

## **Combined Practice Inspection in General Dental Practice**

### **Feasibility Study Report: February 2011**

**Prepared by: The Combined Practice Inspection Working Group**

**On behalf of: Dental Quality Improvement Standards Group**

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## **EXECUTIVE SUMMARY**

The overall aim of this study was to field test the Combined Practice Inspection (CPI) tools and processes to determine the initial feasibility of a single CPI process. This study assessed the practicalities of implementing a combined inspection process, identified challenges for practices and inspectors, and helped to identify resources needed to successfully implement a CPI process in General Dental Practice. This feasibility study will inform professional and policy discussions concerning the feasibility and development of a broad scale pilot study to test the single CPI process in a wider range of practice settings and circumstances.

### **Setting and participants:**

This study was conducted in five General Dental Practices in NHS Lothian with six experienced inspectors. Practices were due for either Health Board (HB) or Vocational Training (VT) inspection and were not expected to have any major problems in meeting inspection criteria. Practices varied in size from one to nine GDPs and up to six surgeries in one practice. Two practices were fully NHS and three were partially NHS. Three of the practices were Vocational Training sites. Each team of inspectors included one HB and one VT inspector.

### **Methods:**

Implementation of the CPI checklist supported by SDCEP's Practice Support Manual (PSM) followed by practice feedback gathered through evaluation forms and brief, semi-structured interviews, and inspector feedback gathered through a focus group. Implementation of the CPI patient experience questionnaire followed by patient and practice feedback gathered through evaluation forms.

### **Results:**

**Practice findings:** Practices felt the CPI was advantageous in that they only need to undergo one inspection visit and believed the CPI produced higher quality documentation. Practices identified the primary benefits of the CPI as: reassurance care complies with best practice, motivation to improve policies and training, facilitation of critical assessment of practice procedures, and engagement of the entire practice team in the inspection process. The amount of time and documentation required to prepare and complete the CPI were the primary disadvantages. All five practices indicated the advantages of using the CPI checklist outweighed the disadvantages, and overall they felt the CPI experience had been positive. Practices found the PSM accessible and easy to use but consistently emphasised the need to expand PSM content and increase the variety of templates available for meeting CPI requirements. The two practices not currently certified as VT practices indicated that the CPI process would encourage them to consider becoming a VT practice.

**Inspector findings:** Inspectors agreed the presence of two inspectors and their ability to consult with each other during the inspection visit gave validity to inspection decisions and outcomes. Inspectors identified primary challenges of the CPI as: the amount of time involved, alignment of process and purpose between HB and VT components, establishment of standard criteria for successful inspection, and meeting the training needs of inspectors. Issues expected to further influence the CPI process include resource capacity and the development of support systems and tools for both practices and inspectors. Inspectors broadly endorsed the PSM as a support tool but feel the PSM requires better diffusion and should prioritise publication of the Health and Safety section.

**Patient experience questionnaire findings:** Three of the five practices agreed to pilot the patient questionnaire. To date, completed questionnaires have been received from patients in only two of these practices. The overall response rate was 15%. Patients found the questionnaire easy to read and understand, taking an average of six minutes to complete. The majority gave positive responses to the questionnaire items, however lack of engagement by practices and poor patient response rates indicate the need for further development and piloting.

#### **Summary:**

Overall, implementation of a combined practice inspection process in general dental practice was perceived as being feasible but would require further development and piloting. Specific recommendations made by participants include:

- Training of inspectors prior to the next CPI pilot
- Establishment of standard criteria for a successful inspection to inform training of inspectors and development of an assurance system
- Revision and reorganisation of the preparatory materials sent to practices
- Exploration of the value and feasibility of submitting inspection documentation prior to the CPI visit
- Maintenance of ongoing revision of the CPI checklist to ensure:
  - Contents are clear and flow logically from one section to the next
  - Inspection items are measurable
  - Items on the checklist are relevant and necessary for inspection
- Economic evaluation of resource implications
- Further development and promotion of the PSM:
  - Prioritise publication of the Health and Safety section
  - Obtain public endorsement from the Chief Dental Officer
  - Develop promotion materials and resources
  - Strategically target promotion activities
- Further development and piloting of the patient experience questionnaire



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## **1. Background**

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Every three years, NHS General Dental Practices in Scotland must undergo a Health Board (HB) practice inspection. Dental Vocational Training (VT) practices must also be inspected once every three years by NHS Education for Scotland (NES). In addition, it is anticipated implementation of the National Standards for Dental Services (NHS Quality Improvement Scotland, 2006) will require practices to undergo an additional inspection in future.

Current HB and VT inspections review aspects of practice related to the provision of safe dental care. Current inspections assess premises, equipment, record keeping, and organisational aspects of practice. The National Standards extend inspection criteria to include the type of services patients receive and the manner in which such services are delivered.

In collaboration with the Chief Dental Officer, the Dental Quality Improvement Standards (QIS) Group initiated the development of a single Combined Practice Inspection (CPI) to facilitate an efficient, effective quality monitoring system that meets the needs of the Health Boards, NES, patients, General Dental Practitioners (GDPs) and their dental teams.

In June 2009, a CPI working group, comprising representatives from the Scottish Dental Clinical Effectiveness Programme (SDCEP), practice inspection teams in NES and NHS Lothian, and the Scottish Dental Practice Based Research Network (SDPBRN), began working on the development of the CPI process. The working group began by compiling the HB and VT inspection forms into a single checklist which was then reviewed beside the National Standards. The National Standards that could be successfully assessed by inspectors were added to the CPI checklist. However, the working group identified a number of National Standards that required patient feedback for their assessment and thus proposed that a patient questionnaire be developed to facilitate this.

The CPI checklist (Appendix 1) was developed through an iterative process informed by the Dental QIS Group, key experts, and consultants on specific items or areas of inspection. Each iteration of the CPI checklist served to further integrate HB, VT, and National Standards into a single inspection checklist.

The CPI patient experience questionnaire (Appendix 2) was developed in collaboration with Better Together, NHS Scotland's Patient Experience Programme. All National Standards that were not incorporated into the CPI checklist were included in the questionnaire and each individual questionnaire item directly mapped to an individual item within the National

Standards. The questionnaires were designed to be anonymous; demographic items on the questionnaire did not ask for any identifiable information.

The combined content of the CPI checklist and patient experience questionnaire are intended to fulfil current HB and VT inspection criteria while meeting criteria for potential future inspection of the National Standards by the Care Commission.

To assess the practical utility of these individual components within CPI process, the CPI working group, with the assistance of experienced HB and VT inspectors conducted a feasibility study facilitated by SDPBRN. This feasibility study implemented the CPI process in a small number of practices, all of which were due for inspection.

This report summarises the findings from practice feedback, inspector feedback, and inspection observers in the feasibility study to inform the development of a broader scale pilot to test the CPI process in a wider range of practice settings and circumstances.

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## **2. Aims and Objectives**

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### 2.1 Aims

The overall aim of this study was to field test the CPI tools and processes to determine the initial feasibility of a single CPI process.

Specific aims were to:

1. Assess the utility of the CPI checklist as part of a CPI process (inspecting HB, VT and the National Standards criteria)
2. Evaluate the effectiveness of using a patient questionnaire to gather evidence of attainment of the National Standards
3. Evaluate the utility of the SDCEP Practice Support Manual (PSM) for practices undergoing inspection
4. Further develop the CPI process as an effective and efficient inspection system

### 2.2 Objectives

To achieve these aims the following objectives were identified.

1. *'Assess the utility of the CPI checklist'* by gathering feedback from:
  - a. Practices, inspectors, and observers regarding the CPI checklist in terms of its:
    - i. structure: layout and order of inspection items
    - ii. flow: ease of conducting the inspection
    - iii. content: items within the inspection
    - iv. criteria: inspector consensus regarding standardisation of criteria
  - b. Practices and inspectors regarding their preparatory work for the CPI visit
  - c. Practices and inspectors regarding their experience of the CPI visit
2. *'Evaluate the effectiveness of the patient experience questionnaire'*
  - a. Determine if the CPI Patient Experience Questionnaire engages the patient as evidenced by:
    - i. response rate

- ii. patients' perceptions of the format, content, and ease of completion of the questionnaire
  - b. Gather feedback from practices regarding the survey process and the usefulness of the information gathered in the CPI Patient Experience Questionnaire
- 3. *'Evaluate the utility of the Practice Support Manual'* by gathering feedback from practices and inspectors regarding:
  - a. Their use of the PSM in preparatory work for the CPI visit
  - b. Their experience using the PSM in terms of its:
    - i. organisation and layout
    - ii. content
- 4. *'Further develop the CPI process'*
  - a. Identify specific challenges encountered in assessing or meeting new inspection criteria within the CPI checklist
  - b. Identify support needs and resources necessary for practices and inspectors to conduct a successful inspection
  - c. Identify advantages and disadvantages of the CPI, including how it compares to past inspections, and strategise steps which should be taken to further develop a single combined practice inspection process

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### **3. Methods**

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#### 3.1 Setting, Participants, and Recruitment

*Setting:* NHS General Dental Practices in Lothian Health Board.

*Participants and Recruitment:* The CPI working group's HB inspection team and VT inspection team representatives each identified three General Dental Practices for invitation to take part in this study. Eligible practices were those that were due to undergo either a HB or a VT inspection and were not expected to have any major problems in meeting current inspection criteria. In each identified practice the Principal (HB) or VT trainer (VT) was contacted by the appropriate CPI working group inspection team representative to discuss the study and ascertain the practice's willingness to take part. Recruitment of feasibility study participants began in March 2010 and by June 2010 five practices were confirmed.

#### 3.2 The Inspection Process

Inspections undergone as part of this feasibility study were official inspections conducted by a team of two inspectors (one HB and one VT). Each practice had to meet the current criteria for HB or VT (as appropriate) inspection. In addition, practices and inspectors were requested to attempt completion of the entire CPI checklist, regardless of their certification (HB, VT). By doing so, HB practices that successfully met the criteria for the VT inspection would not require a separate inspection if they wished to become a VT trainer within the next three years. Similarly, VT practices that successfully met the criteria for the HB inspection would not require a separate HB inspection within the next three years.

In July 2010, SDPBRN contacted practices to confirm participation and to explain the process for scheduling inspections. Practices were also given information about the materials they would receive to enable them to prepare for inspection and the reimbursement (two Dental Guild Rates, £530) that they were entitled to claim on completion of the inspection.

In August 2010, all participants were mailed confirmation of their inspection date and time and their preparatory materials (the CPI checklist, a lever-arch file for the organisation and storage of documentation and details of who to contact if there were any queries). The accompanying letter and information sheet (Appendix 3) clarified that participants only had to meet the current criteria for HB or VT inspection, but that they were requested to try and address all items on the CPI checklist.

To support their preparatory work for the inspections, participating practices were encouraged to sign up for access to the SDCEP online Practice Support Manual (PSM).

Enhanced access to sections of the PSM which were in their final draft but not yet published (Disability Equality, Ethical Practice) was granted to participants. There was no access to sections of the PSM which were still in development (Health and Safety, Radiation Protection, Communication).

The first inspection took place on 9 September 2010 and the final inspection was completed 6 October 2010. Two inspector pairs (one HB and one VT inspector) performed two inspections each and a third inspector pair performed one inspection. Permission had been sought from practices for an SDPBRN/SDCEP observer to accompany the inspectors as part of the CPI checklist evaluation. All practices agreed and a non-clinical observer attended each inspection. Thank you letters were mailed to practices one to two weeks after the inspection.

### 3.3 The CPI Patient Experience Questionnaire

To reduce demands on participating practices and inspectors, and to maintain clear focus on each aspect of this feasibility study, practices were requested to pilot the CPI patient experience questionnaire (Appendix 2) after the inspection visits were complete.

Practices were contacted by phone to ascertain their initial willingness to participate in this aspect of the feasibility study. All five requested the opportunity to review the questionnaire and provide feedback on its format and content before making a final decision on their participation.

The patient experience questionnaire, including an information sheet and patient feedback form to evaluate the questionnaire itself, were mailed to all five practices at the beginning of December 2010. As detailed in the accompanying GDP information sheet (Appendix 4) practices were requested to:

- Distribute the questionnaire to the first 100 adult (18 years of age and older) patients attending the practice, beginning on a mutually agreed date
- Mail any questionnaires returned by patients who chose to complete them in the practice back to SDPBRN in the FREEPOST envelopes provided

On completion, each practice would receive a report summarising the responses made by their patients, provide feedback on their views of the patient experience questionnaire (Appendix 5), and would be eligible to claim a £75 payment.

Beginning the week of the 10<sup>th</sup> January 2011, the first 100 consecutive adult patients were handed the questionnaire, information sheet, and feedback form by the practice

receptionist when they arrived for their appointment. They were requested to complete and return the questionnaire and feedback form in the FREEPOST envelope provided by either handing it in before leaving the practice or by posting directly to SDPBRN if preferred.

