



Standard operating procedure (SOP) for primary care support services

Standard operating procedure for processing applications to join the dental performers list, including preparation of the pack required for medical director/responsible officer (RO) consideration and details for processing changes of circumstance/status and transfers

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Standard operating procedure for processing applications to join the dental performers list, including preparation of the pack required for medical director/responsible officer (RO) consideration and details for processing changes of circumstance/status and transfers

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1 Introduction

From 1 April 2013, the NHS Commissioning Board adopted the name NHS England, a name that gives people a greater sense of our role, scope and ambitions - as the organisation responsible for allocating the NHS budget, working to improve outcomes for people in England and ensuring high quality care for all, now and for future generations.

Our legal name remains the NHS Commissioning Board as set out in our establishment orders. While the NHS Commissioning Board will be known as NHS England in everything that we do, there are times when the statutory name is required for legal and contractual transactions. The following list provides some key examples of legal documentation which requires us to use our full legal name:

- Human resources (HR) contract of employment;
- Any documentation involving a court of law, e.g. litigation claims
- Contracts for directly commissioned services.

For ease of reference NHS England is the generic term used throughout this policy.

2 Aims

The standard operating procedure for primary care support (PCS) sets out the process to be followed to ensure a consistent approach is followed for processing applications for inclusion in NHS England's national dental performers lists in accordance with the National Health Service (Performers Lists) (England) Regulations 2013.

The procedure details the steps to be taken in preparation of the assessment pack for consideration by area team's medical director/RO or nominated deputy.

The aim of the procedure is to enable NHS England to make informed decisions about applications for inclusion in the national dental performers lists and assure itself of the suitability of NHS primary care dental performers it includes.

This procedure also includes details of how to manage the list in respect of changes in circumstance/status and transfer between area teams.

SOPs for PCS have also been developed for processing applications for inclusion in NHS England's national medical and ophthalmic performers lists.

3 Background

Dental performers wishing to provide NHS dental services in primary care within the NHS must be included in the national dental performers list.

NHS England's Board has given delegated responsibility, currently to NHS England's area teams, to assess applications from primary dental performers for inclusion in NHS England's national performers lists.

Approval of the application rests with the medical director/RO or nominated deputy of NHS England's area team, where an application is straight forward and without concerns or where mandatory refusal is required.

If the medical director/RO has any concerns, a meeting of the performance advisory group (PAG) will be arranged to consider the application. If a decision regarding conditional inclusion or refusal is required the application will then be passed to the performers list decision panel (PLDP) for consideration.

4 Governance arrangements

There are 27 area teams within NHS England; each has an appointed medical director/RO.

Performers are required to be connected to an appropriately qualified clinician in an area team who is currently the medical director/RO.

The area team to which the performer should be aligned may differ depending on their place of work or their place of residence.

Performers who work at more than one practice should apply and be assigned to the area team where they are based for the majority of their time.

In the case of performers who have not yet secured a place of work, the area team to which they are assigned will be determined by their UK home address as recorded by the General Dental Council (GDC). However it is possible that the performer may have provided the GDC with their home address in their country of origin when they first registered. In this case the applicant should be advised to notify the GDC to amend their records to reflect the UK home address.

Dental performers whose home address is outside of England and who have not secured a place of work but can demonstrate a significant plausible intention to practise in England and are eligible to be on NHS England's national performers list, will be linked to the area team as detailed in the table below:

| GDC registered address is in: | Area team Medical Director/RO |
|--------------------------------------|---|
| Scotland | Cumbria, Northumberland and Tyne and Wear |
| North Wales | Shropshire and Staffordshire |
| South Wales | Arden, Herefordshire and Worcestershire |
| Channel Islands | Wessex |
| Northern Ireland | Merseyside |
| Isle of Man | Merseyside |
| Elsewhere outside the UK | London North West |

Once a performer has been included in the national performers lists and the performer changes the area or practice where he or she carries out the majority of his or her work, the performer is responsible for notifying the area team where they will be working, as soon as practical. Performers should complete the relevant change notification form (NPL2 or 3) and submit this to the PCS office.

5 Scope

This SOP covers the steps to be taken from:

- Receipt of an application form for inclusion in the national dental performers list.
- Submission of the assessment pack to the area team Medical Director/RO with a summary of information provided and any information of note flagged.
- Notifying the applicant of the area team's decision.
- Completing entries on the dental payment system and primary care information system (PCIS). This includes locums.
- Administering changes to the performers list regarding change of circumstance/status and transfer between area teams.

6 Application process

The application form should be downloaded from the NHS England website.

<http://www.performer.england.nhs.uk/Documents>

The electronically completed application form should be sent to the PCS service who will check if the applicant has indicated under Section 3: Professional details – Performers List History if they are currently on the performers list in England by referring to the primary care performers directory (<https://nww.openexeter.nhs.uk/nhsia/index.jsp>). At this stage, the PCS service will also verify that the applicant is applying to the correct area team.

Applications received from performers who have been nationally disqualified from the

performers list on the grounds of suitability or fraud cannot be considered until a minimum period of two years has past following the applicant's removal from the list.

If following review of the application it is evident that the performer was nationally disqualified within the previous two years, the application should be returned to the applicant with an explanation why it cannot be progressed.

If an existing live entry for England is found on the primary care performers directory then process the application as a transfer to another area team, as detailed later within this document. This would not be considered as an application to **join** the performers list.

It should however be noted that a performer can have concurrent performer list entries with a Welsh, Northern Ireland or Scottish Health Board but only one list entry in England.

Once it has been established that the applicant does not have a live entry for England then the application may be processed as follows.

6.1 Meeting the applicant

Applicants must make an appointment with the PCS office to submit their supporting documentation in person in respect of their application for inclusion in the dental performers list.

All applicants must submit the following:

1. An electronically completed application form (hand written application forms will no longer be accepted). The application should have already been received by the PCS office, however the applicant should have a copy with them when they attend the appointment.
2. An enhanced disclosure and barring certificate.
3. An occupational health clearance certificate from an NHS occupational health provider or from a Safe Effective Quality Occupational Health Service (SEQOHS) accredited occupational health provider.
4. Current passport (original) or (where the applicant does not have a passport) an acceptable photo ID (original) as defined on the Disclosure and Barring Service website.
5. Curriculum vitae.
6. Evidence of membership of a professional defence organisation, at appropriate level.

Applicants from outside the UK must also include with their application the following documents:

1. A certificate of good standing from their relevant professional body.
2. Work permit (non EEA applicants to UK after 1985 only)

Applicants who cannot provide UK residency details for last five years must also include with their application:

1. A police check to identify any criminal activity the applicant has been involved in while outside of the UK – this is required for all countries the applicant has been resident in their absence from the UK.

Documents demonstrating communication skills:

Applicants who have studied or trained in the UK or Irish Republic must provide:

1. A certificate of graduation or postgraduate training from a UK or Irish Republic medical school;

If applicants have not studied or trained in the UK or Irish Republic, they must provide one of:

1. A certificate indicating a pass obtained within the last two years of one of the current accepted language tests (or equivalent), at the required level at the required level of IELTS 7.5 or equivalent as defined by the regulator. (Details of the standard are found in the application form for inclusion in the national performers lists NPL1); or
- 1b A certificate of graduation or postgraduate training within the past two years from a recognised medical school taught and examined in English; (Please refer to the general information section of this document for a list of countries where the first and native language is English)

AND one of

2. Evidence of three months professional employment from the past two years in a country where English is the first language, and current English language capabilities necessary for the work which those included in the list could reasonably be expected to perform are documented in the references submitted as part of the application form; or
- 2b Agreement to a face to face oral assessment of English language skills in a clinical context with a clinician identified by the area team with a fee payable by the applicant to cover the cost of a face to face oral assessment.

6.2 Disclosure and Barring Service (DBS)

Previously, a certificate issued by the Criminal Records Bureau was a requirement. This certificate is no longer acceptable as it has been superseded by an enhanced disclosure and barring certificate issued by the DBS. Details can be found at: <https://www.gov.uk/dbs-update-service>.

