

## BDA Good Practice self-assessment

This practice self-assessment will help you work your way through the BDA Good Practice requirements and prepare you to apply for membership.

Guidance, model policies and protocols are provided in the BDA practice management resource, BDA Expert; available with Expert Membership of the BDA.

In the 'Who' column, fill in the name of the person who will take responsibility for ensuring the requirement is met. In the 'When' column, indicate a date when you aim to have this requirement met by, or enter a future review date. Examples of evidence to show how you are meeting a requirement are indicated.

### Patients

			Who	When	Completed
<b>Communicating with patients</b>					
1.1	Practice promotions are not misleading and meet with GDC guidance on advertising. <i>Review all practice promotions and information including: leaflets, flyers, posters and the practice website to ensure compliance with GDC guidance on ethical advertising.</i>	<b>Evidence</b> <ul style="list-style-type: none"> <li>Practice promotional item/s</li> <li>Notes of a practice meeting, showing discussion of ethical advertising</li> </ul>			
1.2	Electronic communications from the practice meet with data protection requirements.	<b>Ev/idence</b> <ul style="list-style-type: none"> <li>Electronic communication with an 'unsubscribe' option for recipients</li> </ul>			
1.3	Practice leaflets are available to patients and clearly explain practice features and services. <i>Review patient leaflets. Where NHS care is provided, ensure appropriate NHS information is available and make sure the practice leaflet is up to date with current requirements.</i>	<b>Evidence</b> <ul style="list-style-type: none"> <li>Practice leaflet/s</li> </ul>			
<b>Professional competence</b>					
1.4	Clinicians keep up to date with recommended clinical standards and guidelines and meet regularly to discuss these with their peers.	<b>Evidence</b> <ul style="list-style-type: none"> <li>Notes of a clinicians' meeting, showing discussion of clinical guidelines</li> <li>NICE/FGDP/SIGN guidance</li> </ul>			
1.5	When antimicrobial prophylaxis is required, the recommendations of NICE are followed. <i>Check that the practice follows current recommendations.</i>	<b>Evidence</b> <ul style="list-style-type: none"> <li>Notes of a clinicians' meeting, showing discussion of NICE guidance</li> </ul>			

			Who	When	Completed
1.6	<p>Patients, including young people, are asked about oral cancer risk factors when medical histories are taken and risk factors are regularly reviewed.</p> <p><i>Check that oral cancer risk factors are included in the medical history form and that smoking cessation advice, where provided, is recorded in the patient's records.</i></p>	<p><b>Evidence</b></p> <p>Anonymised patient record with:</p> <ul style="list-style-type: none"> <li>• Medical history form</li> <li>• Summary of an audit of patients' records</li> </ul>			
1.7	<p>The practice's approach to soft tissue screening is explained to all staff and they are aware of the need to deal carefully with patient questions.</p> <p><i>At a practice meeting, discuss the current systems within the practice and the language used when talking to patients about oral cancer. Decide on whether improvements are needed. Keep records of these discussions.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Notes of practice meeting</li> </ul>			
1.8	<p>Records show that all patients are screened opportunistically for soft tissue conditions including mouth cancer. Patients are told what the screening shows and if lesions are being monitored.</p> <p><i>Undertake random checks of patient records to ensure soft tissue examination is undertaken routinely and how the results of the examination are recorded. Check the consistency of the notation used within the practice.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Anonymised patient record</li> <li>• Mouth map</li> </ul>			
1.9	<p>A written referral policy is in place. Specialist referrals arising from soft tissue checks are made immediately and the patient is given information about the reason for the referral.</p> <p><i>Check that practice protocols for referral are consistent with local arrangements.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Referral policy/procedure</li> </ul>			