### 3.4 Data Collection

During inspections one member of each inspection pair and the SDPBRN/SDCEP observer independently made note of any items on the inspection checklist that required clarification, represented duplication, caused difficulty for the practice or where evidence criteria needed to be set. Copies of the completed checklists were also gathered for analysis.

Practices' feedback regarding the CPI checklist and their experiences preparing for and undergoing the inspection was gathered by means of an evaluation questionnaire (Appendix 6) followed by a semi-structured telephone interview (Appendix 7) that was conducted two to four weeks after their inspection took place.

An inspector focus group was conducted six weeks after completion of the last inspection. The focus group was recorded and transcribed for ease of data collection. The focus group gathered information about four distinct aspects of the inspection process:

- Preparation
- Experience of the CPI visit
- Perceived experiences of practices in preparing and conducting the CPI visit
- Comparison of the CPI visit with past inspections; advantages and disadvantages of a CPI; recommended changes for further development of the CPI process

Patient feedback regarding their perceptions of the format, content and ease of completion of the questionnaire was gathered using a feedback form completed and returned at the same time as the questionnaire.

Practices' feedback about their experiences of the CPI patient experience questionnaire process and their perceptions of the usefulness of the information collected was gathered by means of a questionnaire (Appendix 5) completed once the practice had received the report summarising their patients' responses.

### 3.5 Data Analysis

Data from practices were assembled in tables and narrative form and then reviewed by two research staff with SDPBRN/SDCEP. Focus group data were also reviewed by two SDPBRN/SDCEP researchers. Findings from the focus group transcript were first reviewed in

relation to each of the four discussion prompts and then sorted into five distinct themes which emerged across the duration of the focus group.

Data collected during the inspection visits were collated into a table to compare inspector responses and comments across the five inspections. Items were then reviewed according to consistency of responses among the inspectors, specific questions or notes from inspectors, and whether each item came from HB, VT, or new (National Standards) content in the checklist. Items which produced inconsistent responses or direct questions were further reviewed to determine whether they could be clarified, were indeed measurable, and were justifiably included in the CPI checklist.



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## **4. Results**

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### 4.1 Recruitment and Practice Demographics

This feasibility study initially aimed to include six practices, and five were successfully recruited. All the practices were in NHS Lothian and were due for either VT or HB inspection. Practices varied in size from one to nine GPs with up to six surgeries in a single practice. Two practices were fully NHS and the remaining three were partially NHS. Three practices were Vocational Training practices. Four practices used Software of Excellence computer based records while the remaining practice used a paper-based record system.

Three practices agreed to distribute the patient questionnaire. Of the remaining two, one practice agreed to take part but did not distribute the questionnaire due to being extremely busy and undergoing re-organisation. The other practice declined to participate citing the same reasons. This practice also provided feedback noting that the questionnaire was formidable and may be problematic for elderly and non-English speaking patients who already have difficulty completing necessary practice paperwork.

### 4.2 Practice Evaluation Questionnaires and Interviews

Four of the five participating practices returned their evaluation questionnaires and all five practices completed the telephone interview. In all cases, the primary respondent for the practice was the Principal Dentist or practice owner.

*Preparing for the CPI visit:* Participants found the use of the CPI checklist as a preparatory tool to be fairly straightforward, although one practice reported difficulty with the organisation and flow of the checklist. Practices felt several items on the CPI checklist required clarification and all practices reported that the inspectors seemed unsure or needed clarification in some areas. While some of this confusion was due to organisation or clarity of the CPI checklist, practices attributed some to wider ambiguity around issues such as consent and blood borne pathogen screening for providers. Practices acknowledged such confusion was likely in a feasibility study.

The PSM was endorsed by most participants as a useful preparatory tool. Participants generally found the PSM to be user friendly, but all the practices reported a lack of adequate templates and comprehensive content, especially relating to Health and Safety items.

In all practices, the entire dental team was involved in preparation for the CPI with the Principal Dentist taking the lead in preparatory work. Involvement of the entire practice team was perceived as beneficial; ensuring everyone was up to date on current guidance

and policies, motivating practices to update internal policies and training processes, and making use of effective delegation in preparatory activities. Several practices updated their policies and one practice implemented a new staff appraisal system following CPI preparation.

Practices reported spending more time preparing for the CPI visit than is usually spent preparing for HB or VT inspections. Each practice prepared on a different timescale, from spending a few hours a day over a six week period to spending three days of full-time work in preparation. One practice estimated the CPI required over 60 hours of preparation whereas routine HB inspections required about 25 hours. Practices attributed the increased time demands to: the increased number of required documents, the need to develop new policies to meet expanded inspection requirements, and the need for all practice team members to read and sign relevant policies.

To decrease preparation time, practices recommended:

- Increasing the availability of resources on the PSM, especially policy templates
- Ensuring checklist items are clear and not ambiguous
- A clear format and order to the CPI checklist
- Better organisation of preparatory materials, e.g. cross-references to the PSM on the CPI checklist and the organisation of tabs in the folder for preparing documentation

*Conducting the CPI visit:* Inspection visits lasted from 4-6 hours each. Practices reported the time as long but necessary to complete the CPI. Practices generally felt the inspection visit followed a logical process though it could be streamlined through decreased repetition of some items on the CPI checklist. Several practices reported spending time during the inspection looking for paperwork. It was unclear whether this was due to ambiguous preparation recommendations, incomplete preparation, or repetition within the CPI checklist. Overall, the visit was a positive experience though generally “exhausting”. Only one practice reported the CPI visit as stressful due to the fact they had not known inspectors would be “interviewing” all the staff members, resulting in staff feeling unprepared and uncomfortable.

Practice recommendations for improving the CPI visit include:

- Organising the CPI checklist so there is reduced repetition and better flow to the visit (e.g. when inspecting the local decontamination unit’s equipment and processes, inspect relevant documentation at the same time)

- Conducting the inspection in the same order as items are organised on the CPI checklist
- Consider extending the inspection visit to a whole (rather than half) day to avoid rushing
- Consider having multiple inspectors concurrently covering different parts of the CPI
- Ensuring inspectors are not known to the practice to allow for impartiality
- Sending the preparation materials to the practice earlier
- Sending documentation to inspectors ahead of time to improve the efficiency of the inspection visit

*Overall impressions of the CPI:* After completing the CPI, all five participant practices felt it was a positive experience. One practice noted that it was only in retrospect that the CPI process seemed beneficial and valuable and one other practice noted that the process was both a positive and a negative experience. Practices felt the combined inspection was advantageous as they only had to undergo one inspection visit and consistently felt the CPI produced higher quality documentation. Primary benefits practices identified were: knowing care complies with best practice, motivation for practices to improve policies and training, encouraging critical assessment of practice procedures, and engaging the whole staff in the inspection process. The amount of time and documentation involved in the CPI process remained as disadvantages. Both practices which are not certified as VT training sites reported that the CPI would encourage them to consider becoming a VT practice.

#### 4.3 Inspector Focus Group

*Focus group overview:* The inspectors' focus group was held on 17 November 2010. All six inspectors from the CPI visits were present, also participating as a focus group member was an NHS Lothian non-clinical manager. The four SDPBRN/SDCEP staff most involved in conducting the CPI feasibility study helped to inform and facilitate the discussion. Focus group members responded to four discussion points:

1. Their preparation for the CPI visit
2. Their experience of the CPI visit
3. Their perception of how practices experienced and felt about the CPI

4. Their comparison of the CPI checklist and visit with past inspections; views on the advantages and disadvantages of the CPI; and any recommended changes for further developing the CPI process

The focus group discussion lasted approximately two hours. While facilitators maintained the structure of the focus group, cross-over among the four topics was frequent. General themes which emerged from the focus group were:

*Aligning process and purpose in the CPI:* The most common theme, addressed throughout the duration of the focus group, was the perceived challenge of merging HB, VT, and National Standards into a combined inspection process with a single, clear purpose. Members currently differentiate HB inspections as supportive (i.e. assisting the practice in meeting minimum standards) and VT inspections as qualifying (i.e. affirming a practice is or is not suitable for VT). Members attribute part of this difference to the process of HB and VT inspection, particularly the clear pass-fail criteria for VT inspection which is not present in the HB inspection process. Overall, members felt the role of a pass-fail or similar qualification provided greater incentive for practices to adequately prepare for inspection. Members also felt the presence of two inspectors gave validity to the decision to fail or conditionally pass a practice.

Members discussed their understanding of the perceived purpose and value of inspections from the perspective of dental practices. Members felt practices either welcomed inspections or treated inspection as an unwanted intrusion. The group discussed differences in practices which value the inspection as an educational or quality improvement activity versus practices which see the inspections as a “hurdle to jump” or an “exercise in ticking boxes”. Pre-inspection mentoring was identified as a potential strategy to counter some of these negative feelings toward inspection.

Members universally expressed the necessity of good preparation by practices and considered multiple ways to promote good preparation including mentoring and prior submission of documentation. Members differentiated mentoring for VT inspection as part of the preparatory process whereas mentoring in HB inspection occurs after inspection if a practice does not meet necessary criteria. VT inspectors tended to value mentoring in the preparatory phase whereas HB inspectors considered mentoring important but did not share consensus over when it should occur. Preparatory mentoring was discussed as a benefit to give practices greater perceived value of the inspection through decreased stress, ambiguity, and time spent on the visit itself. Members clarified that mentoring needs to remain a

strictly supportive process which does not result in mentors “doing the work for the practice”.

Composition of the inspection team, as to who should be performing inspection activities, was also discussed. Members supported the idea of an inspection team (as opposed to an individual inspector) for consultative purposes and validity of decision making. General support was expressed for all inspection team members to be dental practitioners. Inclusion of a patient or lay representative in the inspection team was discussed but was not supported or considered feasible given the training and level of knowledge a patient representative would need in order to contribute to the inspection visit. Members all supported the CPI patient experience questionnaire as a necessary component of the CPI process and considered this to be an appropriate method to meet the need for patient input.

*Establishing standard criteria for successful inspection:* In relation to the inspection process and purpose, members repeatedly discussed inspection criteria in terms of what constitutes a successful inspection and what constitutes satisfactory fulfilment of individual CPI checklist items.

In the CPI process as a whole, the role of pass-fail criteria was again addressed with members referring back to the differing purposes of the HB and VT inspections. Members further differentiated HB and VT inspection processes according to the consequences of failing to meet an inspection item. In HB inspections practices are mentored following inspection to meet the required standard. In VT inspections, mentoring is carried out prior to the visit and if a practice fails to meet an inspection item (with the exception of equipment issues covered under Determination X) the practice will not pass the inspection and cannot become a VT practice. Discussion continued over the need to maintain set criteria for qualification as a VT practice and the need for these criteria to be easily identifiable within the CPI process. The importance of having an assurance system in place, with clear and meaningful sanctions available for those who refuse to comply was noted.

Members raised questions throughout the focus group over what constitutes the criteria for a “tick on the checklist”. Group members expressed some preference for ticking items according to their expertise as an HB or VT inspector though overall ambiguity persisted. Members felt a need for better understanding of what they can use as “minimum evidence” or “proof” of criteria being met and to what extent they can rely on the verbal report or “word” of the practice.

*Training of inspectors:* Expressed need for clear criteria was closely tied to an expressed need for adequate inspector training. Focus group members acknowledged a need for cross-over training on HB and VT inspection items and the need for general training and establishment of clear standards for new inspection items. Members felt training should focus not so much on making inspectors experts on each inspection item as providing inspectors with the general knowledge and confidence needed to perform the overall inspection.

Focus group members felt the use of training will be vital to build capacity (both number of inspectors and adequate preparation of inspectors) for the broad implementation of a single CPI process. Members were interested that training include routine updates and focus on the use of standardised criteria in performing the CPI. Preparatory mentoring of inspectors was suggested as one approach to training. Training was also noted as essential to the provision of useful practice mentoring (presuming inspectors would be the mentors) or review of practice documentation prior to the inspection itself.

Training of inspectors was also considered in terms of who could perform an inspection (dental practitioner versus non-practitioner). It was suggested that adequate training could potentially allow a non-dentist to be an inspector. However, not all inspectors supported this strategy. As mentioned previously, training of a patient representative was not seen as feasible by the group.

*Capacity required for a successful CPI:* All members acknowledged the CPI was a time consuming process which required a lot of work on the part of practices and inspectors. For efficient inspection, members felt the presence of a designated practice “host” or “guide” would help to reduce the amount of work required of both parties at the inspection visit. Members recognise that the CPI demands more time, documentation, and work on the part of the practices. Members also expect the ability to prepare will likely be impacted by the size of a practice and its available resources (practice manager in particular).

When considering inspector capacity, members felt the additional training needs and time involved in CPI will require recruitment of additional inspectors. Members strategised some ways the inspection process could take less time. Ideas were focused on dividing the inspection activities between the two inspectors but maintaining their ability to consult with one another.