The disclosure and barring update service applicant guide, dated January 2014 states that subscription to the online update service is not a requirement of the DBS but some organisations may make subscription a condition of employment. NHS England has placed this requirement on all applications to the performers list.

In addition it is a requirement that applicants must register for the online update service within 14 days of the certificate being issued. This subscription to the DBS online update service must be renewed every year and is at the cost of the applicant. Verbal or written consent must be obtained from the applicant for NHS England to undertake status checks on the DBS certificate.

Alternatively the PCS office may request an enhanced disclosure and barring certificate from the DBS on the applicant's behalf if they have provided a completed DBS application form together with the relevant fee and written consent that NHS England may undertake status checks on the completed DBS certificate.

Applicants must then register themselves for the online update service either using the application form reference number or within 14 days of the certificate being issued, using the certificate number. As stated above, annual subscription to the DBS online update service is at the cost of the applicant.

Once the applicant has registered with the DBS online service and consent has been received from the applicant that the information held by the DBS may be directly accessed, an online check must be undertaken as part of the application process.

In the interest of NHS performers and patient safety, NHS England recommends that when the applicant attends the PCS offices an identity check is completed to the standard as set out on the DBS website. (<http://www.gov.uk/disclosure-barring-service-check>). This is the standard ID verification process recommended by the Home Office, NHS Employers and the DBS.

6.3 Police check and certificate of good standing

The police check to identify any criminal activity the applicant has been involved in while outside of the UK should be obtained by the applicant by contacting the Home Office or Embassy (guidance is available on the DBS website).

The certificate of good standing should be obtained by the applicant by contacting their registered professional body.

Where a police check or certificate of good standing is required, this should be supplied in English and if not in English, the applicant must provide a translation that has been issued in the UK and signed by an official translator.

All documents must be originals. However as some defence organisations now only issue electronic certificates, applicants may present their printed certificate as evidence of membership.

Photocopies cannot be accepted. A certified translation must be provided if the original documents are in a language other than English.

Please note: It is the responsibility of the applicant to obtain all information required for the application.

At the meeting with the applicant, the PCS service will:

1. Create a dental performers list admission checklist (Annex B) for use throughout the process. This checklist highlights all actions which need to be undertaken and records the responses received prior to submitting the assessment pack to the medical director/RO.
2. Check that NPL1 form is completed and signed. If the equality and diversity monitoring form is also submitted it should be detached from the form. The information should be scanned and stored electronically and the form subsequently shredded or disposed of in confidential waste.
3. Check that the names of two clinical referees have been identified.
4. Review all the required supporting documents listed above to ensure that they are relevant and in date for the post applied for e.g. the professional indemnity must be commensurate with the post and in date. Particular attention should be paid to the visa, work permit and photo ID pages of the applicants passport. Record passport issue number on the dental performers list admission checklist.
5. Check that the applicant has provided a DBS enhanced disclosure certificate and subscribed to the online update service or supplied the relevant fees and documentation for an application to be made. The PCS service will use the online update service to undertake status checks for any information added to the applicant's disclosure since the date of issue of the certificate. Once the certificate has been checked online, if all categories are satisfactorily completed as 'None Recorded' this should be recorded on the dental performers list admission checklist. Where any other information is recorded on the

certificate, a copy of the certificate should be included in the pack sent to the medical director/RO.

6. Complete the dental performers list admission checklist to show all required documents have been seen. Photocopy the original documents and endorse the copies 'originals sighted' together with the date and signature of verifier. Sensitive financial data should be obscured before copying. The original documents should then be handed back to the applicant, in line with NHS England's information governance policy.

6.4 Review of the information on the dental performers list application (after meeting with applicant)

Throughout the review of the information on the dental performers list application, any information of note that is not specifically detailed below must be entered onto the dental performers list admission checklist. This could include any concerns over communication skills.

Section 1 Personal details

Work permits/right to remain/highly skilled migrant programme

- If the applicant's work permit/right to remain has an end date, note this on the dental performers list admission checklist and PCIS.
- It is the responsibility of all employers or contractors who subsequently employ or engage the applicant to check the validity of the work permit/right to remain.
- The applicant once admitted to the performers list has a duty to inform the area team should the work permit/right to remain status change.

If the applicant has supplied or is required to supply a certificate of good standing or police check, this should be noted on the dental performers list admission checklist. The documentation must be translated into English and should be included in the pack to be sent to the medical director/RO.

Section 2 Practice details

There are no actions under this section for the PCS service.

Section 3 Professional details

- a) GDC registration

All dentists registrations can be viewed on the GDC website: <http://www.gdc-uk.org>

Check the applicant's professional details on the GDC website to verify they are correct and print the entry. If there is no entry for the applicant, contact the GDC on 0845 222 4141 (UK Local Rate) or 020 7887 3800 to check for registration. If the applicant is registered and there are no issues but the entry is yet to be uploaded onto the GDC website, diarise to check the website every seven days until able to print the entry.

If the registration check with the GDC gives rise for concern, ask the GDC to provide written confirmation of the concern.

Record the outcome of the GDC registration check on the dental performers list admissions checklist.

b) Professional experience

Review against the information provided in the application form (NPL1) and in the applicant's CV for consistency. Check for any unexplained gaps between appointments or any unusual patterns in employment e.g. return to UK after working abroad, a prolonged break between training and entry into practice. Where there are unexplained gaps in service, seek further explanation from the applicant.

Note any factual observations on the dental performers list admission checklist for inclusion in the assessment pack and submission to the medical director/RO.

c) Performer list history

For any live inclusions in Scotland, Northern Ireland or Wales, check with the relevant health board(s) to ensure that there are no ongoing issues or areas of concern by emailing or posting an enquiry (Annex C) with a copy of the applicant's consent by way of section 8: undertakings in the application pack. Note the date of the enquiry on the dental performers list admission checklist. If no reply received after two weeks, chase again and follow up in one week. If a reply has still not been received, chase again but also escalate to the head of the PCS team to contact the health board.

Check the form for the applicant's disclosure of any refusals, conditions, suspensions or removals from performers lists and note on the dental performers list admission checklist.

Check the applicant's response to any sanctions, conditions or suspensions by the registration body, employer or other NHS body and if a declaration has been made note on the dental performers list admission checklist.

d) Appraisal

Currently there is no requirement for dental performers to undertake appraisal.

Section 4

Communication skills

Verify the information provided by the applicant (see section 4: communication skills, in the national performers lists application form (NPL1)) with reference to the documents provided with the application. Note the findings on the dental performers list admission checklist.

Section 5

Clinical references

If the applicant has provided NHS net email accounts for the referees, send a reference request (Annex D) to each of the two nominated persons via email from the section's generic NHS net account. Alternatively, post the requests first class or if abroad, by airmail. If posting overseas, ensure that the covering letter includes the required paragraph regarding proof of professional status.

If a referee does not have an NHS net email address the applicant and the referee must be informed that NHS England cannot guarantee that information transferred is secure in accordance with NHS England's information governance policy. If both the applicant and referee accept that the security of the information transferred cannot be guaranteed, this must be confirmed in writing (via email) by both parties and then the alternative email addresses provided may be used.

On the dental performers list admission checklist record the date the reference requests are sent and diarise to check in three weeks if replies have been received. If not, contact the referees again and follow up in seven days. If replies have still not been received, send another reminder and ask applicant for an alternative referee in order to begin the process again.

References received by post must be the original document and authenticated by the practice stamp or be written on letter headed paper.

References received by email or fax may be accepted provided the email security guidance is complied with (as stated above).

On receipt of the references, check the GDC registration of the referee. Print a copy of the entry (as per GDC registration check previously outlined) and attach to the reference to send to the medical director/RO when forwarding the application for consideration.

If the referee is from overseas, ensure proof of professional status has been received and attach to the reference when sending to the medical director/RO.

Update dental performers list admission checklist.

If the reference contains any information of note these should be recorded on the dental performers list admission checklist.

