

List of requirements for Practice and Educational Supervisor(s) 2024-2025 intake

ESSENTIAL REQUIREMENTS – All requirements must be met

Certification, registration, insurance & policies		Yes	No	HEE Assessor's Comment	Yes	No
1	Applicant and all other clinicians (except Trainee nurse and admin staff) have current GDC annual practising certificates	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2	All DCPs have current GDC registration or are in recognised training schemes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3	Applicant and all other clinicians have current defence organisation membership or professional indemnity insurance				<input type="checkbox"/>	<input type="checkbox"/>
4	Applicant has been subject to an enhanced DBS check (previously known as CRB) which revealed nothing which should prevent the applicant from working with vulnerable adults and children.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5	Employer's Liability / Public Liability Insurance certificate valid and on display	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6	CQC Certificate of registration for registered manager. Essential for partnerships, LLPs & corporate bodies, not required for sole traders.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7	CQC Certificate of registration for diagnostic & screening services, surgical procedures and treatment of disease, disorder & injury	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8	CQC inspection – the practice has had a CQC inspection in the last 5 years	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9	Development plan for areas of CQC registration that are not fully compliant	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10	Certification of last training in CPR and medical emergencies for all staff employed/listed within last year	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11	Child protection and vulnerable adults level 2 training for all clinical staff within the last 3 years		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
12	All clinicians exposing radiographs should have certification demonstrating attendance in a recognised IRMER course within the last 5 years	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
13	Applicant can evidence annual infection control training for all clinical staff	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
14	Applicant has full inclusion in relevant dental performers list	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
15	Equal Opportunities / anti discrimination policies in place and up to date	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
16	Data protection certificate in place (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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Certification, registration, insurance & policies contd...		Yes	No	HEE Assessor's Comment	Yes	No
17	Freedom of Information Act – publication scheme registered	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
18	Autoclave maintenance / insurance in place	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
19	Compressor maintenance / insurance in place	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
20	Health & safety policy in place	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
21	Infection control policy in place	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
22	Radiology policy in place and RPA and RPS appointed	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
23	Written plan for practice in case of force majeure (including how to manage the situation if one / all ESs included in the application should be incapacitated long term / permanently)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Patient care / record keeping		Yes	No	HEE Assessor's Comment	Yes	No
1	Fully computerised clinical records	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2	Complaints procedure in place and nominated officer appointed	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2	Evidence of NHS patients currently treated (BSA monitoring report/ Compass and Software)		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3	Appropriate recording of medical histories	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4	Evidence of significant events recorded and used for staff training	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5	Suitable arrangements in place for dental emergency patients	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Staff training & development		Yes	No	HEE Assessor's Comment	Yes	No
1	Reference library (including recent material) or evidence of online researches	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2	Periodicals (evidence of regular subscriptions)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3	Staff handbook (or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4	Staff appraisal system in place (examples shown)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5	Evidence of regular team meetings (eg copy of minutes)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6	Evidence of fire safety training	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7	Core CPD for DCPs monitored	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8	Regular peer review or audit (minutes available)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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Health & Safety, COSHH, Infection Control		Yes	No	HEE Assessor's Comment	Yes	No
1	Health and Safety Executive – current version poster on display, details completed	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2	Fire extinguishers available – evidence of regular servicing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3	Accident book and RIDDOR report forms available	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4	First aid kit available, first aider appointed	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5	COSHH and risk assessments in place	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6	Portable and fixed electrical safety checks in place, qualified inspector	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7	Evidence of QA process in radiology	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8	Compliance with the core requirements of HTM 01-05 (infection control)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9	Evidence of six-monthly audits of decontamination processes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10	Magnifying light available for use in decontamination area	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11	Suitable clinical clothing and PPE to meet HTM 01-05 requirements	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
12	Clinical waste is disposed of in accordance with recommendations plus transfer notes and contract seen	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
13	Special waste is disposed of in accordance with recommendations plus transfer notes and contract seen	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
14	Quality assurance policy in place and displayed	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
15	AED available in practice, with evidence of appropriate staff training in use	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
