

Applying to join the National Performers List

A quick reference guide for foundation dentists

Steps to the application process

1. To apply to join the performers list, you will need to fully complete an application form. The NPL1 National Performer List Application Form can be downloaded from the National Performers Website. The NPL1 form contains guidance on how to complete it and the supporting information that will be required. Please read this carefully as it will assist in getting your application processed as soon as possible.

2. Email your completed NPL1 form to pcse.performerlists@nhs.net with “**NPL1, August 17 DFT, forename, surname, GDC number**” in the email subject line as soon as possible

PCSE will send you email confirmation that your application has been received, which will include your unique case reference number to use in all correspondence. EG CAS-12345-X1Y2Z3

3. If there is information missing from your NPL1 form you will receive an email request from PCSE to provide the information. Depending upon the nature of the information missing, this may delay the processing of your application.

4. You will need to provide details of 2 clinical references in your application. PCSE will contact your referees by e-mail, providing a reference form to complete and timescales for completion. Please ensure that your referees are available to provide the information to enable your application to be processed.

If you haven't already done so you will need to apply to the Disclosure and Barring Service (DBS) for an enhanced certificate, which must include adult and children's barring service. Current timescales for receiving a DBS certificate are 8 weeks, depending on how and where you apply. It is imperative that you apply early to avoid delays to your application.

If you are unsure how to apply for DBS you should first locate an umbrella body to find an organisation in your area you can do this using <https://www.gov.uk/find-dbs-umbrella-body>

Once you have your application reference number you should apply for the online update service via <https://www.gov.uk/dbs-update-service>; **this must be done within 19 days** or you will need to reapply for your DBS. You can use your reference number to track the progress of your DBS certificate.

5. An occupational health clearance certificate is required from an occupational health provider, with accreditation for Safe Effective Quality Occupational Health Service (SEQOHS), one which is working towards this accreditation, or an NHS provider. There is a Memorandum of Understanding for Occupational Health Clearance for UK Dental School graduates applying for entry onto NHS England's National Performers List. NHS England will accept a signed letter of authority from the Dental Dean or his/her nominee that you have undergone appropriate Occupation Health checks and there is no contraindication to you undertaking EPP.

If you haven't already done so you should apply for the occupational health certificate in accordance with above immediately, as this may take some time. Please take into

consideration when you submit your clearance that we require evidence of confirmation to carry out exposure prone procedures (EPP). This is not the same as verifying vaccination.

For a full list of Occupational Health providers, please see:

<http://www.nhshealthatwork.co.uk/find-providers.asp>

6. PCSE will need to meet you face-to-face to undertake identity checks and document verification. Once we have received your application, we will contact you to arrange an appointment. You must take a signed copy of your completed NPL1 form, all required F2F documents (originals and a photocopy) to your F2F appointment. See the F2F appointment checklist below for a list of documents required for the F2F appointment. Remember to sign Sections 7, page 22 and section 8 on pages 25 and 27 of the NPL1 form.

You will need to bring the following original documents to the face-to-face meeting.

Please note: Photocopies cannot be accepted.

- A copy of your completed NPL1 form
- A DBS Enhanced Disclosure Certificate
- A current occupational health clearance certificate with confirmation of EPP or a letter from the Dental Dean as described above.
- A current passport (original) or (where you do not have a passport) an acceptable photo ID (original) as defined on the DBS website. This must include a Work Permit – (non EEA applicants admitted to UK after April 1985 only)
- A detailed curriculum vitae, including complete work history, with any gaps in service explained
- Evidence of current indemnity at an appropriate level, through membership of a defence organisation or insurance company (this can be a printed document)
- Evidence of child protection training at Level 2
- Evidence or details of adult protection training
- If you have studied or trained in the UK or Irish Republic, a certificate of graduation or postgraduate training.
If you have studied or trained outside of the UK or Irish Republic you will be required to provide evidence of English language skills and you should refer to the NPL1 application form for details

7. Once the face to face meeting has been conducted, all relevant documentation has been received from the trainee and both references have been received, PCSE will complete the final checks of the application and will then send it to the relevant NHS England local office, who will consider your application.

If there is any outstanding documentation or further information required at this stage PCSE will contact you to request this to complete your application.

8. If NHS England approve your application, PCSE will notify you of your inclusion on the National Performers List by email. If your application is refused by NHS England or there are any conditions attached to your admission to the Performers List, you will be provided with full details.

9. If your application is approved, PCSE will add you to the Performers List.
10. PCSE will ensure that your details are added to the National Performers List within your grace period as long as all the relevant information has been provided in good time.