Capacity related to time, training, and number of inspectors was also addressed in relation to the provision of mentoring. The submission of documentation prior to the inspection

itself was supported as a way to reduce time and resource demands at the inspection visit. However, some inspectors felt review of documentation before the visit would limit their ability to accurately assess a practice, but the discussion evolved to broader support for prior review or consultation. Pre-inspection submission of documentation was also proposed as a method of reducing time and resource demands by a representative of NES's Directors of General Dental Practice Postgraduate Education in a separate communication to SDPBRN. Focus group members did highlight the additional costs arising from pre-inspection submission of documentation including a requirement to employ and train staff to review documentation in advance.

*Support needed for successful inspection:* Group members identified key supports for the completion of a successful inspection. The PSM was supported as a useful and relevant tool to help practices prepare. Members identified limited advertising and promotion of the PSM as impacting the degree to which practices used it. It was felt the PSM could be a valuable tool for self-monitoring or self-mentoring and would have added value if training or support courses were available. One particular issue group members reported with the PSM was the lack of specific sections which have not yet been published, especially Health and Safety. Members noted that unpublished parts of the PSM were referenced in the CPI but were not available to practices or inspectors. Members felt completion of the PSM should be prioritised.

Also essential for successful inspection, members expressed the need for publicised national support and endorsement of the CPI. It was suggested that the Chief Dental Officer endorse the PSM as a primary resource and tool to support CPI.

*Overall impressions of the CPI:* At the end of the focus group, members explored advantages and disadvantages of the CPI in relation to inspections they had performed in the past. The CPI process was viewed as “educational and effective” but “inefficient due to time” required for both preparation and inspection. Members repeatedly discussed the primary challenge of aligning different purposes and processes within the broader context of a combined inspection process. In reflecting on their experiences of conducting a CPI in its entirety, members identified the following advantages and disadvantages:

Advantages	Disadvantages
Ability to consult with another inspector	Time
Increased authority for decisions regarding a pass, fail, or conditional pass with two inspectors	More involved inspection process, especially for HB practices
Increased flexibility in performing the inspection with two inspectors, may work together or work apart	Standards and criteria for a successful inspection are not clear at present
Time will likely decrease with subsequent inspections or the implementation of a grading scale to space inspections differently or reduce inspection criteria for good practices.	Will require more resources given its broader scope (includes National Standards; for VT practices, includes entire practice rather than just VT trainer and surgery)
	Inspection criteria change frequently and will need to be routinely updated within the CPI checklist
	Inspectors do not feel confident with all items on the checklist, require training

Recommendations from focus group members to improve the CPI process include:

- Ensuring all components of the CPI process, and all items on the CPI checklist, are measurable and appropriate (i.e. essential and relevant) for inspection
- Establishment of standard criteria for a successful inspection and the development of a related assurance system (timeframes for remediation and follow up, identification of sanctions or penalties, enforcement of action)
- Training for all inspectors prior to inspections in the pilot study
  - To be followed by the development of a training system for the ongoing support, maintenance, and recruitment of inspectors
- Promotion and diffusion of the PSM into broader practice
  - Public support and endorsement from the Chief Dental Officer
  - Online publication of the complete PSM including Health and Safety content
  - Development and diffusion of promotional materials through NHS Practitioner Services
  - Including promotional efforts in all communication with participating practices



#### 4.4 CPI Inspection Visit Documentation

The CPI checklists used by inspectors and SDCEP observers at inspection visits were reviewed for comparison of responses to CPI items and for review of notes and questions documented during the inspections. Responses were put into a table and were compared across the five inspections for consistency, questions raised, identified need for clarification, or discrepancies in responses. In general, responses were consistent among inspectors and observers and very few items from the existing HB or VT inspection lists led to further questions or confusion. New items on the CPI checklist, mostly from the National Standards, were the items most commonly causing problems for inspectors. More specific findings from the checklist review included:

- Items causing the most confusion or request for clarification are new items which inspectors do not identify as having clear policy directives or guidance at the national level:
  - HIV screening for dental care providers
  - Radiology protection
  - Criteria for adequate consent policies
- Inspectors requested specific clarification related to:
  - Practice policy standards regarding blood borne pathogens and HBV;
  - Consent policies and documentation;
  - Standard operating procedures for controlled drugs;
  - Servicing and maintenance of infection control and decontamination equipment
- The criteria for satisfying inspection of each checklist item were not always clear. Inspectors would sometimes document two different answers, or leave an item blank but note the circumstances on the CPI checklist. Inspectors were able to come to a final decision regarding the practice's success but discrepancies in note taking were frequent. Specific issues included:
  - When an item is present but noncompliant (e.g. ultrasonic baths)
  - When an item is present but is not documented (e.g. NHS information is available but not on paper, first aid person is designated but not documented)

- When an item is in the process of being developed and is not yet signed into routine practice systems (e.g. staff recruitment and selection policy)
- When there are new policy requirements (e.g. dental history in record, obtaining consent, adequate consent for adults and children, notification to patients if the practice closes)
- When an item is available within the practice but not available in each surgery
- When alternative systems are in place (e.g. using a paper cup as a spacer for inhaled bronchodilators)
- The type of evidence required to meet criteria (e.g. record review, signed policy, verbal report, inspector observation)

Inspectors identified a number of suggestions for improved organisation of the CPI checklist to streamline the inspection visit:

- Consolidating infection control and decontamination content
- Consolidating radiology content
- Consideration of whether CPD documentation needs to be included as part of the CPI as records are already maintained by the GDC
- Consideration of whether some VT specific requirements (Equality and Diversity training, employment legislation) might be better suited to the VT application process
- Consolidating content regarding consent
- Consideration of whether “care and treatment account for all National Standards” can be assessed during the inspection visit

Three out of the five practices inspected had significant radiology concerns. Responses on the inspection checklists indicate:

- Need for clear referral criteria when an item is noncompliant
- Need for training to give inspectors ability to identify when a referral is needed

The degree of documented feedback to clinics varied between HB and VT sites. The CPI Practice Visit Report and Actions Required was only completed for VT practices despite

issues present within HB practices. Standardisation of feedback documentation within the CPI may be of value in future.

#### 4.5 CPI Patient Experience Questionnaire

Three of the five practices ultimately participated in the pilot of the patient experience questionnaire. To date, completed patient questionnaires have been received from two of the three participating practices.

Response rates from the patients in each practice differed greatly from 3% to 43%. The overall response rate for the pilot as a whole was 15%. Almost all of the questionnaires returned were mailed from individual patients suggesting respondent preference not to turn the survey in at the practice. Patient assessment of whether their practice is meeting the National Standards was generally positive; average responses typically fell in the 'Strongly Agree/Excellent' or 'Agree/Good' categories. In general, patients responded positively to the questionnaire, taking an average of six minutes to complete it, and finding it easy to fill out and understand.

Reports summarising the questionnaire responses for each practice were compiled and returned to the practices via e-mail with an evaluation form (Appendix 5). Responses to the evaluation form are not yet available as of the time of printing this report.



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## 5. Discussion

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### 5.1 General Discussion

Overall, implementation of a combined practice inspection process in general dental practice was perceived as being feasible but would require further development and piloting. Some logistical aspects of the process need improving and the training needs of inspectors require addressing but there were no issues identified in this feasibility study to impede further development and piloting of the CPI. Both inspectors and practices endorse the idea that the CPI is educational and effective, but at present is inefficient due to the amount of time needed to prepare and complete the practice visit. Practices and inspectors also indicated that the CPI offers greater opportunity for quality assurance and quality improvement and delivers appreciable benefits to practices. Resource implications were highlighted. These included additional costs in relation to time, training, and personnel.

There is a need to continue development of a broader CPI framework inclusive of the training and mentoring needs of practices and inspectors. All participants, but inspectors in particular, felt a continuing need to clarify the purpose of the CPI through the establishment of standard criteria which meet a recognisable end-point. Establishment of a training program focused on the development of inspectors as *CPI inspectors* and the continued integration of inspection standards might reduce much of this ambiguity. There is also a need for developing assurance systems to support practices in meeting inspection standards, completing needed follow up or remediation, and sanctions or penalties for practices which remain noncompliant.

Practices and inspectors both expressed the opinion that the time and burden of inspection will likely decrease over time as there are so many new items in the CPI. Support materials and instructions should be sent to practices a full six weeks ahead of their inspection date wherever possible. Notifying practices that preparation will take longer than usual may better inform them of what to expect in preparing and completing the CPI. Both practices and inspectors suggested multiple ways to improve the efficiency of the CPI including prior submission of documentation, division of inspection components between inspectors, or lengthening the duration of the inspection visit.

## 5.2 Changes to the CPI

Concrete suggestions from practices and inspectors were used to make changes within the CPI checklist (updated checklist in Appendix 1, original checklist available upon request from scottishdental.cep@nes.scot.nhs.uk). The following changes were made:

- Editing and rewording for clarification or improved specification including
  - Correction of double negatives
  - Explanatory phrasing
  - Consistent formatting for questions which do not have yes/no responses
- Items removed from checklist include
  - Equality and Diversity training, Employment legislation  
*Justification:* HB practices may not have access to training and it was suggested these items could be added to the VT application criteria
  - Care and treatment meet all National Standards  
*Justification:* Not measurable within the CPI checklist
  - CPD  
*Justification:* Maintained through the General Dental Council
  - Duplicated items
- Minor consolidation and reorganisation of items including
  - Combining needle-stick policy and post-exposure protocols
  - Moving observation of decontamination process next to decontamination and infection control section
- Creation of distinct sections regarding
  - Decontamination and Infection Control
  - Radiology, including additional criteria from a scientific advisor to the Scottish Government

## 5.3 Practice Support Manual

In addition to changes on the CPI checklist itself, practices and inspectors strongly encouraged the continued development and promotion of the PSM. All the practices and

inspectors emphasised the need for publication of sections of the PSM such as Health and Safety for it to be maximally useful. Practices and inspectors both indicated that better promotion of the PSM would encourage greater use. One practice stated “the PSM would have been more helpful if I had used it sooner”, suggesting that while inspection is a good opportunity to interact with the PSM, the PSM is not yet a familiar tool in practice. BDA templates were used in all the practices inspected but there was clear communication that templates through the PSM would be a welcome alternative.

#### 5.4 Summary of Recommendations

Based on the individual recommendations of participating practices, inspectors, and SDPBRN/SDCEP observers, the following recommendations are made:

##### **1. Training of inspectors prior to any future CPI pilot**

- Focus on training inspectors as *CPI inspectors* rather than HB or VT inspectors
- Orient inspectors to the purpose of the CPI
- Develop inspectors’ confidence pertaining to new or unfamiliar content

##### **2. Establishment of standard criteria for a successful inspection to inform training of inspectors and development of an assurance system**

##### **3. Revision and reorganisation of preparatory materials sent to practices prior to any future CPI pilot**

- Ensure preparatory materials are mailed early enough to ensure practices have a full six weeks to prepare
- Revise the preparatory materials to improve cross-referencing between and among resources
- Revise and reorganise the CPI checklist to better reference preparatory support resources

##### **4. Consider the value and feasibility of submitting inspection documentation prior to the CPI visit by**

- Evaluating whether prior submission does more to enhance or limit inspectors’ ability accurately assess a practice

- Establishing whether the capacity exists to review documentation before the CPI visit
- Establishing the preferred process for prior review of documentation including the amount of time needed, who reviews the documentation, necessary resources, and how follow up communications and actions are conducted
- Establishing how prior submission would fit into the broad framework of CPI including remediation or consequences for noncompliant practices

**5. Maintain ongoing revision of the CPI checklist to ensure:**

- Contents are clear and flow logically from one section to the next
- Inspection items are measurable
- Items on the checklist are relevant and necessary for inspection
- Establishment of standard criteria to inform the development of an assurance system

**6. Economic evaluation of resource implications**

**7. Further develop and promote the use of the PSM**

- Prioritise publication of the Health and Safety section
- Obtain public endorsement for the PSM as a primary support tool in CPI from the Chief Dental Officer
- Develop promotion materials and resources to include in communication to participating practices
- Strategically target promotion activities
  - Through NHS Practitioner Services
  - Via NHS Boards
  - Promotional article authored by focus and working group members for publication in *Scottish Dentist*

**8. Further development and piloting of the patient experience questionnaire**



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## References

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NHS Quality Improvement Scotland. (2006). National Standards for Dental Services, <http://nationalcarestandards.org/>

NHS Education for Scotland, Scottish Dental Clinical Effectiveness Programme. (2010). Practice Support Manual, [www.psm.sdcep.org.uk](http://www.psm.sdcep.org.uk)