			Who	When	Completed
1.10	<p>The practice can demonstrate it promotes oral health to patients and participates in local public health and dental health initiatives.</p> <p><i>The practice takes a preventive approach to dental care. At a practice meeting, discuss preventive services in the practice and how the practice will participate in campaigns such as National Smile Month, Mouth Cancer Foundation's Mouth Cancer Awareness week and smoking cessation programmes.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Notes of a practice meeting</li> <li>• Evidence of a preventive approach to dental care in the practice: oral health education, including mouth cancer awareness, oral health information and dietary advice</li> <li>• Evidence of participation in local initiatives, eg National Smile Month, cancer awareness and smoking cessation</li> </ul>			
<b>Fair and accessible care</b>					
1.11	<p>The practice has policies in place to demonstrate a commitment to fair and accessible care. The team is aware of the protected characteristics in the Equality Act 2010 and these are not used as grounds for refusing an individual as a patient or to disadvantage them.</p> <p><i>Ensure that all team members are aware of the need to treat all patients equally to avoid unlawful discrimination.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Practice training record</li> <li>• Induction policy should cover the requirements of the Equality Act 2010</li> </ul>			
1.12	<p>The practice can demonstrate that where patients have particular needs, all reasonable steps are taken to accommodate those needs.</p> <p><i>Undertake an access audit of the practice to identify where improvements might be made to ensure that patients individual needs are met (ie language, hearing, visual or physical impairment). Check that arrangements are in place for signposting patients to other services where their needs cannot be met by the practice.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Access audit</li> <li>• Practice leaflet</li> <li>• Signposting or referral</li> </ul>			
1.13	<p>The arrangements for contacting a dentist outside of normal working hours for urgent treatment or advice are easily accessible to patients.</p> <p><i>Check that written information on urgent access is up to date and easily available to patients.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Practice leaflet</li> <li>• Appointment card</li> <li>• Flyer</li> </ul>			

		Who	When	Completed
<b>Care and welfare of patients</b>				
1.14	<p>New patients are asked if they have a preference for being seen by a particular dentist. Existing patients are informed when a dentist is no longer available.</p> <p><i>Review current arrangements for informing patients about a dentist's availability.</i></p>			
1.15	<p>Patients seen for the first time are told of the terms on which care may be offered. Staff know the practice's acceptance policy.</p> <p><i>Ensure that written information is available for patients about whether NHS/Private treatment is on offer. Check that the practice has an acceptance policy for new patients and that staff explain this consistently.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Written information for patient, eg PIL, welcome letter</li> </ul>		
1.16	<p>Patients are made aware of the practice policy for attending appointments.</p> <p><i>Review the practice policy for failed and cancelled appointments and ensure this is communicated to patients and applied consistently.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Practice leaflet/letters</li> <li>• Practice policy on failed appointments</li> </ul>		
1.17	<p>Appointments are only cancelled for exceptional reasons. If there is a possibility of frequent cancellations, patients are told this when joining.</p> <p><i>Review the procedure for cancelling appointments and discuss with reception staff.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Policy/procedure for cancellation</li> </ul>		
1.18	<p>Patients who repeatedly fail to attend appointments are monitored and managed.</p> <p><i>At practice meetings, discuss failed appointments and identify possible ways to reduce non-attendance. Keep notes of these meetings.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• 'Fail To Attend' audit</li> <li>• Notes of a practice meeting, showing discussion of FTAs</li> </ul>		
1.19	<p>The practice has clear patient pathways to help ensure consistency in the care patients receive and to improve communication and teamwork.</p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Flow chart of agreed patient pathway showing route patient takes from first contact through to completion of treatment</li> </ul>		

			Who	When	Completed
1.20	<p>Clinicians discuss and agree professional judgements on the types of risks associated with dental treatment and explain these to patients.</p> <p><i>Hold regular clinicians' meetings to review the risks associated with various treatments on offer at the practice and agree how risks are explained to patients. Keep notes of these meetings and discussions. Discuss the risks and explanations with staff to raise their awareness.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Notes of clinicians' meeting, showing discussion of risks</li> </ul>			
1.21	<p>The practice has a protocol for undertaking an assessment of the patient's oral health needs. Records show that this protocol has been followed.</p> <p><i>Carry out an audit of 15-20 patient records for each dentist working in the practice.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Practice Oral Health Assessment (OHA) protocol</li> <li>Patient record with OHA</li> <li>Audit summary</li> </ul>			
1.22	<p>By the end of an appointment a patient understands whether care is being offered under the NHS or privately.</p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Payment policy</li> <li>Written cost estimate</li> </ul>			
1.23	<p>The practice has a written consent policy. Valid consent is obtained for all treatments, with written consent for extensive or expensive treatment or treatment under conscious sedation.</p> <p><i>Consent will be shown through a collection of documents. Discuss what is meant by valid consent and ensure that all members of the team understand the need to assess an individual's capacity to give consent to the proposed care or treatment. Check what evidence your indemnity provider would want to see.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Consent policy</li> <li>Consent form</li> </ul>			
1.24	<p>Where sedation is used, the team are appropriately qualified and follow national guidelines.</p> <p><i>Check that sedation procedures comply with current guidelines.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>CPD certificates</li> <li>Sedation procedures</li> </ul>			