Normally two references should be provided by appropriate clinicians, referring to the applicant's recent work history and confirming that they have known the applicant in a professional capacity for a period of three months. However, if references do not relate to recent posts or for a period of at least three months employment, an explanation of why it is not possible to provide the required reference must be requested.

Occasionally an applicant may be unable to provide two recent clinical references. The acceptance of one clinical reference will only be made in exceptional circumstances and in these instances the area team should determine if this reference demonstrates sufficient clinical competence to allow conditional admission to the performers list. The condition should stipulate that the applicant must supply the second satisfactory clinical reference within three months of working in their new practice. Clinical references must be submitted with the application using NHS England's standard reference template.

Section 6

Additional information

Review any additional information provided and note any significant comments on the dental performers list admission checklist.

Section 7

Declarations

If the applicant has replied 'yes' to any of the conviction/investigation/disqualification questions in the declarations sections, these should be noted on the dental performers list admission checklist.

6.5 Checks with fraud, litigation and other professional organisations (as required)

NHS Protect

- Email (Annex E) hsc@nhsprotect.gsi.gov.uk to check whether there are or have been investigations on the applicant. **This email MUST be sent from an NHS Net email account.**

NHS Protect will reply by email within three working days. If a reply is not received send a second request by e-mail set with high importance requesting an urgent reply or ring NHS Protect on 0191 204 6307 or Fax 0191 204 6320.

- Note the outcome of the enquiry on the dental performers list admission checklist.

NCAS

- Email NCAS (Annex E) at ncas.listenquiries@nhs.net to check whether there are or have been any investigations on the applicant. **This email MUST be sent from an NHS Net email account.**
- NCAS are prompt with replies. If a reply is not received within five working days send a second request by e-mail set with high importance requesting an urgent reply.
- Note the outcome of the enquiry on the dental performers list admission checklist.

NHS Litigation Authority (NHSLA)

Access the NHSLA web site at www.fhsau.nhsla.nhs.uk.

Log in and search using the applicant's GDC number, surname or date of birth and print off a copy of the findings for the file. If there is anything to report the NHSLA will email a link from which the details can be accessed.

These details may indicate if the performer:

- is the subject of a national disqualification;
- has been refused admission or conditionally included;
- has been removed; or
- is currently suspended from the NHS performers list.

Note: the outcome of the enquiry on the dental performers list admission checklist

6.6 Foundation dentists (dental trainees)

Inclusion on the dental performers list must take place within three months of starting a foundation training scheme with application commenced prior to starting.

6.7 Non-progressed applications

If the applicant withdraws their application or after three months, following the date of receipt of the application, the performer has failed to provide the necessary documentation, e.g. work permit, language certificate, the medical director/RO should be notified. The medical director/RO may disclose information about an applicant, should they deem this appropriate to those parties set out in The National Health Service (Performers Lists) (England) Regulations 2013, part 21 (1).

The medical director/RO should then inform the PCS service that it is authorised to notify the applicant that the application is closed and will not be proceeding (Annex F). This action should be recorded on the dental performers list admission checklist.

6.8 Sending the application to the medical director/RO

All details of the application must be noted on the dental performers list admission checklist, which must be signed as complete and counter signed by the PCS section manager to confirm the process has been satisfactorily followed. The following information should then be sent electronically, from an NHS.net email account, to the medical director/RO's NHS.net email account or an appropriate designated NHS.net email account as directed by the medical director/RO.

The information sent must include:

- the completed and signed dental performers list admission checklist;
- the completed application form;
- two clinical references;
- occupational health clearance certificate, and;
- any information where there is information of note.

The medical director/RO will review the information received, note their decision, sign and date the dental performers list admission checklist accordingly.

Incomplete packs sent to the medical director/RO will be returned and not considered

On receipt of a decision to include the applicant on the list by the medical director/RO, the applicant should be informed of the decision (Annex G). If a decision has been taken to conditionally include, refuse or defer the application, the area team will provide details for a suitable letter to be sent to the applicant. Once the applicant has been informed of the outcome this should be entered onto the dental performers list admission checklist.

Where the applicant has been included/conditional included in the performers list, enter their details onto payments system and PCIS and update the dental performers list admission checklist including personal number.

On completion of the application process, all hard copy correspondence should be scanned, filed electronically as outlined on the dental performers list admission checklist and the hard copies should then be shredded or disposed of in the confidential waste.

7 Management of the performers list

7.1 Change of circumstance/status

A change to a performer's circumstances may come to the attention of the PCS service in a number of ways. This may be on receipt of a completed change notification form (NPL3), letter or email.

7.2 Processing a change of name

On receipt of a notification from the performer that they have changed their name, the PCS service will:

- send an acknowledgement letter to the performer confirming receipt of the notification of change if the change cannot be processed within five working days. (Annex H) and then proceed with the following checks. In circumstances where the change can be processed within five working days, an acknowledgement letter would not be required; and
- check GDC web site to ensure the change of name has been notified and made on the performers registration.

If the change of name has been made by the GDC, save an electronic copy of the performer's information displayed on the screen to the performer's file.

Update all relevant databases and directorates as appropriate and send a confirmation letter to the performer, stating that the change had been made. (Annex I).

If the change in name has **not** been made to the GDC registration details, then the template letter (Annex J) should be sent to the performer to advise that their details as held by NHS England cannot be changed until the change has been made by the GDC.

7.3 Processing a change of address

On receipt of a notification from the performer that they have changed their address the PCS service will update all relevant databases and directorates as appropriate and send a confirmation letter to the performer, stating that the change had been made. (Annex I).

7.4 Processing a change of status

On receipt of a notification from the performer that they have now qualified, the PCS service will:

- send an acknowledgement letter to the performer confirming receipt of the notification of change if the change cannot be processed within five working days. (Annex H) and then proceed with the following checks. In circumstances where the change can be processed within five working days, an acknowledgement letter would not be required; and
- check GDC web site to ensure that a change in status has been notified and made on the performers registration.

If the change of status has been made by the GDC, save an electronic copy of the performer's information displayed on the screen to the performer's file.

Update all relevant databases and directorates as appropriate and send a confirmation letter to the performer, stating that the change had been made. (Annex I)

If the change in status has **not** been made to the GDC registration details, then the PCS service should write to the performer to advise that their details as held by NHS England cannot be changed until the change has been made by the GDC. (Annex J)

7.5 Processing a transfer of practice within existing area team

On receipt of a notification from the performer that they are moving to another practice within their current area team, the PCS service will:

- send an acknowledgement letter to the performer confirming receipt of the notification that they are moving practice. (Annex K); and
- write to the current practice and new practice to seek confirmation as to end and start dates respectively. (Annex L)

Once confirmation has been received, note on the file and send a confirmation letter to the performer, stating that the change has been made. (Annex J).

7.6 Resignation and retirement

As detailed in the regulations, a performer must give three months' notice if they wish to withdraw from the performers list. A performer may only withdraw from the performers list with authorisation from the medical director/RO and authorisation is not automatically granted.

On receipt of a notification, the PCS service will:

- send an acknowledgement letter to the performer confirming receipt of the notification that they wish to be removed from the performers list. (Annex M); and
- write to the practice where the performer currently practises (if applicable) to seek confirmation of leaving date. (Annex L); and
- contact the medical director/RO to establish that there are no on-going performance issues and that they authorise the removal from the performers list.

If the PCS service receives confirmation from the medical director/RO that there are no on-going investigations or known reason to prohibit removal, the PCS service will write to the performer to confirm that they will be removed three months from the date of the notification.

Make a diary note for three months' time to check again with the medical director/RO to ensure nothing has changed in respect of performance issues and remove the performer from the performers list if informed same to do so.

Write to the performer to confirm that they have now been removed from the performers list. (Annex N)

If the medical director/RO advises that the performer is currently under investigation, the PCS service will write to performer to notify them that they cannot be removed until the medical director/RO grants approval. If the performer requires further information they should be advised to contact the medical director/RO or area team case manager directly. (Annex O)

7.7 Death of a performer

On receipt of a notification that a performer has passed away, the PCS service will:

- escalate this information immediately to their head of section;
- inform the medical director/RO that the PCS service has received this information; and
- await further instructions from medical director/RO.