## Combined Practice Inspection Visit Checklist

- Thank you for agreeing to take part in this pilot of a revised practice inspection, which contains existing Health Board (HB) and Vocational Training (VT) inspection items plus additional items from the National Standards for Dental Services.
- Practice inspection items are categorised as 'A', essential; 'B', best practice; or 'I', for information. Please try to meet all inspection requirements listed.
- To successfully pass inspection during this pilot, you must meet all existing HB criteria. If you are a VT practice, you must also meet all essential VT requirements. **You must only meet your respective requirements marked on this checklist as 'HB', 'VT', or 'Both'**. All other items on this checklist are future requirements for inspection and as such are **best practice for ALL primary care dental practices**.
- Practices that pass inspection will not require another inspection for 3 years.
- We will need access to all surgeries during the visit.
- The visit will take approximately 4 hours to complete depending on the practice size.
- To minimise the length of time required for the visit, **please have all relevant documentation to hand; instructions of what is required to be completed prior to the visit are highlighted in blue text in the enclosed checklist**. A folder is provided to facilitate collation of documentation.
- To help prepare for your inspection visit, sources of information have been included in the final column of this checklist. These resources have been designed to support your practice in providing the best care possible. The primary references are:
  - SDCEP: Scottish Dental Clinical Effectiveness Program, [www.sdcep.org.uk](http://www.sdcep.org.uk)
  - PSM: Practice Support Manual, [www.psm.sdcep.org.uk](http://www.psm.sdcep.org.uk)

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## Part 1 Practice Details and Personnel

<b>Practice/Clinic Name:</b>		
<b>Address:</b>		
<b>Tel No:</b>		
<b>E-mail address:</b>		
<b>Website address:</b>		
<b>Visitor(s):</b>		
Name:		
Designation:		
Name:		
Designation:		
<b>Date of Visit:</b>		
<b>Room Type:</b>	<b>Number of rooms:</b>	
Dentist's surgery (non-trainers)		
VT trainer's surgery		
VDP's surgery		
VDHT's surgery		
Local decontamination unit/Decontamination area		

## Certification for All Dental Team Members

Please have the following ready prior to the inspection visit:  
 1. Complete names and designation of all dental team members below  
 2. Provide certification for all dental team members (where appropriate)

	Name	Designation*	GDC Registration†	Professional Indemnity	Hep B Status	Hep C Status (new staff)	HIV Status (new staff)‡
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Are staffing levels adequate for patient volume (i.e. one dental nurse per dentist, plus a receptionist)? Yes  No

*Designation							
Dentist	VT Trainer	Vocational Trainee	Hygienist	Therapist	Dental Nurse	Receptionist	Practice Manager

† Or evidence of 'in training', if a dental nurse (not existing HB or VT inspection requirement)

‡ Not existing HB or VT inspection requirement

### Practice/Clinic Hours

(Must be completed by VT practices. Optional for non VT practices that may be considering becoming a VT practice)

Please complete prior to the visit (there will not be time to complete this on the day of the visit).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						
EVENING						

Will the trainer carry out clinical work alongside the VDHT/VDP at these times?  Yes  No (if no, please complete the section below)

Please give details in the table below, the hours when the potential trainer would be carrying out clinical work alongside a VDP or VDHT:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						
EVENING						

#### Workload

Number of trainer-registered patients

Number of VDP-registered NHS patients, if applicable (adults/children)

Total number of NHS patients registered in practice (adults/children)

Total number of non-NHS patients registered in practice

Number of new patients per week during past four months

When is the first ½ hour appointment available in the practice/clinic?

Are there sufficient patient numbers to support a VDP or VDHT?

Is the workload light enough to allow the trainer sufficient time to train?

A: C:

A: C:

## Part 2 Practice Requirements

### Section 1 Premises

#### A. General

						Information Source
		<b>Building type:</b>				
I	VT	Purpose built / residential / commercial / other:.....	(please circle)			
I	VT	Ground floor / first floor / second floor / basement	(please circle)			
		<b>Car Parking:</b>				
I	VT	Private / Public / On Street	(please circle)			
		<b>Access:</b>		<b>Yes</b>	<b>No</b>	
I	HB	• Is there access without use of stairs?.....				
		<b>Waiting Area:</b>				
A	HB	• Adequate number of seats (3 per surgery).....				
A	VT	• Waiting area is clean and in good repair.....				
A	HB	• Waiting area is free from identifiable hazards.....				
A	HB	• Complaints notice displayed.....				PSM Communication
A		• Letter/certificate stating successful completion of Health Board inspection displayed.....				
		<b>Toilets:</b>				
A	VT	• Clean and accessible toilet facilities.....				
A	VT	• Adequately equipped toilet(s), including sanibin, disposable paper towels/air dryer.....				
B	HB (I)	• Adequate number of toilets (1 toilet and 1 washbasin for 1–5 employees; 2 toilets and 2 washbasins for 6–25 employees).....				PSM Health and Safety

#### B. Surgeries

						Information Source
I	HB	Number partially equipped (i.e. not used for restorative procedures).....				
I	HB	Number fully equipped (i.e. suitable for a dentist to provide a full range of treatments).....				

**Comments (record comments for Part 2, Section 1 Premises here):**

A = Essential    B = Best Practice    I = For information

## Section 2 Administration

Please note that the inspectors will require access to a small sample of patient records. Meeting the following inspection requirements might help in a possible future medico-legal situation.

A. Patient Records System			Yes	No	Information Source
I	Both	Manual system.....	<input type="checkbox"/>	<input type="checkbox"/>	PSM Record-keeping
I	Both	Computerised system.....	<input type="checkbox"/>	<input type="checkbox"/>	
I	HB	(i) Fully <i>or</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	
I	HB	(ii) Partly.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	Records stored securely.....	<input type="checkbox"/>	<input type="checkbox"/>	PSM Record-keeping, PSM Ethical Practice
A	HB	Suitable back-up protocol in place for computerised records.....	<input type="checkbox"/>	<input type="checkbox"/>	
B		Paper records kept in fireproof cabinet.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	Efficient patient record system.....	<input type="checkbox"/>	<input type="checkbox"/>	
B. Appointment and Recall Systems			Yes	No	Information Source
A	VT	Efficient appointment system, including provision for dental emergencies during practice hours.....	<input type="checkbox"/>	<input type="checkbox"/>	PSM Communication
A	VT	Efficient recall system.....	<input type="checkbox"/>	<input type="checkbox"/>	
	HB	Emergency cover outwith normal working hours:	<input type="checkbox"/>	<input type="checkbox"/>	SDCEP <i>Emergency Dental Care</i>
A	HB	• midweek .....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	• weekends and holidays.....	<input type="checkbox"/>	<input type="checkbox"/>	
C. Medico-Legal and Patient Care			Yes	No	Information Source
		<b>Records demonstrate recording of:</b>	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	• regular updates of medical histories.....	<input type="checkbox"/>	<input type="checkbox"/>	SDCEP <i>Prevention and Management of Caries in Children'</i>
A		• dental history.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	• soft tissue examination.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	• periodontal charting.....	<input type="checkbox"/>	<input type="checkbox"/>	
A		• treatment plan (including documentation of estimates, treatments and referrals).....	<input type="checkbox"/>	<input type="checkbox"/>	PSM Record-keeping SDCEP <i>Oral Health Assessment and Review</i>
A		• appropriate management of child patients that takes account of age (e.g. referral to orthodontics, care of deciduous teeth).....	<input type="checkbox"/>	<input type="checkbox"/>	
B		• recall interval in line with patient's oral health needs.....	<input type="checkbox"/>	<input type="checkbox"/>	PSM Communication
B		• patient advice on prevention and their oral health care (including long-term needs).....	<input type="checkbox"/>	<input type="checkbox"/>	
A		• consent, where appropriate.....	<input type="checkbox"/>	<input type="checkbox"/>	
A		GP17 documentation (or equivalent).....	<input type="checkbox"/>	<input type="checkbox"/>	

A = Essential B = Best Practice I = For information



D. Education			Yes	No	Information Source
A	VT	Dental reference books.....			
A	VT	Access to peer-reviewed journals.....			
A	VT	Easy uninterrupted access for the trainer and the VDP/VDHT to internet and email (preferably in all areas of the practice/clinic, including all surgeries and training rooms).....			
B	VT	Camera designed for intra-oral clinical pictures, preferably digital.....			

**Comments** (record comments for Part 2, Section 2 Administration here):

A = Essential    B = Best Practice    I = For information

### Section 3 Documentation and Certification

Please have the following documentation and certification ready prior to the visit.

A. Staff Employment, Training and Management			Yes	No	Information Source
A B / A †	Both	Employer's liability insurance.....			PSM Health and Safety
	VT	Practice/Clinic Recruitment and Selection Policy*.....			
A		Enhanced Disclosure Scotland checks for all new staff who have access to children.....			PSM Medical Emergencies and Life Support Resuscitation Council: <a href="http://www.resus.org.uk">www.resus.org.uk</a>
A B	VT	Staff contracts*..... Staff induction training, including decontamination, and reading and signing practice policies.....			
		Staff training records, including:			PSM Radiation Protection
A	Both	• medical emergencies, including CPR (annual) (GDC recommends at least 10 hours CPD per cycle).....			
A	Both	• radiation protection (every 5 years) (GDC recommends at least 5 hours per CPD cycle).....			SDCEP <i>Decontamination into Practice</i>
A	VT	• decontamination/infection control (GDC recommends at least 5 hours per CPD cycle).....			
B / A †	VT	Staff appraisal system.....			PSM Ethical Practice Information Commissioner: <a href="http://www.ico.gov.uk">www.ico.gov.uk</a>
B / A †	VT	Discipline, dismissal and grievance procedures*.....			
A		Protocol for staff support (e.g. access to occupational health services)....			PSM Ethical Practice
A	VT	Practice/staff meetings – minutes and action points.....			
A	VT	Practice/Clinic Equal Opportunities Policy*.....			
*Policies to be read and signed by all relevant staff					
† Essential for VT practices      * Essential for VT trainers					
B. Ethical Practice			Yes	No	Information Source
A	Both	Data Protection registration for computerised records [including associates (usually required for all those who hold their own patient list and are not employed by practice owner)].....			PSM Ethical Practice
A	VT	Data protection/confidentiality/information security policy (including patient access to records)*.....			
B		Protocol for arrangements for safe storage and retrieval of patient records if practice closes permanently.....			

A = Essential    B = Best Practice    I = For information

<b>B. Ethical Practice (continued)</b>			<b>Yes</b>	<b>No</b>	<b>Information Source</b>
A		Freedom of Information Act Publication Scheme.....			PSM Ethical Practice
		(i) BDA model, no formal approval required or.....			
		(ii) non-BDA model, approval required from Scottish Information Commissioner.....			
A	HB	Written policy for child protection*.....			PSM Ethical Practice DoH guidance: <a href="http://www.cpd.org.uk">www.cpd.org.uk</a>
A	HB	Contact information for local Child Protection Team easily accessible.....			PSM Ethical Practice
A	HB	Disability policy (compliant with the Equality Act 2010)*...			PSM Disability Equality
*Policies to be read and signed by all relevant staff					

<b>C. Communication and Patient Information</b>			<b>Yes</b>	<b>No</b>	<b>Information Source</b>
A	Both	Practice Information Leaflet, including: - names and professional details of all dentists and hygienist;..... - practice contact information;..... - hours of work;..... - access (e.g. wheelchair, special needs, communication equipment);..... - arrangements for emergency cover;..... - whether NHS or private care;..... - guide to charges and how to pay;..... - policy on cancellation of appointments.....			PSM Communication
A		Practice Information Leaflet made available (e.g. patient notice or leaflets at reception).....			
A		Practice Information Leaflet made available in large print (16–22 point), on request.....			PSM Disability Equality
B	HB	Appropriate NHS information available (e.g. exemption categories).....			PSM Disability Equality
A		Contact details for interpreting services available.....			
B		Dental team members wear name badges.....			
A		Policy on obtaining consent*.....			PSM Communication
A		Policy on consent for treatment of children*.....			
A	Both	Complaints procedure information (practice policy* and patient notice)....			
A		Referral protocol (statement that if care cannot be provided, patient will be referred; includes details of who patients will be referred to).....			
B		Protocol for patient notification if practice closes (3 months' notice required).....			
*Policies to be read and signed by all relevant staff					

<b>D. Risk Management</b>			<b>Yes</b>	<b>No</b>	<b>Information Source</b>
A		Public Protection Policy* (for raising concerns about performance that might endanger patient safety), and confidential record of concerns and action taken.....			PSM Risk Management
B		Business Continuity Plan.....			
*Policies to be read and signed by all relevant staff					

A = Essential    B = Best Practice    I = For information

E. Health and Safety			Yes	No	Information Source
A	Both	Health and safety policy statement*			PSM Health and Safety
A	Both	Health and safety law poster displayed and filled in			
A	Both	Health and safety risk assessment carried out			
A	Both	Fire Policy, including:			
	VT	• fire action protocol*			
		• fire action notice displayed			
A	Both	Documented fire risk assessment* carried out			
A	HB	Documented regular visual inspection of portable appliances (at least annually, preferably twice a year)			
A	Both	Portable Appliance Testing (PAT) by contractor/competent person (a minimum of every 3 years)			
A	Both	COSHH assessments*			
A		Standard Operating Procedure for Controlled Drugs			SDCEP Drug Prescribing for Dentistry
A	HB	Blood Borne Virus protocol (including Hepatitis B status for all staff, and Hepatitis C and HIV health check for new employees)*			PSM Health and Safety
A	Both	Needlestick policy and post-exposure protocol policy)*			
A	Both	Accident book and compliance with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations)*			
A		Appointed/named person for first aid			

\*Policies to be read and signed by all relevant staff

F. Disposal of Waste			Yes	No	Information Source
	HB	Special waste consignment notes for:			PSM Health and Safety
A		• orange stream: low-risk healthcare waste such as disposable PPE, dressings, swabs			
A	HB	• yellow stream: high-risk healthcare waste such as sharps, pharmaceuticals, LA cartridges, teeth without amalgam, highly infectious waste or blood [in yellow stream containers (formerly known as sharps bins)]			
A	HB	• red stream: waste amalgam			
A	HB	• red stream: amalgam capsules			
?	?	• red stream: filters for dental aspirating systems			
A	HB	• red stream: x-ray developer/fixer			
A	HB	• red stream: lead foil			
A		• red stream: teeth with amalgam			
A	HB	Transfer notes (annual) for non-healthcare (mixed municipal/general household) waste			

A = Essential    B = Best Practice    I = For information

G. Laboratory Diagnostic Tests			N/A	Yes	No	Information Source
A		NHS facility or accredited laboratory used for biopsy/pathology tests.....				

