# Self-Assessment Form

NHS England South East

| List of requirements for Practice and Educational Supervisor(s) 2027-2028 intake | | | | | | |
|---|---|---|---|---|---|---|
| **ESSENTIAL REQUIREMENTS – All requirements must be met** | | | | | | |
| | **Certification, registration, insurance & policies** | **Yes** | **No** | **NHSE Assessor's Comment** | **Yes** | **No** |
| 1 | Applicant and all other clinicians (except Trainee nurse and admin staff) have current GDC annual practising certificates | | | | | |
| 2 | All DCPs have current GDC registration or are in recognised training schemes | | | | | |
| 3 | Applicant and all other clinicians have current defence organisation membership or professional indemnity insurance | | | | | |
| 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. | | | | | |
| 5 | Employer's Liability / Public Liability Insurance certificate valid and on display | | | | | |
| 6 | CQC Certificate of registration for registered manager. Essential for partnerships, LLPs & corporate bodies, not required for sole traders. | | | | | |
| 7 | CQC Certificate of registration for diagnostic & screening services, surgical procedures and treatment of disease, disorder & injury | | | | | |
| 8 | CQC inspection – the practice has had a CQC inspection in the last 5 years | | | | | |
| 9 | Development plan for areas of CQC registration that are not fully compliant | | | | | |
| 10 | Certification of last training in CPR and medical emergencies for all staff employed/listed within last year | | | | | |
| 11 | Child protection and vulnerable adults level 2 training for all clinical staff within the last 3 years | | | | | |
| 12 | All clinicians exposing radiographs should have certification demonstrating attendance in a recognised IRMER course within the last 5 years | | | | | |
| 13 | Applicant can evidence annual infection control training for all clinical staff | | | | | |
| 14 | Applicant has full inclusion in relevant dental performers list | | | | | |
| 15 | Equal Opportunities / anti-discrimination policies in place and up-to-date | | | | | |
| 16 | Data protection certificate in place (where applicable) | | | | | |

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| Certification, registration, insurance & policies contd… | | Yes | No | NHSE Assessor's Comment | Yes | No |
|---|---|---|---|---|---|---|
| 17 | ➢ 2025/2026 BSA End of Year Practice Statement + End of Year Personal Statement<br>➢ 2025/2026 BSA End of Year Personal Statement | | | | | |
| 18 | Freedom of Information Act – publication scheme registered | | | | | |
| 19 | Autoclave maintenance / insurance in place | | | | | |
| 20 | Compressor maintenance / insurance in place | | | | | |
| 21 | Health & safety policy in place | | | | | |
| 22 | Infection control policy in place | | | | | |
| 23 | Radiology policy in place and RPA and RPS appointed | | | | | |
| 24 | 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) | | | | | |
| **Patient care / record keeping** | | **Yes** | **No** | **NHSE Assessor's Comment** | **Yes** | **No** |
| 1 | Fully computerised clinical records | | | | | |
| 2 | Complaints procedure in place and nominated officer appointed | | | | | |
| 2 | Evidence of NHS patients currently treated (BSA monitoring report/ Compass and Software) | | | | | |
| 3 | Appropriate recording of medical histories | | | | | |
| 4 | Evidence of significant events recorded and used for staff training | | | | | |
| 5 | Suitable arrangements in place for dental emergency patients | | | | | |
| **Staff training & development** | | **Yes** | **No** | **NHSE Assessor's Comment** | **Yes** | **No** |
| 1 | Reference library (including recent material) or evidence of online researches | | | | | |
| 2 | Periodicals (evidence of regular subscriptions) | | | | | |
| 3 | Staff handbook (or equivalent) | | | | | |
| 4 | Staff appraisal system in place (examples shown) | | | | | |
| 5 | Evidence of regular team meetings (eg copy of minutes) | | | | | |
| 6 | Evidence of fire safety training | | | | | |
| 7 | Core CPD for DCPs monitored | | | | | |
| 8 | Regular peer review or audit (minutes available) | | | | | |

# Self-Assessment Form

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

# Self-Assessment Form

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

# Self-Assessment Form

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

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

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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.
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