

Performers List Validation by Experience

(PLVE)

Application Form

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This document must be typed. Please ensure that you complete all Sections and sign the Declarations on pages 3, 22 and 23 before submitting your assessment request.

All fields must be completed – enter ‘N/A’ if not applicable

(An electronic signature is required for submission by email).

Please return the completed form and any attachments by email or post as soon as possible to: [insert HEE contact name and details]

Section 1 – Personal & Practice Details

Part 1		Personal Details							
Surname (family name):								As registered with the GDC	
First name:									
Preferred title:		Mr		Mrs		Miss		Ms	Other, (please specify)
Nationality:									
Contact address (including postcode)									
Mobile phone number									
Daytime phone number (if different)								(include area code)	
Email address:									

Part 2		Registration and Qualifications		
GDC registration number				
Date of UK registration as a dentist		(dd/mm/yy)		
List the qualifications that entitle you to be a dentist (with your primary dental qualification first). Add additional rows if necessary.				
Qualification	Country where qualification was gained		Awarding Institution and year gained	

Part 3		Employment History						
Please provide a profile of your previous working posts since qualifying (including shadowing/observing) (in chronological order, with the most recent first). Add additional rows if necessary.								
Dates	Employer's name		Address of clinic/surgery/practice		Your role/job title	Full or Part Time		
Please give details of any gaps or overlaps in your employment history:								
Total time you have worked as a dentist in NHS primary care (only applies to dentists who are returning to the Performers List):					Months:		Years:	
Was this:	Full time?	Y/N	Part-time?	Y/N	Mixture of both?	Y/N	Number of days per week (if part-time):	

Part 4		NHS Practice Information	
I have applied to be included on the Dental List of:		NHS England Local Office (Area Team)	
Date of application:		(date – dd/mm/yy)	
Address of proposed practice (including postcode)			
Practice phone number (including area code)			
My personal UDA allocation		per month	Payment to me per UDA:
Are you being charged any fees to undertake PLVE?			Y/N
If 'yes' please give details including any charges			
The proposed Validation Supervisor (VS) for the duration of the Performers List Validation by Equivalence process is:			
Name:		GDC Number:	
Proposed VS's email address (if known)			

Part 5		Enclosures and Declaration	
You will need to provide all the following documents to support your assessment request and should supply as many as possible now. Most are <u>required</u> before starting NHS practice. Please indicate which of the following are enclosed with this assessment request:			
Clinical Experience Checklist (see next section for document to be completed)		Y/N	
A certificate of attendance at an 'introduction to the NHS' / 'NHS Induction' course (if available)		Y/N	
Evidence of completion of a Clinical Audit, including an outline of the project undertaken (if available)		Y/N	
Continuing Professional Development (CPD) record for past 2 years		Y/N	
Certificates of completion of courses for		Date completed	
IR(ME)R / Radiology (within 5 years)*		Y/N	
Cross Infection Control (within 5 years)*		Y/N	
CPR (within last 12 months)		Y/N	
Ethics and Medico-Legal Topics (within 5 years)*		Y/N	
Safeguarding children and vulnerable adults level 2 (within 3 years)*		Y/N	
* - not required if graduated in UK during the specified time period			

I declare that, to the best of my knowledge, the above information is correct			
Signed:		Date:	

I include an initial payment of **£400** to assess my application and understand that this payment is non-refundable. A further payment of **£800** will be payable when I first submit my evidence portfolio for assessment. Cheques should be made payable to **[INSERT HEE**

LOCAL OFFICE]. *Please note that additional payments may apply (see guidance) and that applications will not be processed further until all required payments have been received.*

You must also complete Sections 2 and 3 and sign the Declarations on Pages 22 and 23

Section 2 - Record of Clinical Experience

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

- Please provide as much information as possible to assist the assessors
- Do not include experience obtained as a student
- Please base all figures on your last 12 months of clinical practice
- Please type this document

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

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

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

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

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

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

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

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

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

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

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

Conscious Sedation / Anaesthesia

If you have never treated a patient under any form of conscious sedation (either administered by yourself or someone else) please put a cross "X" in the box on the right and go on to the next page.			
	Number of cases	Please provide any additional information which may be helpful to the assessors	
Have you treated patients under general anaesthesia?	Y/N		
Have you treated patients under inhalational sedation?	Y/N		
Have you treated patients under intravenous conscious sedation?	Y/N		
If yes, Which drugs do you/the Sedationist routinely use?			
What preoperative assessments would you carry out?			
Have you given intra-venous sedation as well as treating the patient?	Y/N		
If yes which drug(s) did you use?			
Have you received any specific training in conscious sedation?	Y/N		
If yes, please give brief details			

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

Medical emergencies and Cardio-pulmonary Resuscitation (CPR)

		Please provide any additional information which may be helpful to the assessors
Have you taken part in recent CPR training? Please give the date of the last training	Y/N	
Have you received training in medical emergencies (other than CPR)	Y/N	
If yes, please give details of the training and the date(s) it was given		
Have you had to manage a medical emergency?	Y/N	
If so what problem occurred and how did you deal with it?		
Please outline your understanding of the basic principles given in the Resuscitation Council's guidelines on Basic Life Support.		
What drugs would you expect to find in a dental practice emergency drugs box, please outline what you would use each one for?		

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

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

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

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

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

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

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

IMPORTANT - Please also complete the Data Protection Declaration on the following page

Section 3 - Data Protection Declaration

DATA PROTECTION ACT 1998



Health Education England Local Offices are registered with the Data Protection Registrar as required by the Data Protection Act 1998. Health Education England is committed to upholding the Eight Protection Principles of good information handling practice.

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

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

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

APPENDIX

Guidance on CPD Record Keeping

The GDC specifies that dentists have a duty to keep their knowledge and skills up to date in order to give patients the best possible treatment and care. CPD is compulsory and dentists must complete, and keep records of, at least 250 hours of CPD over five years. A minimum of 75 of these hours must be verifiable CPD. To count as verifiable CPD, an activity must have:

- concise educational aims and objectives;
- clear anticipated outcomes;
- quality controls (participants should be given the opportunity to provide feedback).

A certificate from the provider or organiser, detailing number of hours spent, will be evidence of participation in the activity. Examples of verifiable CPD include:

- courses and lectures
- educational elements of professional and specialist society meetings
- conference attendance
- peer review and clinical audit
- distance learning

General CPD activities are those which contribute to professional development but that don't meet the criteria above for verifiable CPD. Examples of general CPD include:

- staff training
- background research (using the internet, for example)
- private study
- journal reading

For the CPD to count towards the required hours, it must be recorded whether it is verifiable or general CPD.