**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) | | | |  | | | | | |
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| **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 |  | |  | | | | |  | |  | | | |

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| **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:** | |  | |