H. Medical Emergencies			Yes	No	Information Source
A	HB	CPR training and emergency care skills updated annually (current training records) by all staff.....			PSM Medical Emergencies
A		Protocol for managing medical emergencies.....			

I. Audit			Yes	No	Information Source
A		Audit records (15 hours per 3 years), with actions, including:			PSM Audit
B		• clinical treatment and care.....			

**Comments** (record comments for Part 2, Section 3 Documentation and Certification here):

A = Essential    B = Best Practice    I = For information

## Section 4 Facilities and Equipment

A. Fire Extinguishers			Yes	No	Information Source
A	Both	Suitable for wood, paper, etc. – water/powder.....			PSM Health and Safety
A	Both	Suitable for electrical fires – carbon dioxide.....			
A	Both	Maintained or within expiry date.....			
B. Resuscitation (Medical Emergencies), First Aid and Drugs			Yes	No	Information Source
A	Both	Recommended medical emergency drugs available, in date and stored safely:			Resuscitation Council: <a href="http://www.resus.org.uk">www.resus.org.uk</a>  PSM Medical Emergencies and Life Support  SDCEP Drug Prescribing in Dentistry
A	Both	• Adrenaline (1-ml ampoules [x 5 for VT] or pre-filled syringes of 1:1000 solution for i.m. injection).....			
A	VT	• Aspirin (300 mg dispersible tablets).....			
A	Both	• Glucagon (for i.m. injection of 1mg).....			
A	Both	• Glyceryl trinitrate spray (400 µg per metered dose).....			
A	VT	• Midazolam buccal liquid (10mg/ml) or injection solution (2 mg/ml 5-ml ampoules or 5 mg/ml 2-ml ampoules) (for topical application of 10 mg)			
A	VT	• Oral glucose (e.g. non-diet fizzy drinks, glucose gel, powdered glucose, sugar lumps).....			
A	Both	• Salbutamol inhaler (100 µg per actuation) x 2 for VT.....			
A	Both	Oxygen cylinder (10 litres/min): minimum of 2 size D for VT; minimum of 1 size D/risk assess need for 2 cylinders for HB .....			
A	Both	• serviced at least every 5 years (or according to manufacturers' instructions).....			
A	VT	• charged: at least 75% full and evidence of regular checks.....			
A	Both	• bag-valve-mask.....			
A		• adult and child face masks for attaching to bag-valve-mask.....			
A	Both	• basic set of oropharyngeal airways for adults and children.....			
A	Both	• pocket masks with oxygen port available in every surgery (for single operator) .....			
A	Both	• independent suction.....			
A		• oxygen face mask with tubing for breathing patients.....			
A	VT	Single-use sterile syringes and needles.....			
A		Spacer device for inhaled bronchodilators.....			
B	VT	Defibrillator.....			
A	Both	First aid box present and adequately filled for size of practice.....			PSM Health and Safety

A = Essential B = Best Practice I = For information

C. Mercury Hygiene			Yes	No	Information Source
		Amalgam mixing:			PSM Health and Safety
I	HB	(i) encapsulated or.....			
I	HB	(ii) if dentomat.....			
A	HB	• on aluminium foil tray.....			
A	HB	Spillage kit available.....			
A	HB	Suitable storage of waste amalgam.....			

D. Compressors			Yes	No	Information Source
I	HB	Number of compressors..... <input type="text"/>			
A	HB	Compressor insurance certificate including third party liability.....			
A	Both	Compressor instruction manual available.....			
A	HB	Written Scheme of Examination if compressor >250 bar litres (certification required every 26 months).....			
A	HB	Record of:			
A	HB	- safety testing/inspection in line with written scheme of examination.....			
A	HB	- maintenance in accordance with manufacturer's instructions.....			
A	HB	- any repairs.....			

**Comments** (record comments for Part 2, Section 4 Facilities and Equipment here):

A = Essential    B = Best Practice    I = For information

## Section 5 Radiology

### A. Radiation Protection

A. Radiation Protection			Yes	No	Information Source
A	HB	Radiation Protection File completed, including:			PSM Radiation Protection
<b>For compliance with the Ionising Radiation Regulations 1999 (IRR99):</b>					
A		• Health & Safety Executive notified of use of X-ray.....			
A	Both	• local rules.....			
A	Both	• details of quality assurance system for radiation equipment.....			
A	Both	• radiation safety assessment carried out for each machine (every 3 years)			
A	VT	• evidence of training of radiographic operators			
A	Both	• Radiation Protection Adviser appointed: Name: _____			
A		• Radiation Protection Supervisor appointed: Name: _____			
<b>For compliance with the Ionising Radiation (Medical Exposure) (Amendment) Regulations 2006 (IR(ME)R)</b>					
A		• full set of Employer's Written Procedures in place.....			
A		• employers Written Protocol for each type of exposure in place and up to date.....			
A		• document quality assurance system for Employer's Written Procedure and Protocols in place and up to date.....			
A		• all duty holders (referrers, practitioners and operators) identified and properly entitled by the employer.....			
A		• documented training for practitioners and operators in place.....			
A		• any radiographic incidents recorded and reported in accordance with Employer's Written Procedures.....			
A	VT	• clear referral criteria for radiographic exposures.....			
A		• diagnostic reference levels (DRLs) in place.....			
A		• procedure for dose assessment and recording in place.....			
A		• clinical audit undertaken in accordance with Employer's Written Procedures.....			
A		• equipment inventory in place.....			
A	VT	• filing system for radiographs.....			
A		• Medical Physics Expert appointed: Name: _____			
A	VT	• protocol for management of radiographic incidents.....			

A = Essential B = Best Practice I = For information



B. Radiation Processes			Yes	No	Information source
A	VT	Easy access to x-ray facilities.....			PSM Radiation Protection
I	HB	Number of intra-oral machines:..... <input type="text"/>			
A	HB	• safety report available for all.....			
A	HB	• compliance with report recommendations for all machines.....			
I	HB	Number of OPT machines:..... <input type="text"/>			
A	HB	• safety report available for all.....			
A	HB	• compliance with report recommendations for all machines.....			
A	Both	Local rules, easily accessible to operator.....			
I	Both	Type of x-ray unit:			
		(i) Digital <i>or</i> .....			
		(ii) Film.....			
A	VT	Film speed (E or faster [digital taken to be faster]) _____			
A	Both*	Film-holding beam-aiming devices.....			
A	Both*	Rectangular collimation used.....			
A	HB	All persons not undergoing x-ray examination outside controlled area.....			
A	Both	Adequate protection for all persons in building.....			
		X-ray developing facilities:			
A	Both	• automatic <i>or</i> .....			
A	Both	• manual, temperature controlled.....			
A	Both	Quality assurance carried out.....			

**Comments (record comments for Part 2, Section 5 Radiology here):**

A = Essential    B = Best Practice    I = For information

## Section 6 Decontamination and Infection Control

### A. Systems and Training

		Yes	No	Information Source
A				SDCEP <i>Decontamination into Practice</i>  Scottish Dental website: <a href="http://www.scottishdental.org">www.scottishdental.org</a>
A	System in place to manage current decontamination.....			
A	NES Infection Control Support Team in-practice ( <i>unless using central facility</i> ) training: arranged/completed (please circle) Date:.....			
A	Systems in place, including induction and ongoing training, to make sure infection control procedures are known and are being carried out at all times.....			

### B. Policies

		Yes	No	Information Source
				PSM Health and Safety  SDCEP <i>Decontamination into Practice</i>  Scottish Dental website: <a href="http://www.scottishdental.org">www.scottishdental.org</a>
	Decontamination/Infection Control Policy (to include or accompany the following policies)*:			
A	VT			
A	VT			
A	VT			
A	VT			
A	VT			
A	VT			
A	VT			
A	VT			
*Policies to be read and signed by all relevant staff				

### C. Processes

		Yes	No	Information Source
A	VT			SDCEP <i>Decontamination into Practice</i>  Scottish Dental website: <a href="http://www.scottishdental.org">www.scottishdental.org</a>
A	HB			
A	VT			
A	Both			
A	VT			

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C. Processes (continued)			Yes	No	Information Source
A		Separate sinks (preferable) or bowls for:	<input type="checkbox"/>	<input type="checkbox"/>	SDCEP <i>Decontamination into Practice</i>  Scottish Dental website: <a href="http://www.scottishdental.org">www.scottishdental.org</a>
A		• handwashing.....	<input type="checkbox"/>	<input type="checkbox"/>	
A		• cleaning instruments.....	<input type="checkbox"/>	<input type="checkbox"/>	
A		• rinsing instruments.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	Appropriate detergent for hand-washing (approved antiseptic hand cleanser).....	<input type="checkbox"/>	<input type="checkbox"/>	
I	HB	System(s) used for cleaning instruments:	<input type="checkbox"/>	<input type="checkbox"/>	
		• manual.....	<input type="checkbox"/>	<input type="checkbox"/>	
		• ultrasonic bath.....	<input type="checkbox"/>	<input type="checkbox"/>	
		• washer-disinfector.....	<input type="checkbox"/>	<input type="checkbox"/>	
		Appropriate detergent or cleaning product used for:	<input type="checkbox"/>	<input type="checkbox"/>	
A	Both	• manual cleaning of instruments (low-foaming neutral or mild alkaline detergent, diluted according to manufacturer's instructions).....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	• ultrasonic cleaning of instruments (low-foaming neutral or mild alkaline detergent, diluted according to manufacturer's instructions).....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	- ultrasonic bath changed at least every 4 hours .....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	- ultrasonic bath compliant with SHTM 2030 (if appropriate).....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	• washer-disinfector cleaning of instruments (follow manufacturer's instructions).....	<input type="checkbox"/>	<input type="checkbox"/>	
		System used for sterilizing instruments:	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	• quality of water used in autoclave is appropriate.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	• water in autoclave is drained at least daily .....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	• instruments are prepared correctly for sterilization (only wrap instruments before sterilizing in a <b>vacuum</b> autoclave)	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	All instruments compatible with decontamination processes used	<input type="checkbox"/>	<input type="checkbox"/>	

D. Equipment			Yes	No	Information Source
A	Both	<b>Autoclave (steam sterilizer)*:</b>	<input type="checkbox"/>	<input type="checkbox"/>	PSM Health and Safety  SDCEP <i>Decontamination into Practice</i>
I	Both	• Number of non-vacuum (Type N) sterilizers..... <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I	Both	• Number of vacuum (Type B) sterilizers..... <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I		- if only one autoclave, what is back-up: .....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	• Autoclave verification system <i>for each machine</i> :	<input type="checkbox"/>	<input type="checkbox"/>	
		- print out for every cycle <b>or</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	
		- data logger.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	Both	• Autoclave insurance certificate(s) including third party liability.....	<input type="checkbox"/>	<input type="checkbox"/>	
A		Record Autoclave serial no: .....	<input type="checkbox"/>	<input type="checkbox"/>	

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D. Equipment (continued)			Yes	No	Information Source
A	Both	• Autoclave instruction manual(s) available.....			PSM Health and Safety  SDCEP <i>Decontamination into Practice</i>
A	HB	• Written Scheme of Examination (certification required every 14 months).....			
		• Record of:			
A	VT	- safety testing/inspection in line with written scheme of examination...			
A	VT	- routine servicing (maintenance and testing) every 3 months or in accordance with manufacturer's instructions.			
		- any repairs.....			
A	Both	Ultrasonic bath instruction manual available.....			
A	Both	Washer-disinfector instruction manual available.....			
A	VT	Illuminated magnifier for inspection of instruments.....			
A	HB	All decontamination equipment operated according to manufacturer's instructions.....			
*It is an essential requirement of VT practices to have two autoclaves.					