			Who	When	Completed
1.25	<p>Patient records show that the practice shares clinical decision making with the patient based on clear explanations of the condition and the treatment options.</p> <p><i>Check that the treatment options, associated risks and the patient's choices are routinely recorded in the patient's clinical records. Carry out an audit of 15-20 patient records for each dentist working in the practice.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Patient record showing treatment options</li> <li>• Audit summary</li> </ul>			
1.26	<p>Patients are asked about their preferred method of pain or anxiety control and their preferences are recorded in their clinical records and followed when possible.</p> <p><i>Review 15-20 patient records to check that patients are asked about pain control and their preferences are recorded.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Patient record showing preferred method of pain control – topical anaesthetic, LA, sedation, hypnosis etc</li> <li>• Audit summary</li> </ul>			
1.27	<p>Written treatment plans and likely costs are produced for each patient and any changes are discussed and agreed.</p> <p><i>Review the practice procedure for providing treatment plans and estimates of costs and obtaining the patient's agreement.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• FP17/DC (NHS)</li> <li>• Written cost estimate</li> <li>• Indicative price list</li> </ul>			
1.28	<p>Patients receive written pre- and post-operative advice for extractions and complex procedures and procedures carried out under sedation.</p> <p><i>Review the practice advice to ensure that all pre- and post-operative advice is up to date.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Pre- and post-operative instructions</li> </ul>			
1.29	<p>Routine review and recall intervals are determined by the individual needs of each patient. Recall intervals are discussed with the patient and recorded in the patient's notes. Recall intervals are periodically reviewed in line with NICE guidance.</p> <p><i>Check the practice policy for patient recalls and that individual patient recall intervals are recorded in the patient's notes.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Recall policy and procedure</li> </ul>			

			Who	When	Completed
1.30	<p>Staff are aware of the need for strict patient confidentiality, both inside and outside the practice. Employment contracts include a confidentiality clause stating that breaching a patient's confidentiality is grounds for summary dismissal.</p> <p><i>Ensure that all staff are aware of the practice confidentiality policy and that all induction training and employment contracts include a confidentiality clause.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Employment contract</li> </ul>			
1.31	<p>The practice has a confidentiality policy that is understood and adopted by all staff.</p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Confidentiality policy</li> </ul>			
1.32	<p>Referral letters to specialists are clear and concise and sent within three working days or according to a local hospital protocol.</p> <p><i>Review the practice procedures for referring patients to specialists.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Referral procedure</li> <li>• Referral example</li> <li>• Patient record</li> </ul>			
1.33	<p>Work referred to a dental hygienist or dental therapist is accompanied by a written prescription using agreed notation.</p> <p><i>Review how patients are referred for treatment by a dental hygienist or dental therapist at a practice meeting for clinicians. Agree treatment protocols and keep notes of this meeting. Undertake an audit of 15-20 patients seen by the hygienist or therapist over the past month.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Audit or summary</li> <li>• Patient record with prescription/ treatment plan</li> </ul>			
1.34	<p>Patients are asked whether they wish to receive copies of any referral correspondence. The patient's preference is recorded in the patient's records.</p> <p><i>Check practice procedures for copying letters to patients and recording the patient's consent to receiving copies of correspondence.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Audit summary</li> </ul>			
1.35	<p>Record-keeping notations are agreed and listed to ensure that they are understood by all members of the clinical team and reception staff.</p> <p><i>Review record-keeping notations and produce a practice notation document. Discuss with members of the clinical team and reception staff, and other team members, as appropriate.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Discussion at practice meeting</li> <li>• List of notations used by the practice and, where computerised, the treatment codes</li> </ul>			

			Who	When	Completed
1.36	<p>For all new patients, a medical history is taken by the dentist to identify possible implications for their dental care – the medical history form should follow BDA guidance. Patients' medical histories are reviewed and updated at each review of recall appointments and checked at subsequent appointments.</p> <p><i>Review the medical history form or use the <b>BDA's medical history form</b>, which is reviewed regularly by the BDA Health and Science Committee. Check that medical histories are taken or updated at each review or recall appointment. Carry out an audit of 15-20 patient records for each dentist working at the practice.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Anonymised patient record</li> <li>• Medical history questionnaire</li> </ul>			
1.37	<p>Patient records are made at the time in the presence of the patient and are comprehensive. The practice carries out an annual record-keeping audit (15-20 patient records) for each dentist working in the practice.</p> <p><i>Undertake an audit of 15-20 records for each dentist working at the practice to assess what information is recorded.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Audit summary</li> </ul>			
1.38	<p>A written prescription accompanies all work sent to a laboratory.</p> <p><i>Review laboratory slips used in the practice to ensure they provide sufficient information and guidance on what is required.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Laboratory slip</li> </ul>			
1.39	<p>Laboratories used by the practice are registered with the MHRA and are encouraged to take part in the Dental Appliances Manufacturers Audit Scheme (DAMAS) – the Dental Laboratories Association's quality management scheme.</p> <p><i>Check that the MHRA registration number appears on invoices from the laboratory and retain a copy of an invoice to demonstrate compliance with this requirement.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Laboratory slip/invoice showing MHRA</li> </ul>			