When should I apply to join the list?

- The Performers List Regulations allow a dental practitioner to provide primary dental services without being on the performers list for the first 3 months of foundation training (grace period). In order to ensure your application is processed within that period you should submit when you have confirmation of your practice placement.

How long does this process take?

- Routine applications take approximately 8-10 weeks to process from receipt of a complete application form to inclusion on the National Performers List.

If there are any issues with the pre-admission checks or documentation does not meet the criteria, the process will take longer.

Common reasons for delayed applications:

- Occupational health certificate supplied without requirements such as: EPP clearance is not present.
- DBS certificate not provided or no evidence of registration for update service
- Referee's not responding – Please ask your referees to expect a reference request, and to respond in good time.

Please remember to quote your individual case reference number, which you will receive when we confirm receipt of your application e.g. CAS-12345-X1Y2Z3 if you need to contact PCSE regarding your application

Face to Face Checklist

This does not need to be taken to your Face to Face interview, and is for your own records only

Document	Additional Information	<input checked="" type="checkbox"/>
Application form	<p>The application form must be signed and dated in the relevant places in particular Section 7 and Section 8. This does not need to be witnessed.</p> <p>All relevant undertakings and declarations must be answered and signed as well</p> <p>Any missing information within the NPL1 should be discussed and completed with the applicant</p>	<input type="checkbox"/>
CV	Applicant's CV with work employment history included, any gaps over one week must be explained	<input type="checkbox"/>
Passport	Dates must be valid and the photograph must match the applicant. If a work/residence permit applies, this must be disclosed at interview.	<input type="checkbox"/>
Indemnity Certificate	<p>Policy holder details must match ID documents and dates must be valid.</p> <p>If indemnity is not available at the date of the meeting, applicant must provide before the application is submitted to NHS England for consideration</p>	<input type="checkbox"/>
DBS enhanced certificate	<p>Performer must be registered on the DBS Online Update Service.</p> <p>Make sure that the enhanced check has included both the children and adults barring service.</p> <p>If you have not registered for the online update service or have not undertaken the barring service checks the DBS Certificate is invalid for Performers List purposes.</p> <p>The applicant must obtain a new certificate linked to the online update service.</p>	<input type="checkbox"/>
Occupational health clearance certificate	<p>Immunisation reports are not acceptable, please ensure they supply a fitness to work clearance certificate from a SEQOHS certified Occupational Health company, or an NHS provider, which must state confirmation that they are fit to work and cleared for exposure prone procedures.</p> <p>Foundation Trainees can provide a signed letter of authority from the Dental Dean or his/her nominee that they have completed appropriate Occupational Health checks and there is no contraindication to them undertaking exposure prone procedures.</p>	<input type="checkbox"/>
Graduation certificate	<p>A certificate of graduation or postgraduate training from a UK or Irish Republic Dental school or a university.</p> <p>Details must match the applicant.</p> <p>If applicants have not studied or trained in the UK or Irish Republic, please refer to Page 3 of the Application to determine the required evidence.</p>	<input type="checkbox"/>

Application Guide

Please ensure that all areas of the form are fully completed - the aim of this document is to provide guidance on areas of the application form that are regularly missed or filled in incorrectly by Dental Foundation Trainees seeking inclusion to the National Performers List. On the right hand side of each page is a description on what should be included for the area highlighted in the picture.

Please note – The fields highlighted are only regular problem areas, and should be filled in along with all other fields that apply to your circumstances.

15. Please indicate in what capacity you wish to join the performers list		
Medical list	Dental list	Opthalmic list
<input type="checkbox"/> GP performer	<input type="checkbox"/> Dental performer	<input type="checkbox"/> Opthalmic performer
<input type="checkbox"/> Salaried GP by practice	<input type="checkbox"/> Foundation dentist	<input type="checkbox"/> Opthalmic medical practitioner
<input type="checkbox"/> Salaried GP by CCG	<input type="checkbox"/> Dentist undertaking foundation training by assessment	
<input type="checkbox"/> GP registrar		
<input type="checkbox"/> GP locum		
<input type="checkbox"/> GP returner scheme		
<input type="checkbox"/> GP retainer scheme		
<input type="checkbox"/> Armed services Type 1		
<input type="checkbox"/> Armed services Type 2		