7.8 Removal or suspension of those already on the performers list and inclusion with conditions or refusal to be admitted for those applying to join the performers list

The PCS service will be notified of any removals or suspensions by the area team and be sent a copy of any correspondence which has been sent to the performer. The PCS service will also be notified of any inclusions on the performers list with conditions or where the performer

has been refused inclusion by the area team and be sent a copy of any correspondence which has been sent to the performer.

The PCS service will:

- write to advise the organisations as specified by regulation 18 of this change to the performers status (Annex Q); and
- write to the performer to advise the specified organisations have been notified enclosing a copy of the letter that has been sent. (Annex R).

As the performer has 28 days in which to appeal the area team decision, the PCS service will make a diary entry to contact the medical director/RO in 28 days to ask if an appeal has been made. If an appeal has been made, no action is to be taken until further advice received.

If an appeal was made but was unsuccessful, the PCS service would update databases and confirm by email to relevant departments who must be notified.

7.9 Transfers between area teams

Notification of a performer leaving one area team and joining another may come to the attention of the PCS service in a number of ways. For example, a completed change notification form (NPL2), by telephone call, letter or email.

A transfer can also be instigated by an area team in order to align a performer with the most appropriate area team where their contracts are held. This will assist in the alignment of contractual issues and performance issues being managed by the same area team.

On receipt of a notification that a performer wishes to move to their area, or is notified by the area team that a transfer is required, the PCS service will:

- ensure the performer has completed a change notification form (NPL2); and
- open a transfer check list (Annex R)

Write to the performer's responsible area team and request that they:

- complete the declaration form, attaching this for completion (Annex S);
- (making a diary entry to check its return in two weeks (note this on the check list);
- send a copy of the performers original application to join the performers list (if available);
- send a PCIS performers screenshot; and

- send a copy of the dental performers list admission checklist that contains the signatures of the administrator, section manager and medical director/RO responsible for processing the original application, recognising that this may not be available for transfers of performers processed prior to the checklist being implemented.

All documents **must** be sent electronically from and to NHS.net accounts only.

If there is any information of note in respect of the performer, the PCS service should advise the medical director/RO immediately. This action is simply to inform the medical director/RO and must not delay the transfer process. Transfer to a new area team cannot be refused.

Once all documentation received:

- add the performer to the payments system and the PCIS;
- write to the existing area team to advise them of the date on which the performer will transfer to the new area team and request that they “end” the performers on the day before. (Annex T);
- write to the performer (Annex U) to advise that they have been transferred providing a ‘with effect from’ date and send a copy of this correspondence to the medical director/RO with a copy of the declaration received from the previous area team; and
- file all correspondence electronically as outlined on the transfer checklist – in the event that hard copy correspondence is received this should be scanned and then be shredded or disposed of in the confidential waste.

7.10 Actions required by the PCS service that the performer is currently aligned to, when notification is received that a performer is moving to a new area team:

The PCS service will:

- open a transfer check list (Annex R);
- enter the date of inclusion that the performer joined the performers list on the declaration request received by the requesting area team; and
- send the declaration to the medical director/RO for completion with a request that the completed declaration is emailed to the requesting area team as indicated on page two.

While the declaration is being completed by the medical director/RO, the PCS service must email the documents requested by the new area team. This must take place within two weeks of the request and all documents must be sent electronically from and to NHS.net accounts.

When the new area team confirms the performer has been transferred, the PCS service must “end” the performer on the payments system and PCIS or diarise for this to take place as instructed

Any hard copy documentation held should be scanned and filed electronically as outlined on the transfer checklist – all hard copy correspondence should then be shredded or disposed of in the confidential waste.

8 Monitoring and review of procedure note

8.1 Monitoring arrangements

The SOP has been reviewed in conjunction with the Framework for Managing Performer Concerns and the National Health Service (Performers Lists) (England) Regulations 2013.

8.2 Equality impact assessment

This document forms part of NHS England's commitment to create a positive culture of respect for all staff and service users. The intention is to identify, remove or minimize discriminatory practice in relation to the protected characteristics (race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity) as well as to promote positive practice and value the diversity of individuals and communities.

As part of its development this document and its impact on equality has been analysed and no detriment identified.

8.3 Associated documents

The policy should be read in conjunction with:

- Framework for managing performer concerns.
- Prescribed connections to NHS England,
- NHS England's confidentiality and information governance policies.
- National Health Service (Performers Lists) (England) Regulations 2013.

8.4 References

- National performers lists application form - <http://www.performer.england.nhs.uk/Documents>.
- Standard operating procedure for primary care support – medical and ophthalmic.
- Framework for managing performer concerns.
- NHS England performers lists change notification form – movement between area teams (NPL2).
- NHS England performers lists change notification form – change of status (NPL3).

Abbreviations and acronyms

| | |
|------------|---|
| A&E | accident and emergency |
| APHO | Association of Public Health Observatories (now known as the Network of Public Health Observatories) |
| APMS | Alternative Provider Medical Services |
| AT | area team (of the NHS England) |
| AUR | appliance use reviews |
| BDA | British Dental Association |
| BMA | British Medical Association |
| BSA | Business Service Authority |
| CCG | clinical commissioning group |
| CD | controlled drug |
| CDAO | controlled drug accountable officer |
| CDO | Chief Dental Officer |
| CGST | NHS Clinical Governance Support Team |
| CIC | community interest company |
| CMO | chief medical officer |
| Contractor | The term contractor means pharmacy contractors and dispensing appliance contractors (DACs) included in the pharmaceutical list as currently there are no equivalent lists for individual pharmacists or DAC performers. |
| COT | course of treatment |
| CPAF | community pharmacy assurance framework |
| CPD | Continuing professional development |
| CQC | Care Quality Commission |
| CQRS | Calculating Quality Reporting Service (replacement for QMAS) |
| DAC | dispensing appliance contractor |
| Days | calendar days unless working days is specifically stated |
| DBS | Disclosure and Barring Service |

| | |
|--------|--|
| DDA | Disability Discrimination Act |
| DES | directed enhanced service |
| DH | Department of Health |
| EEA | European Economic Area |
| ePACT | electronic prescribing analysis and costs |
| ESPLPS | essential small pharmacy local pharmaceutical services |
| EU | European Union |
| FHS | family health services |
| FHS AU | family health services appeals unit |
| FHSS | family health shared services |
| FPC | family practitioner committee |
| FTA | failed to attend |
| FTT | first-tier tribunal |
| GDP | general dental practitioner |
| GDC | General Dental Council |
| GDS | General Dental Services |
| GMC | General Medical Council |
| GMS | General Medical Services |
| GOC | General Optical Council |
| GOS | General Ophthalmic Services |
| GP | general practitioner |
| GPES | GP Extraction Service |
| GPhC | General Pharmaceutical Council |
| GSMP | global sum monthly payment |
| HR | human resources |
| HSE | Health and Safety Executive |
| HWB | health and wellbeing board |

| | |
|---------|---|
| IC | NHS Information Centre |
| IELTS | International English Language Testing System |
| KPIs | key performance indicators |
| LA | local authority |
| LDC | local dental committee |
| LETB | local education and training board |
| LIN | local intelligence network |
| LLP | limited liability partnership |
| LMC | local medical committee |
| LOC | local optical committee |
| LPC | local pharmaceutical committee |
| LPN | local professional network |
| LPS | local pharmaceutical services |
| LRC | local representative committee |
| MDO | medical defence organization |
| MHRA | Medicines and Healthcare Products Regulatory Agency |
| MIS | management information system |
| MPIG | minimum practice income guarantee |
| MUR | medicines use review and prescription intervention services |
| NACV | negotiated annual contract value |
| NCAS | National Clinical Assessment Service |
| NDRI | National Duplicate Registration Initiative |
| NHAIS | National Health Authority Information System (also known as Exeter) |
| NHS Act | National Health Service Act 2006 |
| NHS BSA | NHS Business Services Authority |
| NHS CB | NHS Commissioning Board |
| NHS CBA | NHS Commissioning Board Authority |