			Who	When	Completed
1.40	<p>Patients' requests for access to their health records are dealt with within 21 days. The charges made for dealing with these requests are in line with current recommendations and are made clear to patients.</p> <p><i>Review practice procedures for dealing with requests for access to health records and ensure that all staff are aware of the timescales and charges that apply.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Notes of practice meeting</li> <li>• Confidentiality policy</li> </ul>			
1.41	<p>The practice is familiar with the requirements of the Freedom of Information Act 2000 and provides access to certain practice information upon request, within appropriate timescales for responding to such requests (NHS only).</p> <p><i>Check that the practice has a publication scheme in place setting out how it publishes information. Staff know whether charges are applied for these requests for information.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• FOIA publication scheme</li> </ul>			
<b>Safeguarding patients</b>					
1.42	<p>The dental team has an ethical responsibility to act on concerns about abuse or neglect of a child or vulnerable adult. There is a safeguarding policy in place and each team member is aware of the local procedures for child and vulnerable adult protection.</p> <p><i>Appoint a team member to take responsibility for issues concerning the safety of children and vulnerable adults at the practice. Ensure that everyone at the practice knows how to raise concerns and is aware of the local referral arrangements.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Safeguarding policy</li> <li>• Local procedure for raising concerns</li> </ul>			
1.43	<p>The dental team has received training in safeguarding children and vulnerable adults.</p> <p><i>Check that team training is up to date and that all members of the team are aware of the signs of abuse and neglect in children.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Training record/certificates</li> <li>• Clinical staff: Level 2</li> <li>• Non-clinical staff: Level 1</li> </ul>			

			Who	When	Completed
<b>Fees</b>					
1.44	An indication of the range of charges for routine treatment is on display in the practice.	<b>Evidence</b> <ul style="list-style-type: none"> <li>• Price list: NHS/Private</li> </ul>			
1.45	There is a practice payment policy for collecting money that is brought to the attention of all new patients and is available to existing patients. <i>Check the practice payment policy and ensure that all staff understand it and adopt it consistently.</i>	<b>Evidence</b> <ul style="list-style-type: none"> <li>• Payment policy</li> <li>• Written cost estimate</li> </ul>			
<b>Complaints</b>					
1.46	The practice has a written complaints procedure that follows BDA guidance and is explained to patients who wish to complain or comment about the service they have received. <i>Ensure that all staff are aware of the practice complaints procedure and understand the process for dealing with complaints to avoid delays and ensure timely resolution.</i>	<b>Evidence</b> <ul style="list-style-type: none"> <li>• Complaints procedure</li> <li>• Suggestion slip</li> </ul>			
1.47	A named person considers all complaints and deals with them personally where possible. <i>Appoint a named person to take on this responsibility.</i>	<b>Evidence</b> <ul style="list-style-type: none"> <li>• Policy or leaflet showing named person</li> </ul>			
1.48	A record of all complaints is kept. <i>Review the practice procedure for recording complaints.</i>	<b>Evidence</b> <ul style="list-style-type: none"> <li>• Individual complaints with details and resolution</li> <li>• Summary of all complaints, showing action and resolution</li> </ul>			
1.49	If a practice is not able to resolve an NHS complaint, the patient is referred to the appropriate ombudsman. Private patient complaints are referred to the <a href="#">Dental Complaints Service</a>  . Patients are also given details of the Oral Health Foundation helpline: 01788 539780.	<b>Evidence</b> <ul style="list-style-type: none"> <li>• Complaints procedure</li> </ul>			