**Comments (record comments for Part 2, Section 6 Decontamination and Infection Control here):**

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## Part 3 Observation of Decontamination Process

Visitors will observe a brief simulation of a typical surgery turn round process involving decontamination and sterilization (only in one of the surgeries). **Please provide a tray containing instruments you would routinely use, including an endo file, matrix band and impression tray.**  
 Guidance notes on observation process have been provided separately.

Preparation	Yes	No	N/A
Appropriate setting-down area.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy-duty/household gloves worn.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visor or mask plus eye protection worn.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apron worn.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate hand hygiene before, during and after decontamination process.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disposables (into appropriate containers)	Yes	No	N/A
Matrix band.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALL endodontic files.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable impression tray.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any disposable sheaths, if used.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 in 1 syringe tip.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saliva ejector/aspirator tip.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All other items marked "Single Use".....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Manual Cleaning	Yes	No	N/A
Water of an appropriate temperature used: 45–54°F, or as directed by detergent manufacturer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometer used.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate detergent used (low-foaming neutral or mild alkaline detergent, diluted according to manufacturer's instructions).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instruments fully immersed during cleaning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suitable brush used (and is used solely for this purpose).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrument brushes are washed with detergent and hot water after each use and stored in an upright position to allow to dry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrument brushes are replaced at least once per week or more frequently if soiled or worn.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instruments rinsed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instruments pat dried and inspected.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Ultrasonic Cleaning (if applicable)	Yes	No	N/A
Appropriate solution used (low-foaming neutral or mild alkaline detergent).....			
Cycle used as per manufacturer's instructions.....			
Cycle completes without interruption.....			
Instruments removed for rinsing within basket.....			
Instruments rinsed.....			
Instruments dried after rinsing.....			
Instruments inspected.....			

Washer Disinfection (if applicable)	Yes	No	N/A
Instruments loaded evenly and not over packed.....			
Cycle used as per manufacturer's instructions.....			
Cycle completed without interruption.....			
Instruments inspected.....			

Autoclave (Sterilizer)	Yes	No	N/A
All re-usable instruments are autoclaved using a steam sterilizer:.....			
• Non-vacuum.....			
• Vacuum.....			
Any/all items in a non-vacuum (downward displacement) autoclave are processed <b>unbagged</b> .....			
Any/all items in a vacuum autoclave are processed wrapped.....			
Items are loaded without overlapping.....			
134–137°C cycle selected.....			

Processes	Yes	No	N/A
Flow of processes is from dirty to clean areas throughout.....			
Sinks used for decontamination are separate from hand-washing sinks, and preferably have non handling taps.....			
Sinks used for decontamination are separate from sinks used for domestic purposes.....			
Cleaning processes carried out as far from patient treatment area as physical layout will allow.....			
Instruments prepared appropriately for storing at end of Process [closed trays or sealed bags (e.g. forceps in bags)] .....			

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## Part 4 Individual Surgeries

This part to be photocopied for the appropriate number of surgeries

<b>Practice/clinic name:</b>				
<b>Surgery Number:</b>				
<b>Type of Surgery</b>	Dentist (non trainer) <input type="checkbox"/>	VT trainer <input type="checkbox"/>	VDP <input type="checkbox"/>	VDHT <input type="checkbox"/>

Section 1 General			Yes	No	Information Source
A	HB	Premises well maintained and clean.....	<input type="checkbox"/>	<input type="checkbox"/>	PSM Health and Safety
A	VT	Room size and layout adequate for purpose (ideally, minimum of 9 square metres) .....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	Good lighting.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	Good ventilation.....	<input type="checkbox"/>	<input type="checkbox"/>	

Section 2 Suction			Yes	No	Information Source
A	HB	Central <i>or</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	PSM Health and Safety
A	HB	In surgery.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	Both	Adequate venting of suction system:.....	<input type="checkbox"/>	<input type="checkbox"/>	
		(i) preferably exhaust air is vented outside the building <i>or</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	
		(ii) mechanical ventilation (extract fan) in surgery.....	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3 Unit/Chair			Yes	No	Information Source
A	HB	Access in emergency.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	Unit free of risk to patients or staff.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	Both	Adequate fixed equipment in good repair, including fully reclinable chair that is upholstered with water-resistant material with no tears or cracks.....	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4 Cabinets/Work Surfaces			Yes	No	Information Source
		Work surfaces are:	<input type="checkbox"/>	<input type="checkbox"/>	SDCEP <i>Decontamination into Practice</i>
A	VT	• clean, dry, uncluttered.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	• smooth, impervious with sealed edges without gaps.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	Satisfactory number and arrangement of sinks [1 sink dedicated for hand-washing; if decontamination in surgery, 1 (preferably 2) additional sink(s) for cleaning and rinsing instruments].....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	Cabinetry adequate for 4-handed dentistry.....	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 5 Floor Coverings			Yes	No	Information Source
A	Both	Non-porous floor covering, without gaps and with sealed edges, throughout the clinical and decontamination areas.....	<input type="checkbox"/>	<input type="checkbox"/>	SDCEP <i>Decontamination into Practice</i>

Section 6 Amalgam Mixing			Yes	No	Information Source
I		Dentomat in surgery.....	<input type="checkbox"/>	<input type="checkbox"/>	PSM Health and Safety
A	Both	• on aluminium foiled tray.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	Both	• spillage kit.....	<input type="checkbox"/>	<input type="checkbox"/>	
I		Encapsulated.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	• mixing chamber cover in use.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	Both	Amalgam separation system in place.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	Suitable storage of waste amalgam.....	<input type="checkbox"/>	<input type="checkbox"/>	

Section 7 Radiology			Yes	No	Information Source
<b>A. X-Ray Machine</b>					
A	HB	X-ray machine present (cross-check with Part 2, Section 5B).....	<input type="checkbox"/>	<input type="checkbox"/>	PSM Radiation Protection
A		Record X-ray machine serial no: _____	<input type="checkbox"/>	<input type="checkbox"/>	
A	Both	Local rules available and accessible (see also Part 2, Section 5A).....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	Film speed used in radiology is E speed or faster (digital taken to be faster).....	<input type="checkbox"/>	<input type="checkbox"/>	

B. Radiation Protection			Yes	No	Information Source
A		Controlled area designated with suitable and sufficient signs in place.....	<input type="checkbox"/>	<input type="checkbox"/>	PSM Radiation Protection
A	Both	Rectangular collimation used.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	All persons not undergoing X-ray examination outside controlled area.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	Both	Adequate protection for all persons in building.....	<input type="checkbox"/>	<input type="checkbox"/>	

Section 8 Cross-infection Control (see also Part 2, Section 6)			Yes	No	Information Source
<b>A. Instruments and Equipment (all items that are not single use; see Section 9C for single-use items)</b>					
A	HB	Each set of instruments cleaned and autoclaved (sterilised) between patients.....	<input type="checkbox"/>	<input type="checkbox"/>	SDCEP <i>Decontamination into Practice</i>  Scottish Dental website: <a href="http://www.scottishdental.org">www.scottishdental.org</a>
A	HB	Non-single-use burs cleaned and autoclaved after each use.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	Matrix band retainer cleaned and autoclaved after each use.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	Handpieces cleaned and autoclaved after each use.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	Waterlines flushed after each patient.....	<input type="checkbox"/>	<input type="checkbox"/>	

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**Section 8 Cross-infection Control (continued)**

**A. Instruments and Equipment (all items that are not single use; see Section 9C for single-use items) (continued)**

			Yes	No	Information Source
A	HB	Sterilised instruments stored in closed trays or sealed bags.....	<input type="checkbox"/>	<input type="checkbox"/>	SDCEP <i>Decontamination into Practice</i>  Scottish Dental website: <a href="http://www.scottishdental.org">www.scottishdental.org</a>
A	HB	Extraction forceps bagged.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	Surgical instruments bagged.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	Both	Impressions disinfected by immersion in appropriate solution (check with manufacturer of impression material).....	<input type="checkbox"/>	<input type="checkbox"/>	

**B. Personal Protective Equipment**

			Yes	No	Information Source
Suitable protective clothing for dentists and staff:			<input type="checkbox"/>	<input type="checkbox"/>	SDCEP <i>Decontamination into Practice</i>  PSM Health and Safety
A	Both	• eye protection.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	Both	• masks/visors.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	Both	• disposable gloves.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	Both	• heavy-duty rubber gloves.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	Both	• aprons (waterproof) .....	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh disposable gloves worn for each patient by:			<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	• dentist.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	• dental nurse.....	<input type="checkbox"/>	<input type="checkbox"/>	
Suitable protection for patients:			<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	• eye protection.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	• bibs.....	<input type="checkbox"/>	<input type="checkbox"/>	

**C. Waste (see also Part 2, Section 3F)**

			Yes	No	Information Source
A	VT	Suitably located disposal containers for segregated waste.....	<input type="checkbox"/>	<input type="checkbox"/>	PSM Health and Safety

**Section 9 Instruments and Equipment**

**A. Hand Instruments**

			Yes	No	Information Source
Are there adequate numbers of hand instruments for the number and types of procedures offered and performed?.....			<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	• examination instruments.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	• routine conservation instruments.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	Both	• endodontic instruments.....	<input type="checkbox"/>	<input type="checkbox"/>	

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## Section 9 Instruments and Equipment (continued)

A. Hand Instruments (continued)			Yes	No	Information Source
A	Both	• access to periodontal kit.....	<input type="checkbox"/>	<input type="checkbox"/>	
		- simple.....	<input type="checkbox"/>	<input type="checkbox"/>	
		- complex.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT*	• access to oral surgery kit.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT*	• prosthetics kit.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT*	• access to orthodontic kit.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT*	• access to crown and bridge kit.....	<input type="checkbox"/>	<input type="checkbox"/>	

\*Not relevant to VDHT surgery.

B. Handpieces			Yes	No	Information Source
A	HB	Sufficient number and types of handpieces for range/procedures carried out.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT*	• minimum of 3 high-speed.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT*	• minimum of 3 slow-speed.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT <sup>‡</sup>	• minimum of 2 straight.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	Adequate sets of burs (dependent on patient throughput).....	<input type="checkbox"/>	<input type="checkbox"/>	

<sup>‡</sup>Information point for existing HB inspection, but is recommended minimum number;

\*Information point for existing HB inspection, with recommended minimum of 1 (dependent on number of surgeries and decontamination).

C. Single-use Equipment (i.e. disposed of after every patient visit)			Yes	No	Information Source
		The following are single-use items:	<input type="checkbox"/>	<input type="checkbox"/>	
A	Both*	• 3-in-1 tips.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	Both*	• aspirator tips.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	• saliva ejectors.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	• matrix bands.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	HB	• disposable mouthwash cups.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	• endodontic files.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	• stainless steel burs.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	• polishing cups/brushes.....	<input type="checkbox"/>	<input type="checkbox"/>	
A	VT	• impression trays.....	<input type="checkbox"/>	<input type="checkbox"/>	
A		• all other items marked 'single-use'.....	<input type="checkbox"/>	<input type="checkbox"/>	

\*Best practice for existing HB inspection; if not single-use must be autoclaved after each use.

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D. Other Equipment			Yes	No	Information source
A	Both	Pocket mask available in every surgery.....			
A	HB	Aspirating syringes in routine use.....			
A	HB	Rubber dam kit .....			
B	HB	Chair-side x-ray viewer .....			
A	VT	Viewing box / digital screen for radiographs.....			
A	VT	Light curing unit.....			
B / A *	VT	Access to ultrasonic/air 'scaler', with minimum of 3 tips.....			
*Essential for VT trainer's surgery					

E. Laser Equipment			N/A	Yes	No	Information source
I	HB	Laser equipment in use.....				PSM Health and Safety
A		If using a Class 3b or 4 laser, Laser Protection Adviser appointed Name:.....				
A		Local rules available and accessible.....				

Section 10 Sedation (not relevant for VDHT)			Yes	No	Information source
I	HB	Is sedation carried out?.....			SDCEP <i>Conscious Sedation in Dentistry</i>
I	HB	• Intravenous.....			
I	Both	• Inhalation.....			
If you carry out sedation in your practice please complete the 'conscious sedation in dentistry: practice inspection checklist' prior to the visit. (Supplies are available from your health board/dental practice adviser.)					