| | |
|---------|---|
| NHS CfH | NHS Connecting for Health |
| NHS DS | NHS Dental Services |
| NHS LA | NHS Litigation Authority |
| NMS | new medicine service |
| NPE | net pensionable earnings |
| NPSA | National Patient Safety Agency |
| OJEU | Official Journal of the European Union |
| OMP | ophthalmic medical practitioner |
| ONS | Office of National Statistics |
| OOH | out of hours |
| PAF | postcode address file |
| PALS | patient advice and liaison service |
| PAM | professions allied to medicine |
| PCC | Primary Care Commissioning |
| PCT | primary care trust |
| PDS | personal dental services |
| PDS NBO | Personal Demographic Service National Back Office |
| PGD | patient group direction |
| PHE | Public Health England |
| PLDP | performers' list decision panel |
| PMC | primary medical contract |
| PMS | Personal Medical Services |
| PNA | pharmaceutical needs assessment |
| POL | payments online |
| PPD | Prescription Pricing Division (part of NHS BSA) |
| PSG | performance screening group |
| PSNC | Pharmaceutical Services Negotiating Committee |

| | |
|----------------------|--|
| PSU | Primary Care Support Unit |
| PSU | Professional Services Unit (Deanery) |
| QOF | quality and outcomes framework |
| RCGP | Royal College of General Practitioners |
| RO | responsible officer |
| SEO | social enterprise organisation |
| SFE | statement of financial entitlements |
| SI | statutory instrument |
| SMART | specific, measurable, achievable, realistic, timely |
| SOA | super output area |
| SOP | standard operating procedure |
| SPMS | Specialist Personal Medical Services |
| SUI | serious untoward incident |
| The 2005 Regulations | The NHS (Pharmaceutical Services) Regulations 2005, as amended |
| The 2012 Regulations | The NHS (Pharmaceutical Services) Regulations 2012, as amended |
| The 2013 Directions | The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 |
| The 2013 Regulations | The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 |
| UDA | unit of dental activity |
| UK | United Kingdom |
| UOA | unit of orthodontic activity |

| |
|------------------------------------|
| <Insert date application received> |
|------------------------------------|

Dental performers list admission checklist and medical director/RO cover sheet

Name of performer: _____ Country of birth: _____

Date of birth: _____ Address: _____

Check GDC registration: Date first registered: _____ Date of full registration: _____

GDC registration number: _____ Any conditions applied: _____

Potential start date: _____ Practice due to join: _____

| Application and other forms: | Received (& copied) | Comments | Complete/satisfactory |
|---|------------------------------|------------------------|-----------------------|
| Application form received (fully completed and signed) | | | |
| Documents – DBS fee, application form and consent supplied or | | | |
| Documents – DBS certificate, consent supplied and online registration | | | |
| Documents – police check or certificate of good standing (if applicable) | | | |
| Documents – occupational health clearance certificate | | | |
| Documents – photo ID (e.g. passport/driving licence) – record issue number | | Issue number _____ | |
| Documents – work permit – record expiry date (if applicable) | | Expires: _____ | |
| Documents – detailed CV | | | |
| Documents – appropriate membership of defence organisation (indemnity) | | Date from: Date to: | |
| Documents – graduation certificate or accepted language test pass certificate | | | |
| Face to face oral language assessment fee (if applicable) | | | |
| References: | Date requested | Date received/checked | Satisfactory |
| DBS applied for or checked (whichever is appropriate) | | | |
| Scotland/Wales/NI declaration (if needed) | | | |
| Clinical reference 1 | GDC No. of referee verified? | | |
| Clinical reference 2 | GDC No. of referee verified? | | |

| Other checks: | Date requested | Date received/ checked | Comments | Satisfactory |
|--|----------------|---------------------------|----------|--------------|
| Professional body registration | | | | |
| NHS Protect | | | | |
| NHS Litigation Authority (FHS appeal unit) | | | | |
| NCAS | | | | |
| | Yes | No | Comments | Satisfactory |
| Are breaks in service satisfactorily explained | | | | |

Administrator sign off Name: _____ Signature: _____ Date: _____

Section manager sign off Name: _____ Signature: _____ Date: _____

Application form, references, OH declaration, and **any other information of note** plus this sheet sent via NHS.net account to medical director/RO on: Date: _____ Information of note – concerns raised: Yes/No

All information of note to be included within pack sent to medical director/RO

| | |
|--|--|
| Decision of medical director/RO: Approved | Not approved (details to be provided) |
| Conditional inclusion (details to be provided) | Deferment of decision (details to be provided) |

Name: _____ Signed: _____ Date: _____

Applicant informed of outcome: approved/not approved/inclusion with conditions/deferment of decision/non progressed

Details entered onto payments system/PCIS: _____ Personal number _____

Update any internal documentation as required

General information for the primary care support service

Countries where the first and native language is English. Please note that first and native language is not the same as official language.

- Australia
- Bermuda
- British Virgin Islands
- Canada
- Guyana (formerly the colony of British Guiana)
- Ireland
- New Zealand
- South Africa
- Singapore
- United Kingdom
- US Virgin Islands
- United States of America
- The following Caribbean Islands:
 - Antigua and Barbuda
 - Bahamas
 - Barbados
 - Grenada
 - Jamaica
 - St Vincent
 - Grenadines
 - St Lucia
 - St Kitts and Nevis
 - Dominica
 - Anguilla
 - Trinidad and Tobago

'Information of note' could relate to (this list is not exhaustive):

- Professional details – gaps in service, regulatory body registration
- DBS certificate
- English language
- Declarations from Scotland, Wales or Northern Ireland health boards
- Declarations in application form
- Responses from NHS Protect, NHSLA
- Certificates of good standing or police checks

The PCS service should take every opportunity to encourage performers to set up an NHS.net account if you are aware that they do not have one. Note: actual set up of the account is the performers responsibility and is not for the PCS service to undertake.

When electronically filing performer correspondence, set up the folder as follows:

An electronic folder should be created in the performers name by using surname, forename and GDC number e.g. blogs joe 1234567

Within this folder, three sub folders should be created as follows:

- Transferable documents
- Documents supporting the application
- General correspondence

Annex C

Tel:

Fax:

Letter and declaration to be sent if performer has a concurrent live entry on a Scotland, Northern Ireland or Wales list

<date>

Please ask for <Name of Sender>

Our Ref:

Dear <Organisation Contact>

<Name of applicant> <GDC number>

The above-named has submitted an application to join England's dental performers list.

The National Health Service (Performers Lists) (England) Regulations 2013 provides for requests to be made to any current or former employer including licensing, regulatory or other bodies in the United Kingdom or elsewhere for information relating to a current investigation where there was information of note.

The applicant has given consent to allow us to make a request for information, a copy of which is enclosed.

Could you please complete the attached declaration and return it to <sender organisation> at your earliest convenience.

If you have any queries regarding this matter, please do not hesitate to contact <name of sender> on the above telephone number.

Yours sincerely

<Insert name>

<Insert title>

Declaration

Re :- <Name of applicant> GDC No.

Please read the following questions carefully and respond accordingly.

If you answer YES to any of the following questions, please supply full details.

| | |
|---|--------|
| Is the above named dentist currently the subject of any investigation that could result in their removal from the dental performer list? | Yes/No |
| If no, have they ever been the subject of such an investigation? | Yes/No |
| Has the above named dentist ever been refused admission to or been conditionally included in, from or suspended from the dental performer list? | Yes/No |
| Date of inclusion on the dental performers list | |
| Date of removal from the dental performer list (if applicable) | |

Any further information deemed appropriate to disclose in respect of this application

Signed _____ Date _____

Print full name _____

Position _____

Name and address of your organisation _____

Telephone number _____

Email address _____

Please return to: <name of sender>, <address of sender>, <fax number>

Tel:
Fax:

Sample letter and standard clinical reference form to be used

<date>
Please ask for <name of sender>
Our ref:

Dear <organisation contact>

Clinical reference for <insert name>

<insert name> has applied for inclusion to the NHS Dental Performers List (England) as a <insert status>.