## The Practice Environment

			Who	When	Completed
<b>Cleanliness and infection control</b>					
2.1	<p>The practice has an infection control policy and complies with national guidance on infection control. A named person is responsible for reviewing the policy at least annually and advising other team members of any changes.</p> <p><i>Update infection control procedures periodically at practice meetings to ensure consistency of approach throughout the practice. Keep notes of these discussions. For practices in England, an infection control annual statement should be available.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Infection control policy, with named lead</li> <li>• Practice training record, showing infection control training and updates</li> <li>• Infection prevention and control audit</li> </ul>			
2.2	<p>Surgeries are uncluttered and zoning is in operation. Where possible, instrument decontamination takes place away from the clinical area.</p> <p><i>Check that work surfaces are free of clutter and consider moving decontamination processes away from the clinical area. Be aware of national policy on the provision of a separate decontamination room.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Infection control procedures</li> </ul>			
2.3	<p>A practice protocol for selecting equipment and instruments helps to ensure that new equipment has a CE mark and can be processed using routine decontamination processes. Where possible the practice considers how it can be more sustainable and environmentally friendly.</p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Practice protocol for selecting new equipment</li> </ul>			
2.4	<p>The decontamination process includes: (i) pre-sterilisation cleaning (using washer disinfectors, ultrasonic cleaners or cleaning manually), inspection and function testing (ii) sterilisation, (iii) packaging, where necessary, and appropriate storage.</p> <p><i>Be aware of and follow national requirements on instrument storage methods and use.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Infection control policy and associated infection control procedures</li> </ul>			
2.5	<p>In surgeries, clinical surfaces are decontaminated between patients and at the end of the clinical session. There are written protocols and a schedule for environmental cleaning.</p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Decontamination procedure and cleaning schedule</li> </ul>			

			Who	When	Completed
2.6	<p>The practice takes responsibility for decontaminating impressions, prostheses and appliances on receipt from and prior to dispatch to a laboratory.</p> <p><i>Check the practice procedures for decontaminating laboratory items.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Decontamination procedure for laboratory work</li> </ul>			
2.7	<p>Personal protection, including immunisation, is provided for all members of the clinical team. Personal protection is provided for other members of the practice team as appropriate.</p> <p><i>Check that all relevant members of the dental team have been appropriately immunised, their responses checked, and documented evidence held by the practice. Ensure that, where required, booster vaccinations are received.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Blood test results or medical reports/PPE policy</li> </ul>			
2.8	<p>There is a practice policy for dealing with inoculation injuries or other possible exposure to blood-borne viruses. All practices should have arrangements in place to ensure immediate access to occupational health advice, including referral for assessment on whether post-exposure prophylaxis is required. Where access to the local Occupational Health Service is not possible, arrangements with a suitable medical practice should be in place. Inoculation injuries are recorded in the accident book.</p> <p><i>Review the practice policy for dealing with inoculation injuries to ensure that it includes details of relevant local contacts.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Inoculation injuries protocol showing contact details of external occupation health advice</li> </ul>			
2.9	<p>All dental professionals understand the need to seek appropriate medical advice if they discover they are (or suspect that they may be) infected with a blood-borne virus or other serious transmissible infection and to consider any testing or changes in clinical practice that may be necessary.</p> <p><i>Check that all members of the team are aware of their obligations.</i></p>				

			Who	When	Completed
<b>Workplace safety</b>					
2.10	<p>The practice has a health and safety policy, which is brought to the attention of everyone in the practice.</p> <p><i>Review the practice health and safety policy to ensure that it is up to date.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Health and safety policy</li> <li>• Practice training record</li> </ul>			
2.11	<p>The practice has undertaken a risk assessment and a COSHH assessment of the practice and acted on the results.</p> <p><i>Review the practice risk assessment and COSHH assessment to ensure they are up to date.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Risk assessment and COSHH assessment</li> </ul>			
2.12	<p>The practice uses encapsulated amalgam to minimise exposure to mercury.</p> <p><i>Ensure that staff are aware of the hazards associated with mercury and have received appropriate training in its use.</i></p>				
2.13	<p>A mercury spillage kit is available and staff are trained to use it. Contact with dental amalgam and mercury is kept to a minimum and used in accordance with the practice COSHH assessment.</p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• COSHH assessment</li> </ul>			
2.14	<p>Waste amalgam is stored safely for appropriate disposal by an authorised person. Amalgam separators are installed to prevent waste amalgam being discharged to the sewer and are maintained according to manufacturer's instructions.</p> <p><i>Review practice procedures for collecting and storing waste amalgam. Check that the contract for collecting waste amalgam is up to date and includes waste amalgam from the amalgam separator (unless this is collected under a separate contract).</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Procedure for managing waste amalgam</li> <li>• Hazardous waste consignment notes covering waste amalgam</li> </ul>			

