APPRAISAL OF STANDARDS ***Use Faculty guidelines to gauge best practice regarding notes and radiographs***

(Minimum of 5 clinical records and a child record to be checked and 1 molar endo/Cr Prep)

APPRAISAL of CLINICAL STANDARDS With TRAINER	GREEN Majority of notes are to a high standard, small mistakes but no evidence for regular occurrence.	AMBER Majority of notes are acceptable, some consistent small errors, insight shown into these	RED or RED* Majority of notes checked are not acceptable, multiple omissions across all fields checked.
> Clinical Notes BPE / Diagnosis if required / Treatment options / Treatment Plan / Prevention / Consent / SH / Smoking & Alcohol and Cancer Risk status / Personalised to patient	Majority of notes include perio diagnosis, BPE & appropriate pocket chart in adults & children >7yrs, diagnosis, treatment plans, treatment options, consent etc. Evidence of DBOH for child record	Some items in notes are missing or incomplete, trainer is aware of this and has insight.	Notes are incomplete, extensive use of autonote with no customization, no patient consent or options etc.
> Medical History	Full and complete MH, updated regularly with patient signature. Evidence of practice protocols for MH recording.	Some MH's are missing or not updated.	Majority of notes checked do not have MH's or have not been updated.
> Radiography	Appropriate rads. Taken following FGDP guidelines, justification, graded and reported.	Some reports are present, although inconsistencies are present.	Reports are missing, no protocol for rad taking appears to be in use.
> Estimates	Regular use of estimates with treatment plans.	Some evidence of estimates provided.	No evidence for estimates given to patient.
> Molar endodontics & Crown Prep (within 3 months) Cross checked with APLAN	Evidence of: -Diagnosis -Treatment options -Appropriate rads. -Rubber dam usage (always) -Aware of best practice. -Cr. Model available + appropriate radiograph + clinical records	Evidence of: -Limited diagnosis -Occasional Rubber Dam Use -Rads. Present but had to look at several records to find complete set -Aware of best practice but some aspects need to be Improved.	Evidence of: - Difficulty in providing evidence for a complete endo course - No Rubber Dam Use - No rads / limited rads present - Not aware of best practice, no evidence of molar endo being carried out regular to an acceptable standard.

APPRAISAL of PROFESSIONAL STANDARDS With TRAINER	GREEN	AMBER	RED
> Critical Reflection on Performance Please provide details of a case where you were not happy with the final results > Maintaining own Clinical Standards How do you ensure your own standards are maintained? > Evidence of personal development Please provide details of non-clinical development (planned or completed), that you feel would benefit your role as an ES Personal development can be cross checked with clinical governance section by second visitor Maintaining clinical standards and critical reflection cross checked through APLAN			

APPRAISAL of COMMUNICATION With TRAINER	GREEN	AMBER	RED
> Conflict Resolution Cross checked with Patient Care Section by second visitor			
APPRAISAL of MANAGEMENT & LEADERSHIP With Trainer	GREEN	AMBER	RED
> Provide examples of M&L and developing others			

Non-Clinical Sections

Infection Control With DCP / Lead	GREEN Practice complies with current guidelines and is aware of implications, training is provided for staff members	✓	AMBER Practice is aware of current guidelines but could improve in some key areas, training and procedures are safe	✓	RED or RED* Practice is not aware of current guidelines, training is inadequate and potentially cross contamination could occur.
-Policies -Procedures -Training -Quality Assurance Satisfactory evidence for infection control procedures may be gathered through documentation, communication with team members/Infection Control Lead and observation of infection control procedures.	Evidenced by – > Recent policies present with date of update > Obs of Decontamination procedures assessed and conform to HTM 01 05 Equipment [Ultrasonic? / WD?] Validation of all Sufficient PPE Sinks [hand wash separate] > Full staff training documents present with update planned > Appropriate (minimum two IPS audits per year) audits observed Audit action plan? > Use of single-use only equipment where possible Suction 3-in-1 tips matrix systems > Food is stored and consumed away from clinical activity > Waste + storage		Evidenced by – - Key policies present with no update dates/review process - Some small procedural errors in decontamination observed - Some training documents missing or/and no update planned - Audits complete but some missing, validation documents incomplete - Some items are reprocessed (e.g. Metal suction/3-in-1 tips) - Inappropriate waste management [consignment notes] and storage		Evidenced by – = Policies out of date, not following HTM 0105, no review = Decontamination illogical and no clear dirty to clean workflow, potential exists for cross contamination = Training inadequate = No audits present, no validation documentation available = Items are reprocessed that are single use only = Food stored with clinical materials = No waste streams