Under the regulations it is required that two clinical references are obtained in respect of the last two recent posts undertaken by the applicant. <insert name> has given your name as one of the clinical referees. This dentist cannot be included in the National Health Service performers list until the references are received and approved.

Please find attached a clinical reference form which I would be grateful if you could complete and return to me as soon as possible.

Under the remit of the Data Protection Act 1998, any information provided by you in the reference is deemed confidential and will not be communicated to the applicant without your written consent. Please be advised that you **may** be contacted by the medical directorate to verify completion of the reference.

Section to be included for overseas referees only

It is standard practice for NHS England to verify the professional status of all referees and therefore I would be grateful if you would supply a copy of your entry on your professional register, translated into English, if appropriate.

With thanks for your assistance in this matter.

Yours sincerely

<insert name>
<insert title>

Clinical reference – dental

STRICTLY PRIVATE & CONFIDENTIAL

This professional reference should verify factual information and comment on the strengths and weaknesses of the applicant as an indicator of his/her suitability for appointment. This is not a personal testimonial but an objective assessment of competencies. Please note that we require a clinical reference relating to a recent post, which has lasted at least three months without a significant break.

“When providing references for colleagues, your comments must be honest and justifiable; you must include all relevant information which has a bearing on the colleague’s competence, performance, reliability and conduct”

| | |
|-------------------------|--|
| Applicant’s name | |
| GDC number | |

| | | | |
|---|--|-------------------|--|
| Please state the dates the applicant worked with you: | | | |
| Date started: | | Date finished: | |
| Position held: | | Practice/Hospital | |

| |
|---|
| Was the applicant subject to any disciplinary procedure, formal or otherwise, during their time with you? |
| YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please give details: |

Please give your opinion regarding the applicant’s present knowledge, skills and personal attributes by ticking the appropriate boxes on the next three pages. Statements are provided to give examples of behaviours that would constitute different levels of performance, though this is not intended to be an exhaustive list. Please use the space provided to give examples of the applicants behaviour that support the rating you have given them in each area, this is **essential if you have given a rating of 1 or 2**.

| | | | |
|---|---|---|---|
| Clinical expertise: Capacity to apply sound clinical knowledge and an awareness of the need to fully investigate problems. Makes clear, sound and proactive decisions, reflecting good clinical judgement. | | | |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Cause for concern | Weak | Satisfactory | Good to excellent |
| Comments/evidence: | | | |
| Communication skills: Capacity to adjust behaviour and language (written/spoken) as appropriate to needs of differing situations. Actively and clearly engages patient (and colleagues) in equal/open dialogue | | | |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Uses technical language that patients do not understand, ignores what they have to say | Can be lacking in clarity and coherence when speaking to patients | Often uses lay language to help patients understand | Always speaks clearly, gives adequate time and checks patients understand |

Comments/evidence:

Empathy and sensitivity: Capacity and motivation to take in patient/colleague perspective, and sense associated feelings. Generates safe/understanding atmosphere. An understanding approach

| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
|--|---|---|--|
| Is not sensitive to the feelings of patients and treats them in an impersonal manner | Shows some interest in the individual and occasionally reassures patients | Usually demonstrates empathy towards patients | Always shows empathy and sensitivity, gives reassurance to the patient |

Comments/evidence:

Problem-solving skills: Capacity to think/see beyond the obvious, analytical but flexible mind. Maximises information and time efficiently, and creatively

| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
|--|--|--|--|
| Misses minimal cues and symptoms, lets assumptions guide diagnosis | Often relies on surface information and doesn't probe deeper | Usually thinks beyond surface information, picks up on cues/minimal symptoms | Thinks beyond surface information and gets to the root cause |

Comments/evidence:

Organisation and planning: Capacity to organise information in a structured and planned manner, think ahead, prioritise conflicting demands, and build contingencies. Meets deadlines

| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
|--|---|---|---|
| Is always late for meetings/deadlines and unable to prioritise tasks | Is often late for meetings and deadlines and disorganised with paperwork etc. | Usually able to prioritise tasks and organise paperwork | Excellent at managing time and prioritising tasks |

Comments/evidence:

Learning and development: Ability to identify own learning and development needs, commits time and resources to appropriate training and development activities

| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
|---|--|---|---|
| Reacts badly to constructive criticism or feedback, not interested in own development | Needs assistance in identifying own training needs/developing personal targets | Often learns from experience, generally reacts well to constructive criticism | Actively seeks out and welcomes constructive criticism/feedback |

Comments/evidence:

Team involvement: Collaborative style, works with colleagues in partnership, able to compromise. Undertakes leadership role if required. Provides support, views self as part of larger organisation

| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
|----------------------------|----------------------------|----------------------------|----------------------------|
|----------------------------|----------------------------|----------------------------|----------------------------|

| | | | |
|--|---|--|---|
| Sticks rigidly to their own agenda and doesn't negotiate | Tends to take a 'back seat' rather than participating | Good at negotiating and usually able to compromise | Is excellent at supporting and motivating others and at negotiating |
| Comments/evidence: | | | |

Ability to deal with pressure: Capacity to put difficulties into perspective, retaining control over events. Aware of own strengths/limitations, able to "share the load".

| | | | |
|----------------------------------|---|--|---|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Can be irrational under pressure | Finds it difficult to share workload with others. | Often recognises when to share workload, usually remains calm under pressure | Remains calm under pressure at all times, recognises when to share work load, |
| Comments/evidence: | | | |

Was their attendance/timekeeping satisfactory?

YES NO If No, please give details

This reference is based upon (tick as appropriate):

| | |
|--|--|
| Opinion of Consultant/Trainer | <input type="checkbox"/> a |
| Close observation | <input type="checkbox"/> b |
| Opinion of Employer | <input type="checkbox"/> c |
| General Impression | <input type="checkbox"/> d |
| Would you be happy to work with this dentist again? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If you have any other comments regarding this applicant and his/her application for this post, please give details here: | |

| | | | |
|--------------------------------|--|---------------------------------------|--|
| Signature | | Name (print in block capitals) | |
| Position held | | Contact telephone number | |
| GDC number (of referee) | | Date | |
| Email address | | | |

It is **essential** that this form is stamped with an **official hospital or practice stamp**. If no stamp is available, please attach a compliment slip signed by the consultant or professional providing the reference. Forms received without a stamp or a signed compliment slip will be returned. Delays in the receiving references can result in the applicant being prevented from working under the terms of the Performers List Regulations.

Contact address
Please print clearly or stamp

Thank you for completing this reference.
Please return this form to: <insert contact details>

NHS Protect and NCAS checks

Sample email

Dear colleague,

I would be grateful if you would carry out all necessary checks on the individual detailed below:

| Surname | First name | Date of birth | Profession | Reg No | Home address |
|--------------------------------------|-------------------|----------------------|-------------------|---------------|---------------------|
| <i>Insert details as appropriate</i> | | | | | |

Please email response to: (insert as appropriate or delete if not required)

Tel:

Fax:

Non progressed application – sample letter to inform performer

<date>

Our ref:

Non-progressed application for inclusion on the dental performers list

Three months have passed since we received your application for inclusion on the dental performers list. In this time you have not provided the necessary documentation required for the NHS England to determine your application.

On <insert date> we reminded you of the need to provide this information, but no response has been received. Consequently your application has been closed and no further action will be taken.

Yours sincerely,

<insert name>

<insert title>

Cc: medical director/RO

Tel:

Fax:

Sample letter of inclusion onto the dental performers list

<date>

Our ref:

Dear <name of performer>

Dental performers list

I am pleased to confirm that your name is now included on the dental performers list with effect from: <insert date>

| | |
|-----------------|--|
| Status | |
| Personal number | |
| Area team | |

Your personal number should be used in all correspondence with the NHS Commissioning Board (herein after known as NHS England) and the primary care support (PCS) service.

Please note that if you intend to withdraw from the above list you are required to give **three months notice** in writing unless impracticable to do so.