Select Foundation Dentist

16. Nationality		
16.1. Please state your country of birth		
16.2. Are you a full British Citizen or an EEA National? If Yes go to section 2, question 17	<input type="radio"/> Yes	<input type="radio"/> No
16.3. Do you have evidence of entitlement to enter and work in the United Kingdom (e.g., settled status, spouse of a British Citizen?) If No go to next question.	<input type="radio"/> Yes	<input type="radio"/> No
16.4. Were you admitted to the UK as a doctor or dentist before 1 April 1985? If No go to next question.	<input type="radio"/> Yes	<input type="radio"/> No
What is your immigration status? – please tick 16.4(a) or 16.4(b) as appropriate:		

SECTION 2: Practice Details

17. If you are linked to a practice/s, please provide the full name(s) and address(es) of these

N.B. Trainees and students should provide their training practice details

17.1 If you are a contractor please confirm that this is the case
18. Contact at practice(s) and telephone number

☐

19. Practice(s) fax number (if available)

20. Practice(s) email address

21. Level of commitment
Please indicate the basis on which you will be working in the practice both NHS and private. If you are not working full time, please state the number of sessions you will be working

This section is for trainees and students only

22. Date of commencement (DD/MM/YYYY)

23. Expected end date of your placement as a trainee (DD/MM/YYYY)

24. Name of approved trainer

Ensure information here is populated. Where the information is not available, please state why in Section 6

SECTION 3: Professional Details (continued)

32. Please list in chronological order all your professional experience:

- A period of locum work should be indicated with a statement indicating the period of locum work and the type of work undertaken – every appointment should be listed.
- Where a period of locum work has been interrupted by a permanent or semi-permanent post this should be reflected accordingly.
- Leave of absence for matters such as maternity leave or study leave whilst in a permanent post do not need to be shown

List all appointments held and if as a performer, indicate your status i.e. principal, non-principal, locum or trainee)

Post (Please indicate whether the post was in primary or secondary care in the NHS, private or both)	Name of Organisation	Specialty	Role undertaken	Start and finish date	Capacity e.g. full time, part time
Example: Primary Care - Private	West Field Surgery	GP	Locum	1/4/2012 – 1/12/13	Full time

Ensure that any gaps in employment are described in Section 6 and that all information matches the CV submitted

details and a supporting explanation	
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Please provide the following information relating to assessments or appraisals as appropriate.

37. Please provide details of any appraisals undertaken starting with the most recent				
Appraisal number	Appraisal year	Date of appraisal or grounds of exemption	Organisation that undertook the appraisal	Name of your appraiser
1				
2				
3				
4				
5				
37(a). If you have not undertaken appraisal, please provide the reasons for this:				
38. Please provide details of your compliance with the core CPD/CET requirements of your regulatory body:				
38(a) Please provide (for those on the GMC register only): your date of revalidation; = the name of your Responsible Officer and Designated body = if you revalidation is on hold or has been deferred, the reason for this				

If you have had an appraisal then details need to be provided. If you have not had one then you can just state this. Confirmation is required that you are complying with any CPD/CET requirements. No supporting documentation is required.

39. Please confirm details of your most recent training in:

39(a) Child protection – level attained and date (see below)	Level	Date
39(b) Adult safeguarding	Date	
39(c) Cardio pulmonary resuscitation (not required for Ophthalmic performers)	Date	

Child protection information needs to be supported with relevant documentation. Adult safeguarding and CPR only require dates of completion. If these areas are yet to be covered under your training, please specify this in Section 6

Child protection training:

Doctors

Unless the applicant is in an agreed training programme agreed by the GMC or is in a placement under the I&R scheme, applicants to the medical performers list are required to provide evidence of child protection training at level 3, as a minimum, otherwise attainment at level 2 will be accepted at the point of entry with the requirement to have achieved level 3 as a minimum at CCT or completion of the I&R scheme.

Dentists

Unless the applicant is in an agreed Health Education England training programme applicants to the dental performers list are required to provide evidence of child protection training at level 2, as a minimum. Attainment at level 1 will be accepted at the point of entry onto a HEE training programme with the requirement to have achieved level 2 as a minimum at completion of the training scheme.

Ophthalmic practitioners

Applicants to the ophthalmic performers list are required to provide evidence of child protection training at level 2 as a minimum

Information about the level of child protection training that is needed for different roles, and how often doctors should receive that training, is provided in *Safeguarding children and young people: roles and competences for health care staff*, published by the Royal College of Paediatrics and Child Health.

Applicants are required to provide details relating to their competence in adult safeguarding and cardio pulmonary resuscitation as this will inform any training and development requirements in respect of the applicant.