**Comments (record comments for Part 3 Individual Surgeries here)**

A = Essential    B = Best Practice    I = For information

## Part 5 Practice/Clinic Visit Report

<b>Trainer Name (VT only):</b>	
<b>Practice Address:</b>	

<p><b>As a result of the inspection and information provided by the practice staff, the practice is awarded a:</b></p> <p style="text-align: center;"> <input type="checkbox"/> Pass                      <input type="checkbox"/> Conditional Pass*                      <input type="checkbox"/> Fail<sup>†</sup> </p> <p>*Conditions/actions that require to be fulfilled are noted below and on the following page.  <sup>†</sup>Reasons for the practice failing the inspection are noted below.</p>	
<b>1. Premises comments</b>	(Praiseworthy performance/areas for future development / reason for failure)
<b>2. Administration comments</b>	(Praiseworthy performance/areas for future development/ reason for failure)
<b>3. Documentation and Certification comments</b>	(Praiseworthy performance/areas for future development/ reason for failure)
<b>4. Facilities and Equipment comments</b>	(Praiseworthy performance/areas for future development/ reason for failure)
<b>5. Decontamination and Infection Control comments</b>	(Praiseworthy performance/areas for future development/ reason for failure)
<b>6. Dentist's/Trainer's Surgery(ies) comments</b>	(Praiseworthy performance/areas for future development/ reason for failure)
<b>7. VDP Surgery comments</b>	(Praiseworthy performance/areas for future development/ reason for failure)
<b>8. General Comments/Determination X Proposals (VT)</b>	



<b>We have also discussed the following:</b>
<b>Further information requested by practitioner:</b>
<b>I note and have the following comments:</b>

Practitioner Name:		Signature:	
Practitioner Name:		Signature:	
Practitioner Name:		Signature:	
Practitioner Name:		Signature:	
Practitioner Name:		Signature:	

Inspector Name:		Signature:	
Inspector Name:		Signature:	

Date:
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## Appendix 2: CPI Patient Experience Questionnaire

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# NHS Dental Services Patient Experience Survey

## Introduction

The purpose of this new survey is to help your dentist and local Health Board assess how well the National Standards for Dental Services are being met in general dental practice. The results of the survey will help to improve the services received by patients.

The survey is being conducted by the Scottish Dental Practice Based Research Network (SDPBRN; [www.sdpbrn.org](http://www.sdpbrn.org)) in collaboration with NHSScotland's Patient Experience Programme ([www.bettertogetherscotland.com](http://www.bettertogetherscotland.com)).

The survey will take approximately 10 minutes to complete. Because you are one of the first patients to complete this survey we have included a form where you can give feedback on how easy the survey was to complete and how you think it could be improved.

**Taking part in the survey is voluntary and you cannot be identified from the answers that you give.**

Once you have completed the survey, please return it to SDPBRN in the FREEPOST envelope provided.

## Completing the Survey - Guidance Notes

Please base your answers on your experiences during your current/most recent course of treatment at your dentist. If a relative, friend or carer is helping you to complete the survey please remember that all answers are given from **your** point of view – not the point of view of the person helping you.

For each question please place a tick within the appropriate box - for example, if you strongly agree with a question then place a tick as follows in the strongly agree box.

<i>Please tick <b>ONE</b> box on each line</i>	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant	Don't know
Question	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Read the questions and instructions carefully.
- Sometimes you will find instructions to go to another question. By following these carefully you will avoid questions that do not apply to you.
- Don't worry if you make a mistake. Simply cross it out and tick the correct answer.
- Only answer questions you are comfortable answering. If you don't want to answer a question leave it blank and move on to the next.

For help with filling in the survey or if you would like more information please call: Dr Linda Young, Research & Development Manager SDPBRN; Tel 01382 740992.

**Thank you for your time**



## Section 1: Before being seen by your dentist

<b>Q1</b> Did the information you were given before attending your dentist help you understand what would happen? <i>Please tick <b>ONE</b> box only</i>	<b>Yes a lot</b>	<b>Yes a little</b>	<b>No not at all</b>	<b>I wasn't given any information</b>	<b>Don't know</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Q2</b> How do you feel about how long you usually have to wait to be seen after you arrive at your dental practice? <i>Please tick <b>ONE</b> box only</i>	<b>It is reasonable</b>	<b>It is too long</b>	<b>I can't remember</b>	<b>Don't know</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Q3</b> How much do you agree or disagree that it is easy to make a convenient appointment with your dentist? <i>Please tick <b>ONE</b> box only</i>	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 2: Your dentist

**Q4** How much do you agree or disagree with each of the following about your visit to your dental practice?

<i>Please tick <b>ONE</b> box on each line</i>	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Not relevant</b>	<b>Don't know</b>
My dentist gives me (or my representative) the opportunity to ask questions about my dental treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My dentist fully explains, what will be done during my treatment in a way that helps me understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My dentist talks to me about my different treatment options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My dentist tells me how long my appointments and course of treatment is likely to last.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My dentist is careful about causing me the least pain and anxiety as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q4** How much do you agree or disagree with each of the following about your visit to your dental practice?  
**continued**

<i>Please tick <b>ONE</b> box on each line</i>	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Not relevant</b>	<b>Don't know</b>
My dentist (or other member of the dental team) discusses with me how best to maintain my dental health at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My dentist (or other member of the dental team) gives clear explanations about anything they ask me to do at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My dentist shows consideration for my personal circumstances in treating me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My dentist gives me (or my representative) the opportunity to receive further advice if required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The costs of my treatment(s) are explained to me before I receive it (them).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough time to consider any possible treatment before agreeing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can pay for my treatment using the payment method most suited to my circumstances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 3: Your treatments**

<b>Q5</b> How do you feel about being involved in decisions about your dental care and treatment? <i>Please tick <b>ONE</b> box only</i>	<b>I am involved more than I want to be</b>	<b>I am involved as much as I want to be</b>	<b>I am not involved enough</b>	<b>I do not wish to be involved</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Q6</b> Is another member of the dental team in the room when your dentist treats you? <i>Please tick <b>ONE</b> box only</i>	<b>Yes</b>	<b>No</b>	<b>I can't remember</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 4: Your medication**

**Q7** Have you been prescribed medicines at your dental surgery?  
 Yes (please complete the rest of Q7 below)     No (please go to Question 8)

How much do you agree or disagree with each of the following statements about any medication you were given?

<i>Please tick ONE box on each line</i>	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Not relevant</b>	<b>Don't know</b>
I know enough about what my medicines are for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know enough about how and when to take my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know enough about possible side effects of my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know enough about what to do if I have any problems with my medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 5: Your overall care**

**Q8** Overall, how do you rate the care provided by your dental surgery? *Please tick ONE box only*

Excellent     Good     Fair     Poor     Very Poor

**Q9** If there is anything else you would like to tell us about your experience at your dental surgery please write your comments below.

**Section 6: About you**

**You cannot be identified from your answers**

**Q10** Are you male or female?     Male     Female

**Q11** What was your age last birthday?    \_\_\_\_\_ years

**Q12** Do you...     regularly see a dentist for a check-up?     see a dentist only when in pain or having trouble?

**Q13** If you are an NHS patient, do you usually pay for your dental treatment?     Yes     No     N/A

**Thank you for helping with this survey.**

Please return it in the envelope provided to: Dental Patient Experience Survey, SDPBRN, Dental Health Services & Research Unit, FREEPOST NAT15679, DUNDEE, DD1 9XU or hand it in at reception.

**NHS Dental Services Patient Experience Survey: Feedback**

Thank you for taking part in this survey. Please complete this feedback form to tell us what you think of the survey. We will be grateful for any feedback you provide.

Approximately how long did the survey take to complete?  minutes

*For each question please circle your answer*

Was the survey easy to read (e.g. with respect to language)? 

Yes	No
-----	----

Suggestions for improvement:

Were any questions confusing or difficult to understand? 

Yes	No
-----	----

Suggestions for improvement:

Is there anything you particularly dislike about the survey? 

Yes	No
-----	----

Suggestions for improvement:

Are there any questions you think should be added to the survey? 

Yes	No
-----	----

Suggestions:

If you would like to comment on any other aspect of the survey, please use the box below.  
*(Continue overleaf if you wish)*

**Thank you for taking the time to give your feedback.**

Please return this feedback form with your survey. If you would like to discuss any aspect of the survey in greater detail contact Dr Linda Young, Research & Development Manager, Scottish Dental Practice Based Research Network: Tel. 01382 740992.





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## Appendix 3: CPI Practice Information Sheet

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### Combined Practice Inspection Pilot September 2010

#### Background

Currently, all dental practices must undergo a Health Board (HB) inspection every 3 years. If practices are Vocational Training (VT) practices they must undergo an additional VT inspection carried out by NHS Education for Scotland (NES). For reasons of efficiency it is intended to streamline the inspection process into a single combined inspection visit. As a first step toward this, the Scottish Government Dental Quality Improvement Group has developed the Combined Practice Inspection Visit Checklist (CPI Checklist) which aims to eliminate the overlap between HB and VT inspection requirements and avoid duplication. The overall aim of the CPI Checklist is to facilitate a quality monitoring system that is both effective and efficient from the point of view of dental team members, the health service and NHS Education for Scotland. The CPI Checklist has also been updated to take into account the National Standards for Dental Services, which were published by NHS Quality Improvement Scotland in 2006.

#### Aims

The aim of this pilot is to assess the utility of the CPI Checklist as part of a combined inspection process.

Note: Although the CPI Checklist is being piloted, **the inspection is a real one. In order to pass the inspection non-VT practices must meet existing HB inspection criteria; VT practices must meet both existing HB and VT criteria.** However, all practices should aim to meet the CPI Checklist requirements additional to those required to pass inspection if they can (see 'Use of the Practice Support Manual'), **but are not expected to do extra work to meet them.** If your practice cannot meet the additional requirements, you are requested to provide feedback on the challenges, barriers and facilitators to meeting the requirements by completing the evaluation questionnaire after the inspection.

#### Who is conducting the pilot?

The pilot is being conducted on behalf of the Scottish Government Dental Improvement Group by NHS Lothian and NES in collaboration with the Scottish Dental Practice-based Research Network (SDPBRN) and the Scottish Dental Clinical Effectiveness Programme (SDCEP).

#### What will it involve?

Your practice has been recruited for the pilot by experienced VT and Dental Practice Advisers:

- SDCEP will contact your practice to arrange a suitable inspection date with at least six weeks notice.
- SDCEP will send an inspection pack to your practice at least 6 weeks before the inspection date. The pack will include a covering letter, the CPI Checklist for reference, this information sheet which explains the process, a lever-arch file to collate and store relevant documentation prior to the inspection, an evaluation questionnaire and a sessional payments claim form.
- To pass the inspection during the pilot, non-VT practices must meet existing HB inspection criteria; VT practices must meet both existing HB and VT inspection criteria. However, you should aim to meet the CPI Checklist requirements additional to your practice inspection requirements if you can (see 'Use of the Practice Support Manual'), but you are not expected to do extra work to meet them.
- The inspection will be conducted by an HB inspector and a VT adviser and is likely to take approximately 4 hours. With your permission, a SDCEP/SDPBRN research team member may accompany the inspectors to observe the process to help inform evaluation of the use of the CPI Checklist.
- After the inspection, please complete the evaluation questionnaire enclosed in the inspection pack to give your feedback on the inspection process, the challenges of meeting the additional

inspection requirements, and what would help you to meet additional requirements (this should take no longer than 10 minutes to complete).

- You may also be asked to participate in a brief telephone interview to gain more in-depth feedback.
- Inspectors will also be given a questionnaire for their feedback on the pilot inspection.
- All questionnaires will be analysed as part of the evaluation of the pilot by SDPBRN.
- A report will be sent to the Scottish Dental Quality Improvement Group.

#### **Use of the SDCEP Practice Support Manual**

Throughout the CPI Checklist there are references to various topics on the newly-launched SDCEP *Practice Support Manual* (PSM). The PSM aims to help dental teams keep up to date with legislation and professional regulations, prepare successfully for practice inspection and carry out best practice.

If you have not already registered for the PSM you are strongly encouraged to do so. Once registered, SDCEP will give you enhanced access to two topics - *Ethical Practice* and *Disability Discrimination Act*. These two topics are in the final stages of preparation but are not yet available to other users; they may be helpful for you to prepare for your inspection.

In order to register for the PSM, go to: [www.psm.sdcep.org.uk](http://www.psm.sdcep.org.uk). Click on 'New Users Register Here' on the Home page. You will be prompted for a registration code - PSM2489. **Please contact the SDCEP office once you have registered so that we can give you access to the two additional topics.**

#### **How will the pilot be of benefit?**

- By taking part in this pilot you will be making a valuable contribution to improving the efficiency and quality of practice inspections.
- In recognition of your contribution to the CPI pilot you will be able to claim for two Dental Guild Rate payments for GDPs (£530). To make a claim after the inspection, please complete the enclosed Sessional Payment form and return it to SDCEP.
- VT practices will not have to undergo an additional HB inspection.

#### **Confidentiality**

All data will be managed according to the Data Protection Act 1998. The confidentiality of your data is a prime consideration of this pilot. Please be assured that any information will be held in the strictest confidence.