Health & Safety With Practice Manager + other Team Members	GREEN Practice has full and complete Health & Safety documents in all key areas, staff are fully aware of issues in relation to this an FD would be safe in this environment.	✓	AMBER Most key areas are complete, there is room for improvement though but the FD would be in a safe environment.	✓	RED or RED* Key documents are missing; there is a risk (safety or litigation) to the FD if they are placed in this environment.
-Policies -Training & Understanding Satisfactory evidence for Health & Safety procedures may be gathered through documentation, communication with team members/Practice Manager and observation of the practice environment.	Evidenced by – > COSHH file [Preferably 5 checked] Blood Bleach Others [state] > Fire regulations Pt aware - signs / alarm Assembly point Smoke alarms Evacuation drill 2x year > Electrical testing > Legionella Schematic diagram Water testing monthly > Health & Safety Poster > Accident Book/First Aid Following DP? Last entry? + learning evidenced > Risk Assessment [If siquevland – check RA following Regs] > Significant Events analysed Date of last event Appropriate action		Evidenced by- - COSHH file (key documents not present) - Fire regs. present but no training - Electrical testing completed but no update planned - Legionella irregular testing of water sentinel taps [L8] - Health & Safety poster present but not filled in - Accident book present with sheets present (data protection issues) - Poor risk assessment process - Incomplete significant event recording and no learning evident		Evidenced by- = Key COSHH documents missing (blood, bleach, mercury) = No fire regs or key equipment = No electrical testing = No health & safety poster [2013 version] = No Accident Book = No risk assessments or awareness = No significant event recording or awareness

Radiography With RPS/Team member	GREEN Complies with IRMER and Faculty guidelines fully	✓	AMBER Most key issues with IRMER and FGDP guidelines are followed, some minor paperwork issues	✓	RED or RED* IRMER and Faculty guidelines are clearly not being followed
-Policy -Training -Quality Assurance Satisfactory evidence for Radiography may be gathered through documentation, communication with team members/RPS and observation of the practice environment.	Evidenced by – > Local rules up to date [Signed and dated] > Signage on doors > RPS / RPA / MPE appointed > Rectangular collimation [fixed / or bracket] > IRMER Cert training for trainer (valid within 5 years) [PLVE applicant IRMER Cert] > Bi-Yearly audits in radiography, follows IRMER and faculty guidelines > Digital Direct Indirect Scanner/reader location > Film based		Evidenced by – - Local rules present but out-of-date - Training for trainer just out of date (1 year) but course planned - No MPE appointed - No rectangular collimation available - Audits are sporadic, no clear review process; follows IRMER and FGDP occasionally		Evidenced by – = No local rules present = Training out of date (greater than 1 year) = No recent audits (within 2 years, not following IRMER or FGDP guidelines)

Medical Emergencies With Team Members	GREEN Staff are well trained with evidence, drugs are appropriate and have procedures in place to ensure they are regularly checked and in date	✓	AMBER Staff are trained, although not yearly, drugs are appropriate and in date although no evidence of regular checking	✓	RED or RED* Poorly trained staff, drugs are inappropriate or/and out of date
Medical Emergencies -Policy -Training -Drugs -Quality Assurance **<u>See separate guidance for recommended drugs + defib.</u>** Satisfactory evidence for how a practice would deal with a Medical Emergency may be gathered through documentation, communication with team members and visually confirming on-sight presence of appropriate equipment/drugs.	Evidenced by – > Medical emergency protocols > Regular staff training evidenced (yearly) > Appropriate drugs and equipment in date Adrenaline - auto-inject 150, 300, 500 – - needles sz 23 or 25 and length 25mm standard and 38mm long Aspirin 300mg Glucogel Glucogon [18mths from purchase or taken out of fridge – sticker] GTN Midazolam [and syringes] Salbutamol + Spacer cone PPE O2 [Bag + Mask [Adult + Child] Airways 0,1,2,3,4 AED + Spare pads > Protocols to check for drugs in date [weekly] > Staff have knowledge about how to preserve life		Evidenced by – - Protocols present - Staff training occurs but evidence is patchy - Drugs are appropriate, but some out of date - Irregular checking of drugs, no protocol present or not followed - Incorrect size needles for drawing up adrenaline ampules - Staff not able to demonstrate knowledge and understanding how to save lives		Evidenced by – = Protocols are absent = Little to no staff training = Drugs inappropriate or/and out of date = Drugs not checked