SECTION 5: Clinical references

You must provide the names and addresses of two referees, who are willing (have already consented) to 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. For example; Where posts have been of shorter duration or you have worked as a locum in a number of casual posts, you may include a referee from a frequently-held, recurrent post.

Referees must be registered clinical practitioners.

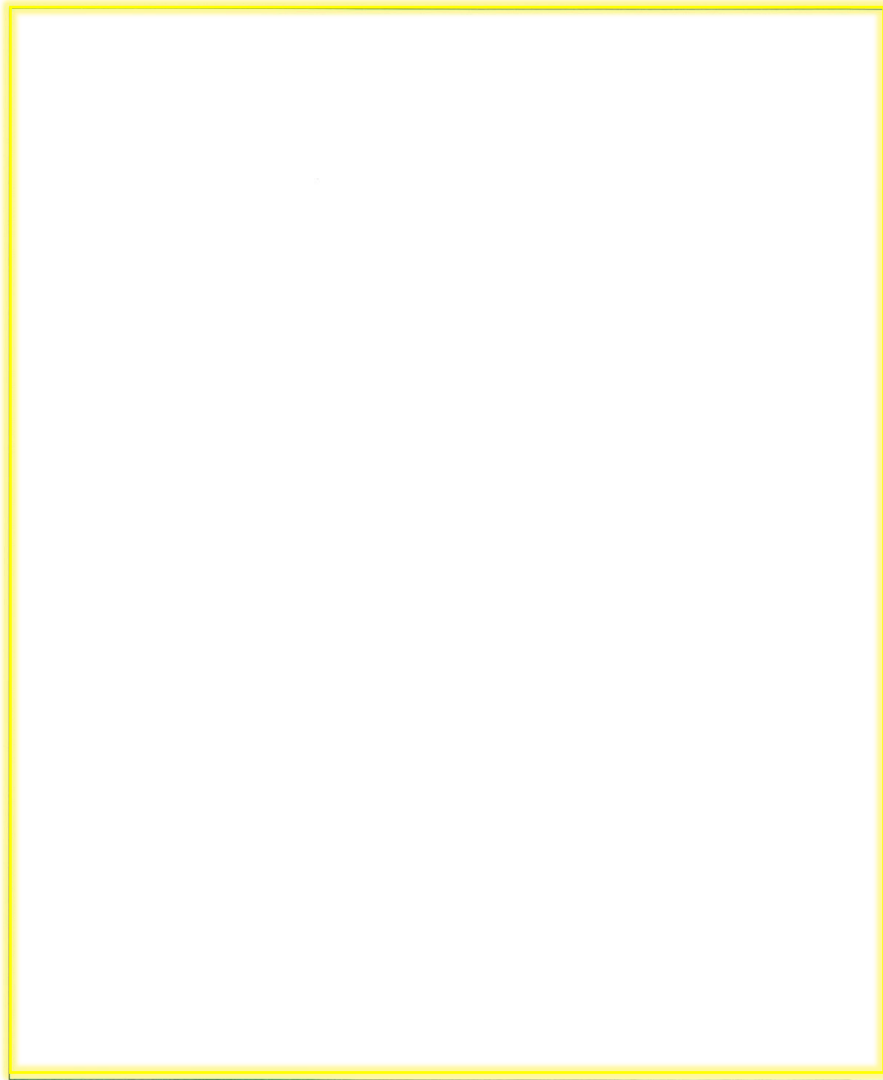
Referee 1	
Name	
Address	
Telephone number	
Email address	
Relationship/capacity known	
Length of time known	

Referee 2	
Name	
Address	
Telephone number	
Email address	
Relationship/capacity known	
Length of time known	

Please ensure that the information entered here is correct, and that Referees are aware they will be required to complete a clinical reference form. This section is the main cause for delays on DFT applications.

SECTION 6: Additional information

Please provide any other information that NHS England may reasonably require to determine your application



Please use this area to explain any missing information, gaps in employment history, or any information you feel PCSE should be aware of.

Please continue any of the above information on a separate sheet if necessary.