			Who	When	Completed
2.15	<p>The practice has carried out a fire risk assessment and acted on the results. There is a written protocol for action in the event of fire, suitable fire fighting equipment, a fire warning system and signed exits. There are regular fire drills.</p> <p><i>Check that the fire risk assessment is up to date and that fire safety procedures for the practice are in place.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Fire risk assessment or record of equipment checks</li> <li>• Fire drill rehearsal records</li> </ul>			
2.16	<p>The practice has a healthcare waste disposal policy. Healthcare waste is properly classified, segregated, and collected for appropriate disposal by an authorised person.</p> <p><i>Check that everyone understands how waste should be segregated and what is included in clinical waste. Ensure that, where necessary, the practice is registered as a producer of hazardous waste with the Environment Agency.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Healthcare waste disposal policy</li> <li>• Healthcare waste audit</li> </ul>			
2.17	<p>Copies of transfer notes, consignment notes and consignee returns are retained by the practice.</p> <p><i>Check the license and registration certificates of those collecting waste from the practice and that transfer and consignment notes are correctly completed and signed. Ensure that transfer notes are kept for two years and consignment notes and returns for three years.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Waste consignment note</li> <li>• Waste transfer note</li> </ul>			
<b>Equipment</b>					
2.18	<p>Equipment is maintained in accordance with manufacturer's instructions and service records are kept. Materials are sourced from reputable suppliers.</p> <p><i>Ensure that the practice maintains a central record of maintenance/service intervals.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Maintenance/service record</li> </ul>			
2.19	<p>A safety check of portable electrical equipment is undertaken by a responsible member of staff every six months. Periodic testing is carried out by an appropriately qualified electrician at least every three years.</p> <p><i>Check that records of in-house electrical checks are maintained and that reports of periodic testing are available.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• PAT test report</li> <li>• Record of electrical checks</li> </ul>			

			Who	When	Completed
2.20	<p>Autoclaves and compressors/air receivers are serviced and maintained according to the manufacturer's instructions. Where required, inspection is according to a written scheme of examination.</p> <p><i>Check that for each autoclave and compressor/air receiver (250 bar litres and above) records of service and maintenance are kept.. For all compressor/air receivers less than 250 bar litres, the manufacturer's guidance should be followed.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Certificate of inspection or written scheme of examination</li> </ul>			
<b>Radiation safety</b>					
2.21	<p>A Radiation Protection Adviser has been appointed to advise on safety and assist with the risk assessment.</p> <p><i>Appoint a Radiation Protection Adviser.</i></p>				
2.22	<p>A Radiation Protection Supervisor has been appointed. Local rules for radiation protection have been defined and include a description of the controlled areas.</p> <p><i>Appoint a Radiation Protection Supervisor and ensure that local rules are available for each x-ray machine.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Radiation protection file and local rules</li> </ul>			
2.23	<p>The practice follows a protocol for prescribing, taking and processing radiographs.</p> <p><i>Check that the practice protocol follows current guidance.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• FGDP(UK) 2013Guidance</li> </ul>			
2.24	<p>All radiographs are justified and the findings (including negative findings) are recorded in the patient's clinical record.</p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Audit summary</li> <li>• Patient record</li> </ul>			
2.25	<p>Records show that x-ray equipment is regularly checked and maintained and meets appropriate safety standards.</p> <p><i>Ensure records of checks and safety assessments are available.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Radiation safety survey</li> </ul>			

			Who	When	Completed
2.26	<p>Clinicians who prescribe and take radiographs maintain an up-to-date knowledge of dental radiography (recertification every five years in accordance with IR(ME)R 2017 Regulations) and provide adequate information, instruction and training for all staff involved with taking radiographs.</p> <p><i>Check that everyone taking radiographs has received adequate training and, at least every five years, has received five hours update training. Records of training and update training are held by the practice.</i></p> <p><i>Note: the training should meet the requirements of the Ionising Radiation (Medical Exposure) Regulations 2017.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Practice training record and evidence of IR(ME)R 2017 compliant update training</li> </ul>			
2.27	<p>Personal monitoring is provided where individual workload exceeds 100 intra-oral or 50 panoramic films per week.</p> <p><i>Check individual workloads to assess whether personal monitoring is required. Where it is provided, records of the results are held by the practice.</i></p>				
<b>Emergencies and accidents</b>					
2.28	<p>A business continuity plan is in place to help the practice resume activities after a major event that prevents normal service.</p> <p><i>Check that the practice continuity plan is up to date and bring it to the attention of all staff to ensure that they understand their individual roles in helping the practice resume its service to patients.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Business continuity and disaster recovery policy</li> </ul>			
2.29	<p>Practice procedures are in place to deal with incidents affecting service provision such as fire or floods.</p> <p><i>Review how the practice reaches agreement on procedures and which procedures need to be documented (fire safety procedures for example). Check that all policies and procedures are dated and include a review date.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Local procedure or flow charts for fire safety and evacuation of buildings</li> </ul>			