It is a requirement that you give the PCS service on behalf of NHS England), 28 days written notice of any changes in your permanent address or personal details. It is also a requirement that you notify the PCS service, on behalf of NHS England of any criminal offence of which you are charged, any new investigations into professional practice by a regulatory, licensing, other body, or an investigation by the NHS Counter Fraud & Security Management Services **within 7 days** of the event.

Please note that all dentists are entitled to be included in the NHS Pension Scheme for the remuneration of the NHS treatment they carry out. A dentist should be automatically included in the pension scheme unless they have specifically requested not to be and deductions for this should be taken from their monthly remuneration by their employer.

If you wish to ensure that you included in the pension scheme you should check with your employer. The decision as to whether you wish to be included in the pension scheme rests with you and is **not** a matter which an employer can dictate.

However, if you do not wish to be included, please contact the BSA Dental Services Division on 0300 3301348 for details of how you can opt out of the scheme. For further information regarding the NHS Pension Scheme, please telephone NHS Pensions on 01253 774774.

Please keep this letter safe, as you may need to refer to it at a later date.

Yours sincerely

<insert name>

<insert title>
Cc: medical director/RO

Annex H

Tel:
Fax:

Sample acknowledgement letter – change of name, status – only required if the change cannot be processed within five working days

<date>

Our ref:

Dear <name of performer>

I write to acknowledge receipt of your email/letter/change notification form date <insert date> informing us that you have changed your name/status from <insert name/status> to <insert name/status>.

This change will be processed as soon as possible and we will write to you again once the change has been made.

Yours sincerely

<insert name>
<insert title>

Tel:

Fax:

Sample confirmation letter – change of name, address or status

<date>

Our ref:

Dear <name of performer>

Dental performers list

I am pleased to confirm that your <insert as appropriate> on the dental performers list has changed to that shown below, with effect from

| | |
|----------------------------------|--|
| Name, address, status | |
| GDC number | |
| First registration date with GDC | |
| Area team | |

Please note that if you intend to withdraw from the above list you are required to give **three months notice** in writing unless impracticable to do so.

It is a requirement that you give the primary care support (PCS) on behalf of the NHS Commissioning Board (herein after known as NHS England), 28 days written notice of any changes in your permanent address or personal details. It is also a requirement that you notify the PCSS, on behalf of NHS England of any criminal offence of which you are charged, any new investigations into professional practice by a regulatory, licensing, other body, or an investigation by the NHS Counter Fraud & Security Management Services **within seven days** of the event.

Yours sincerely

<insert name>

<insert title>

Tel:

Fax:

Sample letter to performer informing that the requested change cannot be made

<date>

Our ref:

Dear <name of performer>

Dental performers list – change of name/status

Thank you for your email/letter/change notification form dated <insert date> informing us that you have changed your name/status from <insert name/status> to <insert name/status>.

We have checked the GDC website which still cites your name as <insert name> and therefore we are unable to make this change at the present time. Please ensure that you inform the GDC of this change and once it has been changed on their register, you should contact us again and we can then make the necessary change to your entry on the performers list.

Please do not hesitate to contact me if you have any queries.

Yours sincerely

<insert name>

<insert title>

Annex K

Tel:

Fax:

Sample acknowledgement letter – performer wishing to move practice within their existing area

<date>

Our ref:

Dear <name of performer>

I write to acknowledge receipt of your email/letter/change notification form date <insert date> informing us that you are changing practice and will be working at <insert practice name>.

Once we have received confirmation from your current practice and new practice of your end and start dates respectively, we will process this change within our systems.

Yours sincerely

<insert name>

<insert title>

Annex L

Tel:

Fax:

Sample letter to practice/s requesting confirmation of start or leaving dates

<date>

Our ref:

Dear <organisation contact>

Re: <insert name>

I am writing to request confirmation that <insert name> will be leaving/joining your practice on <insert date>.

I would be very grateful if you would provide email confirmation to <insert email> that this information is correct.

If you should require any further information please do not hesitate to contact me.

Yours sincerely

<insert name>

<insert title>

Annex M

Tel:

Fax:

Sample acknowledgement letter – confirming receipt of wish to be removed

<date>

Our ref:

Dear <name of performer>

Withdrawal from the dental performers list

I write to acknowledge receipt of your email/letter/change notification form date <insert date> informing us that you wish to be removed from the performers list giving three months notice. Once confirmation has been received from the medical director/RO that you may be removed from the performers list, I will write again to confirm your end date on the performers list.

You may, in writing, withdraw your notice at any time prior to the date of removal, once this is confirmed.

Yours sincerely

<insert name>

<insert title>

Annex N

Tel:

Fax:

Sample letter to performer informing that they have been removed from the performers list

<date>

Our ref:

Dear <name of performer>

Withdrawal from the dental performers list

Thank you for your notice to withdraw from the dental performers list under regulation 19(2) National Health Service (Performers List) (England) Regulations 2013.

I confirm that your name has been withdrawn from the dental performers list with effect from <insert date>.

May I remind you that from this date you will no longer be able to work as an NHS dental practitioner in a practice or for an out of hours service provider unless you apply and rejoin the NHS England dental performers list.

Yours sincerely

<insert name>

<insert title>

Annex O

Tel:
Fax:

Sample letter to performer informing that they cannot be removed at the present time
<date>

Our ref:

Dear <name of performer>

Withdrawal from the dental performers list - restriction

I write further to my letter dated <insert date> regarding your request to be removed from the performers list. I have been informed by the medical director/RO that there are currently issues that are being considered by the area team that may result in your removal from the performers list being delayed. Until these issues have been resolved, it is not possible to remove you from the performers list.

If you require any further information regarding this matter, please contact:

<insert name>
<insert contact details>

Yours sincerely

<insert name>
<insert title>

Tel:

Fax:

Sample letter to organisations – notification under regulation 18

<date>

Our ref:

Dear <organisation contact>

Notification under regulation 18 NHS (Performers lists) (England) regulations 2013

Name:

Address:

Postcode:

Date of birth:

Registration number:

As you are aware, the NHS Commissioning Board (herein known as NHS England) is obliged by Regulation 18 of the NHS (Performers Lists) (England) Regulations 2013, to advise certain organisations of any action taken under those regulations.

NHS England has recently taken a decision to

<delete as appropriate>

- refuse to include a practitioner in a performers list on the grounds referred to in regulation 7(1), 27(1), 34(1) or (2) or 40(1);
- impose conditions under regulation 10 or 12;
- vary conditions or impose new conditions under regulation 11;
- suspend a practitioner from a performers list under regulation 12; or
- remove a practitioner from a performers list under regulation 11(1)(c), 14 or 17(6)(b)

in respect of the above named performer. I have enclosed a copy of the notice issued to the practitioner, which details the regulations under which the action was taken and the reasons it was considered necessary.

Should you have any queries or concerns regarding this notification, please do not hesitate to contact me.

Yours faithfully

<insert name>

<insert title>

Enc: copy of practitioner's enactment letter

Tel:

Fax:

Sample letters to organisations – notification under regulation 18

<date>

Our ref:

Dear <organisation contact>

Notification under regulation 18 NHS (Performers lists) (England) regulations 2013

Name:

Address:

Postcode:

Date of birth:

Registration number:

As you are aware, NHS England is obliged by Regulation 18 of the NHS (Performers Lists) (England) Regulations 2013 to advise certain organisations of any action taken under those Regulations.

I notified you on <insert date> that NHS England had made the decision to <insert as appropriate> the above practitioner in the ophthalmic performers list. Following a review, NHS England has decided to remove the conditions attached to this listing.

Please note that the conditions were removed with effect from <insert date>

Should you have any queries or concerns regarding this notification, please do not hesitate to contact me.