Patient Care With PM / Team Members	GREEN Policies and procedures are present for patient complaints, evidence of patient feedback.	✓	AMBER Policies are present but no clear structure/confusing, no patient questionnaires/feedback	✓	RED or RED* No policies are present, the practice appears to have little to no concern for patients views or rights
Satisfactory evidence for how a practice looks after their patients may be sought through documentation and communication with Practice Manager and other team members.	Evidenced by – > Practice complaints system [staff attitude and awareness] > Patient leaflets > Patient feedback gathered within the last 12 months > Compliant with Friends & Family Test > GDC Standards Poster > Staff personnel identifiable > Disability access > Safeguarding Level 2 / Level 3		Evidenced by – - Incomplete complaints system - Out of date patient leaflets - No patient feedback gathered - Staff not identifiable to patients or visitors		Evidenced by – = No complaint system = No patient leaflets = No feedback gathered

Staff Management & Development With PM / Lead Clinician	GREEN The practice has good team support and has development plans for it's team; management style is open and everyone knows their roles	✓	AMBER The practice has a good team, but they need more guidance; there is room to improve management structures	✓	RED or RED* The practice appears unorganized, new staff members are not inducted into practice procedures
Satisfactory evidence for how a practice looks after their staff may be sought through documentation and communication with Practice Manager/Practice Principal/Lead Clinician and other team members.	Evidenced by – > Regular practice meetings (minuted) > Revolving chair or evidence of staff involvement > Staff appraisals, PDP + development > Staff training records > New staff induction and documents > Evidence of conflict resolution capability Organisational structure Bullying Harassment Other > Commitment to stress management > Core CPD for DCP's monitored > Lockers or equivalent > Changing facilities		Evidenced by – - Poorly recorded or infrequent staff meetings (1 a year or fewer) - Staff appraisals infrequent - Lack of policy and awareness to workplace stress - Incomplete training records with no PDP - Staff induction incomplete - Core CPD inconsistent recording		Evidenced by – = No evidence of staff meetings = No evidence of formal or informal appraisals = No training records – no PDP = No staff induction process

Clinical Governance With Trainer/Lead Clinician	GREEN Strong evidence for clinical governance, peer review and plenty of source material for 'best practice' available and used.	✓	AMBER Weak evidence for clinical governance, peer review seems half-hearted although there is insight into 'best practice'	✓	RED or RED* No evidence for compliance to clinical governance, not aware of 'best practice' guidelines
Clinical Governance (Looking at the clinical standards of the practice as a whole, how are they monitored and what mechanisms are in place to help clinicians improve if necessary) CQC Outcomes/Standards Satisfactory evidence for how a practice manages Clinical Governance may be sought through documentation and communication with Practice Manager/Practice Principal/Lead Clinician and other team members.	Evidenced by – > Regular peer review where clinicians share/discuss clinical standards/care > New standards followed (e.g. Faculty guidelines). Full awareness. Perio IRR IRMER DBOH Amalgam > Annual clinical audit with appropriate action plans in place where necessary > Significant event recording		Evidenced by – - Irregular peer review - Some standards followed but incomplete. Limited awareness. - Irregular clinical audit - No significant event reporting		Evidenced by – = No peer review evidence = No current standards available. No awareness. = No clinical audit undertaken

Foundation Dentists Surgery With Trainer / PM	GREEN The FD will be in a surgery that complies with HTM 0105, it is very well maintained with adequate equipment, which is expected for foundation training.	✓	AMBER Although the surgery is suitable for training there is room for improvement, some equipment needs to be purchased before training can commence	✓	RED or RED* The surgery is NOT suitable for training; there are deficiencies in equipment levels.
Infection Control General Design + Ergonomics Equipment Ambidextrous Dental Chair Experienced Dental Nurse Proximity to Trainers Surgery	Evidenced by – > Adequate hand cleaning facilities and sinks, wall mounted dispensers with poster > Instruments stored outside of surgery or in separate clean environment within surgery > Uncluttered work surfaces in good repair + made of appropriate material > Units fit for purpose > Evidence of zoning > Flooring impervious in good repair and rolls up skirting boards > Wall coverings clinically appropriate > Dental chair in good repair > Key equipment present (see attached list) > Waste receptacles at point of use		Evidenced by – - Adequate hand facilities but dispensers not wall mounted - Instruments stored in dirty zone - Flooring okay but not rolling up skirting board - Work surfaces generally acceptable but materials used could be updated Surgery design / ergonomics requires adjusting prior to start date - Dental chair working but evidence of repair (torn seat covering repaired but not reupholstered) - Some key equipment missing or shared (e.g. Rubber Dam Kit) - Trainee Dental Nurse		Evidenced by – = Inadequate hand facilities = Instruments such as burs stored loosely in racks = Surgery size inappropriate = Flooring damaged and poor fitting = Work surfaces damaged + poor quality = Dental chair damaged = Key equipment absent

The use of a RED* will mean that the practice or trainer cannot be approved. There may be circumstances where a RED may be recorded but the practice visitors may wish to grant conditional approval. Approval is dependant on certain changes being made before training can commence.