (continued)					
Competency		Evidence required	Present		Comments
			Y	N	
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			
		Individual Peer Review (IPR)/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			

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

Domain – Professionalism (continued)					
Competency		Evidence required	Present		Comments
			Y	N	
P06	Commitment to Lifelong Learning and professional development, including Core CPD	Records of verifiable CPD for previous twelve months. Evidence of CPD should include reflective writing 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 Adults at Risk, level 2			

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

Domain – Management & Leadership					
Competency		Evidence required	Present		Comments
			Y	N	
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	Sample referral letters completed by applicant (anonymised), together with responses from specialist for each speciality			
		Evidence of a tutorial on referral protocols and writing referral letters			
		Signed reflective commentary demonstrating understanding of the principles of referrals			

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

Domain – Management & Leadership (continued)					
Competency		Evidence required	Present		Comments
			Y	N	
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 at least 3 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 £25 for completion (see Appendix 6: on page 28)			
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 including IRR17 and IRMER18			

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

Domain – Management & Leadership (continued)					
Competency		Evidence required	Present		Comments
			Y	N	
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			
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			

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

Domain – Management & Leadership (continued)					
Competency		Evidence required	Present		Comments
			Y	N	
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			

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

Domain – Management & Leadership (continued)					
Competency		Evidence required	Present		Comments
			Y	N	
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 Adults at Risk requirements and their application in practice	Copy of the practice Safeguarding policy			
		Evidence of tutorial on Safeguarding signed by Validation Supervisor			
		Signed reflective commentary demonstrating understanding of the principles of Safeguarding			

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

Domain: Clinical					
Competency		Evidence required	Present		Comments
			Y	N	
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			

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

Domain: Clinical					
Competency		Evidence required	Present		Comments
			Y	N	
CL02	<p>Experience in relevant clinical competencies Evidence required should be:</p> <p>(a) A minimum of 5 samples of anonymised records displaying the competency and/or</p> <p>(b) Signed reflective commentary demonstrating the principles of that competency and/or</p> <p>Summary NHS BSA data (anonymised) demonstrating performance in that competency</p>	Evidence of experience and/or training in the following clinical elements during the training period:			
		<ul style="list-style-type: none"> • Patient examination & diagnosis (a) and (b) required 			
		<ul style="list-style-type: none"> • Treatment planning & patient management • (a) and (b) required 			
		<ul style="list-style-type: none"> • Health promotion & disease prevention • (b) and (c) required 			
		<ul style="list-style-type: none"> • Dental emergencies • (c) required 			
		<ul style="list-style-type: none"> • Anaesthesia, sedation, pain & anxiety control (b) required 			
		<ul style="list-style-type: none"> • Periodontal therapy & management • (a) and (b) required 			
		<ul style="list-style-type: none"> • Hard & soft tissue surgery • (a) and (c) required 			
		<ul style="list-style-type: none"> • Non-surgical management of the hard & soft tissues of the head & neck • (a) required 			

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

		<ul style="list-style-type: none"> • Management of the developing dentition • (b) required 			
		<ul style="list-style-type: none"> • Restoration of teeth • (c) required 			
		<ul style="list-style-type: none"> • Replacement of teeth • (c) required 			

Domain: Clinical

Competency		Evidence required	Present		Comments
			Y	N	
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 previous experience of providing a broad range of treatments on NHS patients			

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

Domain: Communication				Present		Comments	
Competency		Evidence required		Y	N		
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 Teamwork 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 enough information to demonstrate that the applicant understands the principles of the topic and their own role and responsibilities in the context.**

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

Initial Review			
HEE Reviewer:			
Name:		Signed and dated:	
Outstanding items (if any):			
Feedback (if any):			
Date Completed:			

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

Final Review			
HEE/NHSE Reviewers:			
Name:		Declaration of completeness Signed and dated:	
Comments:			

Performers List Validation by Experience (PLVE) Competency Evidence Portfolio

Appendix 16: 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 55 - 58 is a clinical reference form that can be used for your clinical references.

The referees are expected 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 applicant's 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			

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

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:			

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

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 <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/>
If you have any other comments regarding this applicant and his / her application for this post, please give details here:	

**Performers List Validation by Experience (PLVE)
Competency Evidence Portfolio**

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.	