			Who	When	Completed
2.30	<p>The practice follows the Resuscitation Council's guidance and keeps a defibrillator and an appropriate range of emergency drugs and equipment.</p> <p><i>Check that all emergency drugs are within their use-by dates and review the practice system for recording drug use-by dates.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Record of weekly checks of drug use-by dates</li> <li>Resuscitation Council guidance</li> </ul>			
2.31	<p>Written practice procedures are in place to deal with critical safety incidents such as medical emergencies.</p> <p><i>Agree emergency procedures at a team meeting and keep notes of what was agreed. Review and rehearse procedures regularly.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Local procedure for dealing with a medical emergency</li> <li>Rehearsal record</li> </ul>			
2.32	<p>All practice members receive training in basic life support techniques with and without airway adjuncts. Refresher training is provided at least once a year. Training and drill records are kept.</p> <p><i>Check that all team members have received training within the last year. Copies of the certificates of training should be held by the practice.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Training records and certificates</li> <li>Rehearsal record</li> </ul>			
2.33	<p>There is a named and appropriately trained person responsible for first aid who has access to an adequately stocked first-aid box. There is an Accident Report Book, which complies with Data Protection requirements.</p> <p><i>Check that the first-aid training of the named person is up to date and that the named person is available whenever the practice is open.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Accident book</li> <li>First-aid certification – minimum HSE approved Emergency First Aid at Work (EFAW)</li> </ul>			
2.34	<p>The practice has a patient safety policy and all patient safety incidents and near misses are investigated fully to identify why the incident happened and what can be done to prevent it happening again.</p> <p><i>All patient safety incidents and near misses are discussed by the team to identify whether a failure in the practice systems allowed the incident to happen and what measures can be introduced to prevent a recurrence.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Incident report record</li> <li>Patient safety policy</li> </ul>			
2.35	<p>Patient safety incidents and near misses are recorded and discussed at practice meetings to identify implications for the quality of the service and agree any changes.</p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Practice meeting notes</li> </ul>			

			Who	When	Completed
<b>Managing medicines</b>					
2.36	Medicines (including local anaesthetic cartridges) and prescription pads are stored securely – all drugs must be stored securely according to their classification.  <i>Check that records of suppliers, supplies and dispensing are up to date.</i>	<b>Evidence</b> <ul style="list-style-type: none"> <li>• Drug record</li> <li>• Stock control record</li> </ul>			
2.37	The practice has a prescribing and dispensing policy. Where medicines are provided to patients as part of their dental care, the rules governing labelling and product information are followed.  <i>Check the practice policy for prescribing and dispensing medicines to patients to ensure it is up to date.</i>	<b>Evidence</b> <ul style="list-style-type: none"> <li>• Prescribing and dispensing policy</li> </ul>			
<b>Data protection</b>					
2.38	Where information is stored electronically, the Information Commissioner is notified.  <i>Check that, where relevant, dentists have notified the Information Commissioner.</i>	<b>Evidence</b> <ul style="list-style-type: none"> <li>• Certificate of data protection registration</li> </ul>			
2.39	The principles of the General Data Protection Regulation 2018 are observed at all times, whether information is held electronically or manually. The practice has data security and data protection policies.  <i>Review the practice policies on data security and data protection to ensure that they are up to date.</i>	<b>Evidence</b> <ul style="list-style-type: none"> <li>• Data security policy</li> <li>• Data protection processor agreements</li> <li>• Data protection privacy notices</li> </ul>			
2.40	Records are kept secure, with appropriate off-premises backup for computer records and a system for archiving and storing non-active records.  <i>Check practice systems for ensuring secure storage of patients' records.</i>	<b>Evidence</b> <ul style="list-style-type: none"> <li>• Procedure for backing-up data</li> </ul>			