#### **Will my practice be notified of the results of the pilot?**

A summary of the findings will be sent to you at the end of the pilot.

#### **Who can I contact if I have any questions?**

If you have any questions or would like to discuss any aspect of the pilot further please contact:

HB practices:	Alan Whittet, Dental Practice Adviser, NHS Lothian. Tel. 0131 537 8435, e-mail: <a href="mailto:alan.whittet@nhslothian.scot.nhs.uk">alan.whittet@nhslothian.scot.nhs.uk</a> Alison McNeillage, Primary Care Contracts Manager, NHS Lothian. Tel. 0131 537 8422, e-mail: <a href="mailto:Alison.mcneillage@nhslothian.scot.nhs.uk">Alison.mcneillage@nhslothian.scot.nhs.uk</a>
VT practices:	Jimmy Boyle, Assistant Director, West of Scotland PGDE (NES). Tel. 0141 352 2830 e-mail: <a href="mailto:james.boyle@nes.scot.nhs.uk">james.boyle@nes.scot.nhs.uk</a>
PSM enquiries:	Trish Graham SDCEP. Tel. (01382) 740992/425771, e-mail: <a href="mailto:psm.sdcep@nes.scot.nhs.uk">psm.sdcep@nes.scot.nhs.uk</a>

**Thank you for taking the time to read this information sheet**





## INFORMATION SHEET

### NHS Dental Services Patient Experience Survey January 2011

#### Background

The Dental Quality Improvement Standards (QIS) Group is exploring the feasibility of incorporating the National Standards for Dental Services into the dental practice inspection process. Practice attainment of the majority of these National Standards can be evaluated by practice inspectors during the inspection visit. However, evidence of attainment for some of the National Standards can only be provided by patient feedback.

#### What is the aim of the study?

The aim is to evaluate the effectiveness of using a patient experience survey questionnaire to gather feedback to help practices provide evidence of attainment of the National Standards. The objectives are to evaluate:

- a. if the questionnaire engages the patient (e.g. is a good response rate achieved?);
- b. patients' views of the questionnaire (e.g. ease of completion, areas for improvement);
- c. practices' views of the process and usefulness of the information gathered.

#### Who is conducting the study?

The study is being conducted on behalf of the Dental QIS Group by the Scottish Dental Practice Based Research Network (SDPBRN) in collaboration with NHSScotland's Patient Experience Programme.

#### How will the study be of benefit?

- By taking part in this study you will be helping to inform how best to gather patient feedback to help evaluate practices' attainment of the National Standards.
- You will receive a summary of the results for your practice.
- In recognition of your contribution you will be able to claim £75.00 after handing out the survey questionnaires to 100 patients and completion of a short feedback questionnaire which we will send to you with the results of the study.

#### What will it involve?

- During the week beginning **10<sup>th</sup> January 2011** you are being asked to hand out a patient experience survey questionnaire, survey feedback form and FREEPOST return envelope to the first **100** adult (i.e. 18 years and over) NHS patients seen by any dentist in the practice. These documents have been collated into 100 sets for ease of distribution by practice staff.
- Please inform patients that the survey asks about their experiences when visiting the practice and encourage them to carefully read page one of the survey for more detailed information. Please also inform patients that a FREEPOST envelope is

provided for returning the survey and feedback questionnaires and therefore no stamp is needed. Encourage patients to return the questionnaires as soon as possible.

- Some patients may prefer to complete the questionnaires while they are at the practice rather than take them home and we would ask that you allow them to do so. **NB patients should still seal completed questionnaires in the FREEPOST envelopes provided before handing back to practice staff.**
- As we need to develop an understanding of whether patients prefer to take questionnaires home to complete or complete them while they are at the practice, we would be very grateful if practice staff would collect and return questionnaires handed in at the practice in an A4 envelope rather than post them back individually. Five A4 FREEPOST envelopes are enclosed for your convenience. We estimate that each envelope will hold approximately 20 completed sealed questionnaires.
- When we send the results of the study to you (see below) we will also include a short feedback questionnaire asking for your views about the process and the usefulness of the information gathered. It is estimated that the questionnaire will take around 10 minutes to complete. Please return your invoice with this questionnaire.

#### **Will my practice be notified of the results of the study?**

The final date for the receipt of questionnaires will be **14<sup>th</sup> February 2011**. This allows patients four weeks to return their questionnaire. After this date all data will be analysed and a summary of the results will be prepared for your practice. It is estimated that this will take approximately 3 – 4 weeks. Please let us know if you would also like to be sent photocopies of the returned questionnaires for your records and/or the data entered into an Excel spreadsheet. In addition, a report will be prepared for the Dental QIS Group. It will not be possible to identify your practice or any of your patients in this report.

#### **Confidentiality**

All data will be managed according to the Data Protection Act 1998. The confidentiality of your data is a prime consideration of this study. Please be assured that any information will be held in the strictest confidence. As you will be aware, there are statutory requirements of reporting in relation to concerns regarding professional misconduct. Whilst it is not anticipated that any such concerns will arise, SDPBRN is bound to abide by these requirements and any issues of concern will be discussed with your local Dental Practice Adviser.

#### **Who can I contact if I have any questions?**

If you have any questions or would like to discuss any aspect of this study further, please contact:

Dr Linda Young  
Research & Development Manager  
SDPBRN, Dundee Dental Education Centre  
Frankland Building  
Small's Wynd  
Dundee DD1 4HN  
Tel: 01382 740992  
Email: linda.young@nes.scot.nhs.uk

**Thank you for taking the time to read this information sheet**

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**Appendix 5: Post Patient Experience Questionnaire Practice Evaluation**

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### Post Patient Experience Questionnaire Practice Evaluation

1. Who was the primary person responsible for distributing the patient questionnaire?

**Role:**

2. Were you able to distribute all the patient questionnaires?      Yes  No

3. What is your best estimate of the percentage of questionnaires:

a. Completed at your practice      %

b. Completed in total      %

4. Please tell us any challenges you experienced in distributing the patient questionnaires:

**Comments:**

5. Please tell us what would help improve questionnaire distribution in your practice::

**Comments:**

6. Based on your patient population, do you think patients found the questionnaire:

a. Easy to read (if no or unsure, please comment below)      Yes  No  Unsure

b. Understandable (if no or unsure, please comment below)      Yes  No  Unsure

**Comments:**

7. Do you think the information gathered in the patient questionnaire:

a. Gives you useful feedback	Agree			Disagree			
	1	2	3	4	5	6	7
b. Will result in any changes in your practice	Agree			Disagree			
	1	2	3	4	5	6	7

8. Is there any content in the patient questionnaire which you think should be:

a. Added Yes  No

Comments:

b. Removed Yes  No

Comments:

9. Please give us any additional comments, suggestions, or advice to improve any aspect of the patient experience questionnaire.

Comments:

Please return by e-mail or post to: Trish Graham, Programme Administrator,  
[scottishdental.cep@nes.scot.nhs.uk](mailto:scottishdental.cep@nes.scot.nhs.uk) or SDCEP, Dundee Dental Education Centre, Frankland  
Building, Smalls Wynd, Dundee DD1 4HN

**THANK YOU!**

## Appendix 6: CPI Practice Evaluation Questionnaire



### Combined Practice Inspection Pilot Evaluation Questionnaire

Your feedback on the Combined Practice Inspection (CPI) process is very important in helping us to develop a streamlined and efficient, single combined inspection visit. In order to help assess the utility of the CPI Checklist, please answer the following question:

1. Is your practice a Vocational Training practice? Yes  No

2. How long did it take your practice to prepare for the inspection using the CPI Checklist?

3. Which members of the dental team were involved in the preparation of documentation for the inspection? Please provide details in the box below:

4. (a) When identifying inspection requirements relevant to your practice did you find following the CPI Checklist

Extremely easy?							Extremely difficult?	
1	2	3	4	5	6	7		

(b) Please provide further details below:

5. (a) When preparing inspection items in 'Part 2: Practice Requirements' of the CPI Checklist, did you find it

Extremely easy?							Extremely difficult?	
1	2	3	4	5	6	7		

(b) Please provide further details below:

6. (a) Did you refer to the SDCEP Practice Support Manual when preparing for your inspection? Yes  No

(b) If so, which topics did you find the most useful?

7. (a) Were any aspects of the inspection process particularly challenging for your practice?

Yes

No

(b) If so, please provide details below:

(c) Is there anything that you think would improve the inspection process? If so, please detail below:

8. What do you think are the main advantages of a Combined Practice Inspection for your practice?

9. What do you think are the main disadvantages of a Combined Practice Inspection for your practice?

10. (a) Did you prepare any inspection items in addition to the existing inspection requirements for your practice?

Yes

No

(b) If so, please provide details below:

**Please provide additional comments about any aspect of the CPI process in the box below (continue on a separate sheet if necessary):**

**Please return to:** Trish Graham, Programme Administrator, SDCEP, Dundee Dental Education Centre, Frankland Building, Small's Wynd, Dundee DD1 4HN or by email to: [scottishdental.cep@nes.scot.nhs.uk](mailto:scottishdental.cep@nes.scot.nhs.uk)

**THANK YOU**

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**Appendix 7: Practice Interview Schedule**

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**Combined Practice Inspection – Interview Schedule**

**Interviewer:** \_\_\_\_\_

**Name of Dental Practice:** \_\_\_\_\_

**Name of participant:** \_\_\_\_\_

**Job title:** **Principal Dentist**

**Date of interview:** \_\_\_ **October 2010**

**Discussion checklist:**

1. Thank you for participating in the CPI feasibility study, for completing the questionnaire, and for agreeing to this short interview.
2. Researcher introduction: advise not a clinician, Research Fellow with SDCEP
3. Aim of the interview: to assess the utility of the CPI checklist and gather feedback on the CPI process, eliciting further detail on some of the issues which emerged from questionnaire responses
4. Practicalities and timescale: this is a brief series of questions which will last approximately twenty minutes, the interviewer will be taking written notes, an additional SDCEP team member will be listening in and taking notes at the same time
5. Assurance of confidentiality

**Questions:**

1. Before we discuss the inspection it would be helpful if you could tell me:
  - a. Is your practice fully NHS? Part NHS (about 2/3rds NHS)?
  - b. Do you use a paper or computer based recording system in your practice?
  - c. If computer-based, is there any particular software package you use? (e.g. R4, Software of Excellence, other?)

**Thank You.**

***What I'm going to do now is firstly ask you some questions about your practice's preparations for the Combined Practice Inspection and then I will go on to discuss the process itself.***

2. In the questionnaire you completed you stated that it took you \_\_\_ **hours/days** for your practice to prepare for the inspection. Would you say that this is considerably more than you would normally spend preparing for a VT or HB inspection? How does that compare with your last inspection?
  - a. Note:
    - i. How long an HB inspection normally takes

- ii. How long a VT (if appropriate) inspection normally takes
  - b. If considerably more, why do you think that is? What would you say you spent the majority of the time on?
  - c. Do you think this was the length of time you expected preparations to take?
    - i. If no, what did you expect?
  - d. What do you think might have reduced the length of time spent preparing?
- 3. In the questionnaire you also mentioned that \_\_\_\_\_ members of the dental team were involved in the preparations. Would you say that one person took the lead? If so, who?
  - a. If whole team took part, were there any benefits in this for the team?
  - b. If not whole team/just dentist, do you think you could have delegated any of the preparations to other team members?
- 4. In general how did you find preparing the documents for the inspection using the CPI checklist?
 

*Prompts: difficult/ easy/straight forward? Ask for examples*

  - a. Were there any areas where you felt further clarification was necessary? Provide details.
- 5. In general how did you find using the SDCEP PSM?
 

*Prompts: difficult/ easy/straight forward? Ask for examples*

  - a. Are there any areas or templates which were not included in the current PSM chapters which would be useful to include, bearing in mind PSM is not yet complete?
- 6. What would you say the main challenges were for your practice when preparing for the Inspection?
 

*Prompts: e.g. any information that was particularly difficult/ not realistic to gather/ will not be possible even in the future*

**Moving on now to the actual Inspection process:**

- 7. How long did the whole inspection take in your practice?
  - a. Did you think \_\_\_ **hours** were necessary? Or was it too long/too short?
  - b. If too long/short, how could it have been improved?
- 8. Did you feel that the inspection followed a logical process?
  - a. If not, why not? Did this relate to the checklist? What could be improved?
- 9. Would you say that the inspection process was a positive/negative experience? In what ways?
- 10. What do you think are the main advantages of following the CPI process?
- 11. What do you think are the main disadvantages of following the CPI process?



12. Are there any suggestions for improvement you would like to suggest for any aspect of the CPI?

13. Did you feel that the CPI Pilot was well organised? Any suggestions for improvements?

**For non VT practices only:**

14. Do you think having a CPI would make you more likely to consider becoming a VT practice?

***Any other comments***