16	Appropriate disposal of single-use instruments, e.g. 3-in-1 tips	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
17	Full emergency drug kit in place and checked regularly	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
18	Secure storage of drugs and prescription pads	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
19	Portable oxygen available and checked regularly	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
20	Portable self-powered aspirator available	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
21	Airways and ventilation devices available	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
22	Gas cylinders – correct storage, correct maintenance / inspection	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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Health & safety, COSHH, infection control / contd....		Yes	No	HEE Assessor's Comment	Yes	No
23	Mercury spillage kit present	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
24	Complies with current requirements regarding waste separation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
25	Evidence of planned programme for renewal of equipment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
26	Practice is equipped for NiTi rotary endodontic treatment and evidence of use	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
27	Evidence of beam-aiming devices and rectangular collimation for radiography	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
28	Gas safety certificates	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
29	Impervious floor covering in treatment areas	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
30	Needle re-sheather or safety syringes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Foundation Dentist (FD) facilities, support & ability to deliver curriculum		Yes	No	HEE Assessor's Comment	Yes	No
1	FD's appointed nurse is GDC registered and qualified. The same nurse will be allocated for the first three months	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2	Evidence of sufficient patient numbers to allow FD to achieve a broad range of treatment experience	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3	Practice can demonstrate that the FD and Educational Supervisor surgeries are in close proximity		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4	FD has adequate private access to email, broadband internet & a suitable computer at the practice in working hours	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5	FD Surgery MIN 3 metre square & adequate space for patient, carer & at least 1 assessor	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6	FD Surgery suitable for both left and right-handed operators	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7	FD surgery to be available to FD for 35 hours per week (28 hours if week includes a study day)		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8	FD to work maximum of 4 hr session without planned break and no more than 8 hours in a working day	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9	Endodontic system (Rotary Endo), apex locator available including rubber dam		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10	Sufficient consumables, instruments and handpieces available to allow appropriate treatment		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11	FD to normally work in no more than 2 different surgeries	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
12	X-ray facility in FD surgery (Non handheld)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
13	FD Surgery - Closed aspiration system with exhaust outside building	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
14	FD Surgery - Amalgam separation installed	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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Foundation Dentist (FD) facilities, support & ability to deliver curriculum / Contd..		Yes	No	HEE Assessor's Comment	Yes	No
15	FD Surgery - Encapsulated amalgam production	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
16	FD Surgery - Ultrasonic scaler or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
17	FD Surgery - Composite curing lamp and light meter for testing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
18	Availability of sectional matrix bands	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
19	Availability of Stainless Steel Crowns.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
20	Availability of clinical photographic equipment and demonstration of use	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
21	Suitable equipment for performing minor oral surgery	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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Desirable Requirements		Yes	No	HEE Assessor's Comment	Yes	No
1	Centralised sterile services in place	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2	Hygienist / Therapist in attendance at the practice	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3	Practice is equipped for digital radiography	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4	Practice has contract for provision of inhalational / intravenous sedation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5	Practice has contract for provision of fixed orthodontic treatment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6	Practice holds contract for domiciliary care	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7	Practice holds contract to provide elective minor oral surgery	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8	Practice nurses have achieved postgraduate certificates eg: radiology; DHE; sedation; implantology; smoking cessation; fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9	Separate room for study with learning resources	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10	External quality recognition - Charter Mark / Investors in People / BDA Good Practice	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11	Evidence of learning from complaints (records with outcomes and actions)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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Declarations

I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief in case any information given in this application proves to be false or incorrect.			
Practice Manager Name			
Practice Manager Signature		Date	
OR			
Practice Owner Name			
Practice Owner Signature		Date	
OR			
Practitioner/Educational Supervisor 1 Name			
Signature		Date	
OR			
Practitioner/Educational Supervisor 2 Name			
Signature		Date	
e-Signature/Digital ID: click on 'Signature' field, click on 'Configure new Digital ID' button, select 'Create a new Digital ID' and continue, select 'Save to File', enter your name, email address, and select 'GB-United Kingdom' from the drop-down menu and continue, apply and confirm your password, click 'Save' button, select your signature and continue, enter your password again, and click 'Sign', then 'Save' to file. Your e-Signature should appear in the signature field.			

Self-Assessment Form

OFFICE USE ONLY	
Name of HEE Assessor	
Date	
HEE Assessor Signature	
Other HEE Comments	