SECTION 7: Declarations – The NHS (Performers Lists) (England) Regulations 2013

	Yes	No
(g) Have you ever been the subject of any investigation by any regulatory or other body which included an adverse finding	<input type="radio"/>	<input type="radio"/>
(h) Are you currently the subject of any investigation by any regulatory or other body	<input type="radio"/>	<input type="radio"/>
(i) Are you involved in an inquest as a person who falls within rule 20(2)(d) (entitlement to examine witnesses) or rule 24 (notice to person whose conduct is likely to be called into question) of the Coroners Rules 1984(c)	<input type="radio"/>	<input type="radio"/>
(j) Have you ever been the subject of any investigation by the NHS Business Services Authority in relation to fraud which included an adverse finding	<input type="radio"/>	<input type="radio"/>
(k) Are you currently the subject of any investigation by the NHS Business Services Authority in relation to fraud	<input type="radio"/>	<input type="radio"/>
(l) Are you the subject of any investigation by the holder of any list which might lead to your removal from the list	<input type="radio"/>	<input type="radio"/>
(m) Are you the subject of any investigation in respect of any current or previous employment	<input type="radio"/>	<input type="radio"/>
(n) Have you ever been the subject of any investigation in respect of any current or previous employment which included an adverse finding	<input type="radio"/>	<input type="radio"/>
(o) Have you ever been removed or you are currently suspended from, or have you been refused inclusion in or included subject to conditions in, any list	<input type="radio"/>	<input type="radio"/>
(p) Are you, or have you ever been, subject to a national disqualification	<input type="radio"/>	<input type="radio"/>

Name: (please print)								
Signature:								
Professional registration number:								
Date: (DD/MM/YYYY)								

All questions must be answered and signed for an application to be accepted. Digital signatures and handwritten signatures will be accepted, but a typed name will not. If you are unable to sign electronically, or do not have access to a scanner, this section can be signed at the Face to Face interview.

SECTION 7: Declarations – The NHS (Performers Lists) (England) Regulations 2013 (continued) Only to be completed if applicant has in the preceding six months been, or was at the time of the originating event, a director of a body corporate

	Yes	No
(g) Are you currently the subject of any investigation by the NHS Business Services Authority in relation to fraud	<input type="radio"/>	<input type="radio"/>
(h) Are you currently the subject of any investigation by the holder of any list which might lead to the body corporates removal from that list	<input type="radio"/>	<input type="radio"/>
(i) Have you ever been removed or are you currently suspended from, or have you been refused inclusion in or included subject to conditions in, any list	<input type="radio"/>	<input type="radio"/>
(j) Are you currently, or have you ever been, subject to a national disqualification	<input type="radio"/>	<input type="radio"/>
Name: (please print)		
Signature:		
Professional registration number:		
Date: (DD/MM/YYYY)		

This section must be signed for an application to be accepted. Digital signatures and handwritten signatures will be accepted, but a typed name will not. If you are unable to sign electronically, or do not have access to a scanner, this section can be signed at the Face to Face interview.

SECTION 8: Undertakings

I am a GP registrar or dental foundation trainee undertaking vocational/foundation training.

I undertake:

- Not to perform any primary care services, except when acting for and under the direction of my approved trainer
- To withdraw from the performers list if I fail to complete my vocational/foundation training
- To provide on completion of my training, satisfactory evidence to NHS England that I have completed my training

Name: (please print)											
Signature:											
Professional registration number:											
Date: (DD/MM/YYYY)	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

This section must be signed for an application to be accepted. Digital signatures and handwritten signatures will be accepted, but a typed name will not. If you are unable to sign electronically, or do not have access to a scanner, this section can be signed at the Face to Face interview.

I am a qualified practitioner and agree to provide the following undertakings, required by Regulation 4, sub-paragraph 3 of the NHS (Performers Lists) (England) Regulations 2013.

I agree to:

- Provide any declaration or document required by Regulation 9; (See Annex A)
- Notify NHS England within seven days of any material change to the information provided in the application, whether such change occurs before NHS England's determination of the performer's application or subsequently;
- Maintain an appropriate indemnity arrangement which provides cover in respect of liabilities that may be incurred in carrying out work as a performer at all times and to provide evidence of such an indemnity arrangement to NHS England on request;
- Notify the NHS England if I am included, or if I apply to be included, in any other list;

SECTION 8: Undertakings

- disclosing information to NHS England in relation to my appraisal and revalidation history which includes release of appraisal and revalidation documentation.

I understand that my failure to comply with the requirements outlined in this declaration that I have agreed to abide by may result in conditions being placed upon my name on NHS England's performers list(s) or may result in removal of my name from the list(s).

Name: (please print)								
Signature:								
Professional registration number:								
Date: (DD/MM/YYYY)								

This section must be signed for an application to be accepted. Digital signatures and handwritten signatures will be accepted, but a typed name will not. If you are unable to sign electronically, or do not have access to a scanner, this section can be signed at the Face to Face interview.