Yours faithfully

<insert name>

<insert title>

Regulation 18 notification addresses

| | |
|---|--|
| <p><u>SECRETARY OF STATE</u> The Chief Executive NHS Litigation Authority 2nd Floor 151 Buckingham Palace Road London SW1W 9SZ</p> | <p><u>NCAS</u> National Clinical Assessment Service Case Management Team - Area 1C Skipton House 80 London Road London SE1 6LH</p> |
| <p><u>SCOTLAND</u> Gary MacDonald (for Medical) Elizabeth McLear (for Dental & Ophthalmic) Scottish Executive Health Department St Andrews House Regent Road Edinburgh EH1 3DG</p> | <p><u>ONLY IF A FRAUD CASE -</u> NHS Business Services Authority Finance Department Room 154 Hesketh House 200-220 Broadway Fleetwood Lancashire FY7 8LG</p> |
| <p><u>WALES</u> Notification Clerk Community, Primary Care and Health Services Policy Welsh Assembly Government Cathays Park Cardiff CF10 3NQ</p> | <p><u>GDC</u> General Dental Council 37 Wimpole Street London W1G 8DQ</p> |
| <p><u>NORTHERN IRELAND</u> The Chief Executive – N.I. Executive Primary Care Directorate Dept of Health, Social Services & Public Safety Room D3 Castle Buildings Upper Newtownards Road Belfast, BT4 3SQ</p> | <p><u>PAST/CURRENT or POTENTIAL EMPLOYER/S</u> and/or <u>A PARTNERSHIP WHERE INVOLVED AS A PAST/CURRENT OR POTENTIAL PARTNER</u></p> |
| <p><u>NHSLA</u> Emailed to: fhsau@nhsla.com NHS Litigation Authority Family Health Services Appeal Unit 1 Trevelyan Square Boar Lane Leeds LS1 6AE</p> | <p><u>IF STILL A VOCATIONAL TRAINEE –</u> Contact the deanery to which the performer is attached</p> |

Tel:
Fax:

Sample letter to performer of notification under regulation 18

<date>

Our ref:

Dear <name of performer>

Notice of intended <insert as appropriate> under National Health Service (Performers Lists) (England) Regulations 2013

Further to the letter that you have received in which you were informed of NHS England's decision to <insert as appropriate>, I am now writing to inform you that NHS England is also required under paragraph 18(2) of the NHS (Performers Lists) (England) Regulations 2013, to notify other organisations that this action has been taken.

When doing so the regulations state that NHS England shall send to the practitioner concerned a copy of the information about them provided to those organisations listed in regulation 18(2) and I am therefore enclosing copies of those letters.

Yours sincerely

<insert name>
<insert title>

Encl. copy of the information sent to those organisations listed in regulation 18(2)

<Insert date transfer request received>

Annex R

Checklist for performer's transfer of area team

Name of performer:

Country of birth: Date of birth:

Address:

Profession: Status: Conditions?:

Prof register checked: Date first registered: Date of full registration:

Registration number:

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Practice:

..... Code:..... Tel no:

Key contact: Potential start date:

| New area: | Date | Comments |
|--|--|----------|
| Notification of transfer received | | |
| Checklist created | | |
| Performer asked to complete NP2 | | |
| NP2 received | | |
| Declaration sent to previous area and documents requested | | |
| Declaration received | | |
| Documents received – application form (where available) | | |
| Documents received – performers application checklist (where available) | | |
| Documents received – performers PCIS screenshot | | |
| Reminder sent if declaration and documents not received within two weeks | | |
| Sent to medical director/RO if any information of note | | |
| Instructions received from medical director/RO | | |
| Performer added to payments system | | |
| Performer added to PCIS | | |
| Confirmation of transfer sent to performer (copy to medical director/RO) | | |
| Confirmation of transfer sent to previous area | | |
| Internal notification sent (as appropriate) | | |
| Current/previous area: | Date | Comments |
| Declaration and document request received | | |
| Date of inclusion inserted in declaration | | |
| Declaration sent to medical director/RO | | |
| Documents sent to new area (within two weeks) | Application form (where available) | |
| | Performers application checklist (where available) | |
| | PCIS screenshot | |
| Ended on payments system | | |

| | | |
|---------------|-------------|-----------------------------|
| Signed: _____ | Date: _____ | Administrator name: _____ |
| Signed: _____ | Date: _____ | Section manager name: _____ |

The primary care support service should take every opportunity to encourage performers to set up an NHS.net account if you are aware that they do not have one.

Note: actual set up of the account is the performers responsibility and is not for the PCS service to undertake.

When electronically filing performer correspondence, set up the folder as follows:

An electronic folder should be created in the performers name by using surname, forename and GDC number e.g. blogs joe 1234567

Within this folder, three sub folders should be created as follows:

- Transferable documents
- Documents supporting the application
- General correspondence

Tel:

Fax:

Sample letter and declaration to be sent to area team to which the performer is currently aligned for completion and electronic transfer of documentation

<date>

Our ref:

Dear <organisation contact>

<Insert performer name and GDC number>

The above named performer has notified us of their intention to provide services in the <insert area> area with effect from <insert date>.

According to the information supplied, they are included in the dental performers list practising within your geographical area of responsibility.

Please would you arrange for the medical director/RO at the area team to complete the enclosed declaration and return it to this office as quickly as possible.

Please will you also email electronic copies of:

- the performers original application to join the performers list (where available); and
- a PCIS performer screen print; and
- the medical performers list admission checklist that contains the signatures of the administrator, section manager and medical director/RO responsible for processing the original application (where available)

This information should be emailed from an NHS net account to <insert receiving NHS net account address>.

If you have any queries regarding this matter, please do not hesitate to contact <insert name of sender> on the above telephone number.

Yours sincerely

<insert name>

<insert title

Declaration

Re :- <name of applicant> GDC number <insert>

Please read the following questions carefully and respond accordingly.

If you answer YES to any of the following questions, please supply full details below or on a separate page.

| | |
|---|--------|
| Is the above named dentist currently the subject of any investigation that could result in their removal from the dental performers list? | Yes/No |
| If no, have they ever been the subject of such an investigation? | Yes/No |
| Has the above named dentist ever been refused admission to or been conditionally included in, or suspended from the dental performers list? | Yes/No |
| Date of inclusion on the dental performers list | |
| Date of removal from the dental performers list (if applicable) | |

Any further information deemed appropriate to disclose in respect of this application

Signed _____ Date _____

Print full name _____

Position _____

Name and address of your organisation _____

Telephone number _____

Email address _____

Please return to:- <name of sender>, <address of sender>, <fax number>

Annex T

Tel:

Fax:

Sample letter to previous area team requesting for performer to be 'ended' on their system

<date>

Our ref:

Dear <organisation contact>

<insert performer name and GDC number>

Please note from the attached copy letter that we have successfully completed the transfer of the above-named performer to the <insert area> area with effect from <insert date>.

Please would you take steps to end the performer on your NHAIS system with effect from <insert date one day before transfer> to ensure that there are no duplicate entries on the performers list.

If you require any further information, please do not hesitate to contact <insert name of sender> at the above address.

Yours sincerely

<insert name>

<insert title>

Encl: copy of performer transfer confirmation

Tel:

Fax:

Sample letter to performer informing that they have been transferred

<date>

Our ref:

Dear <name of performer>

PLEASE KEEP THIS LETTER SAFELY WITH YOUR OTHER REGISTRATION CERTIFICATES

Dental performer list – transfer of area team

I am pleased to advise you that your transfer to <insert area> area is now complete. With effect from <insert date>, your list entry will show your status as that of a <insert as appropriate> at the <insert practice name and address as appropriate>.

National Health Service (Performers List) (England) Regulations 2013 allow for the movement of performers without the need for fresh application. However, the regulations provide that a performer must inform NHS England within 28 days if any of their details change. These changes can include:

- changes to the area where the performer works;
- changes to personal details;
- potential changes to the occupational health status; and
- factors that could impact on inclusion to the performer list

If you join a new practice, move to a new area or wish to change the status of your inclusion in the list, it will be necessary for you to complete a notification of change form. If you wish to withdraw from the national list, you should give notice at least three months before the event. Documentation is available on request should any of these circumstances occur.

If we can be of any further assistance, please do not hesitate to contact <insert name of sender> at the above address.

Yours sincerely

<insert name>

<insert title>