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

**Assessor’s Initial Review of Experience**

(Evidence Sources: Assessment Request Form and NHSE Application Form NPL1)

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| **Assessor’s Name:** |  | **Applicant's Name:** |  |
|  |  |
| **Applicant’s Details** |  |
| Registered Qualification: |  | Date of qualification: |  |
| Country of qualification: |  |  |
| Proposed Mentor: |  | Proposed Practice: |  |
|  |  |
| **Previous Work Experience** |  |  |
| Total time working clinically as a dentist: | Primary care |  | Time since last worked clinically as dentist: | Primary care |  |
| Secondary care |  | Secondary care |  |
| Other (e.g. observation/dental nurse) |  |
|  |  |
| **Comments and observations:** |

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| **Assessment of Clinical Experience** |  |
|  |  |  |  |
| **0 = No knowledge/experience** | **1 = Little/some knowledge/experience** | **2 = Adequate knowledge/experience** | **3 = Significant knowledge/experience** |
|  |  |  |  |
| **Topic** | **Knowledge** | **Comments** | **Experience** | **Comments** |
| Extractions/Oral Surgery |  |  |  |  |
| Children’s Dentistry |  |  |  |  |
| Dental Trauma |  |  |  |  |
| Preventive Dentistry |  |  |  |  |
| Orthodontics |  |  |  |  |
| Prosthetics  |  |  |  |  |
| Restorative: |  |  |  |  |
| Fillings |  |  |  |  |
| Crowns |  |  |  |  |
| Veneers |  |  |  |  |
| Bridges |  |  |  |  |
| Inlays/Onlays |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Topic** | **Knowledge** | **Comments** | **Experience** | **Comments** |
| Endodontics |  |  |  |  |
| Periodontology |  |  |  |  |
| Sedation/Anaesthesia |  |  |  |  |
| Local Anaesthesia |  |  |  |  |
| Medical Emergencies/CPR |  |  |  |  |
| Radiology: |  |  |  |  |
| Technique |  |  |  |  |
| Safety/Governance |  |  |  |  |
| Patient Management |  |  |  |  |
| Clinical Photography |  |  |  |  |
| Miscellaneous: |  |  |  |  |
| Charting |  |  |  |  |
| Implants |  |   |  |  |
| Knowledge of NHS |  |  |  |  |

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| **Recommended Requirements** |  |
| Period of Mentoring/Supervision: | **Y** | **N** | If yes, state period: |  |
| Provision of an agreed written Personal Development Plan for the PLVE placement period: | **Y** | **N** |  |
| Completion of a recognised NHS Induction Course for GDPs:  | **Y** | **N** | If yes, state modules to be included: |
| Completion of a portfolio of evidence:  | **Y** | **N** |  |
| Completion of a Clinical Audit:  | **Y** | **N** |  |
| A series of (X) tutorials to be delivered by the appointed Mentor:  | **Y** | **N** | If yes, state topic areas to be covered |
| Maintenance of a reflective log of work in general dental practice: | **Y** | **N** | If yes, state topics to be covered: |
| Attendance at relevant verifiable CPD courses:  | **Y** | **N** | If yes, state course topics: |
| Use of workplace based assessments for identified clinical areas: | **Y** | **N** | If yes, state clinical areas: |
| Other Recommendations:  |
|  |
| **Signature of Assessor:** |  | **Date of assessment:** |  |