## The Practice Team

			Who	When	Completed
<b>Recruiting the right people</b>					
3.1	<p>The practice has procedures in place to avoid discrimination and ensure a consistent approach to recruiting new members of the practice team.</p> <p><i>Check practice procedures for consistency. Ensure that for each post a job description and person specification are developed to help with shortlisting and interviewing candidates.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Recruitment policy</li> </ul>			
3.2	<p>Before engaging any dentist or staff member, documentary evidence of all relevant qualifications is seen and references are taken up to establish that the individual is competent to undertake the duties required by the job.</p> <p><i>Review practice procedures for seeking references. Copies of references received or provided should be stored securely to maintain confidentiality.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Reference received or a reference given</li> </ul>			
3.3	<p>Before taking on a new member of the dental team, checks are made to ensure that the individual is entitled to work in the UK, is registered with the GDC (where appropriate) and has undergone relevant health screening and immunisation.</p> <p><i>Check practice procedures to ensure that these checks are carried out for every new member of the dental team to avoid unlawful discrimination in recruiting new team members.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>GDC registration</li> <li>Qualification certificates</li> </ul>			
3.4	<p>All clinical staff have an enhanced Disclosure and Barring Service (DBS) check and all non-clinical staff should have a standard DBS check, to ensure that individuals are not barred from working with children or vulnerable adults.</p> <p><i>Check that enhanced DBS checks are in place for all clinical members of the dental team. For non-clinical team members check that standard DBS checks are in place.</i></p>				

			Who	When	Completed
3.5	<p>There is a personnel file for every member of the practice team.</p> <p><i>Create a confidential personnel file for each team member and store these securely.</i></p>	<p><b>Include as a minimum</b></p> <ul style="list-style-type: none"> <li>• Photographic ID</li> <li>• GDC and indemnity certificates</li> <li>• Immunisations</li> <li>• Employment contract</li> <li>• Evidence of right to work in UK (if relevant)</li> <li>• Appraisal and personal development plan</li> <li>• Leave record</li> </ul>			
3.6	<p>All new members of the dental team are required to complete an induction programme to provide an introduction to the practice, an overview of their role and to identify any immediate training needs.</p> <p><i>Check the practice induction procedure to ensure it includes, as a minimum:</i></p> <ul style="list-style-type: none"> <li>• <i>Practice policies and procedures, including decontamination procedures</i></li> <li>• <i>What to do in emergencies</i></li> <li>• <i>Risk assessments</i></li> <li>• <i>Reporting adverse incidents</i></li> <li>• <i>Practice notations</i></li> <li>• <i>GDC professional standards.</i></li> </ul>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Induction programme for newest person</li> </ul>			
<b>Employing staff</b>					
3.7	<p>The practice complies with all current employment legislation. <b>Evidence</b></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Employment documentation/ contract</li> </ul>			
3.8	<p>Each person employed by the practice has a written job description setting out their main duties and reporting lines.</p> <p><i>Check all job descriptions annually and update if necessary. Each employee should be given a copy of their most recent job description.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Job description individually tailored to the staff members duties</li> </ul>			

			Who	When	Completed
3.9	<p>A named person is responsible for ensuring that, within two months of starting work, employees are given a written contract of employment and associated policies.</p> <p><i>Check that all staff have up-to-date contracts of employment together with the practice policies on confidentiality, equal opportunities, sickness and injury absence, and the disciplinary and grievance procedures, all of which form part of the contract of employment.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Employment contract</li> </ul>			
3.10	<p>The practice has written policies and agreed procedures for protecting all team members from bullying and harassment by employees and patients, and from violent or aggressive behaviour.</p> <p><i>Involve staff in reviewing the practice policies on (i) bullying and harassment and (ii) violent and aggressive behaviour and ensure that they are confident that concerns will be dealt with fairly.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Bullying and harassment policy</li> <li>• Harassment by patients – policy statement</li> <li>• Violence and aggression policy</li> <li>• Violent incident report form</li> <li>• Risk assessment of scenario</li> <li>• Notes of a practice meeting where scenario is rehearsed</li> </ul>			
<b>Dentists' working arrangements</b>					
3.11	<p>Practice associates have individual written agreements with the practice owner(s) that describe their working arrangements and financial obligations. Legal advice is sought to ensure the agreements are fair and proportionate.</p> <p><i>Check that there are agreements in place for all associates that are up to date and reflect current working arrangements.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Associate contract</li> </ul>			
3.12	<p>Employed dentists, including foundation dentists, have individual written contracts describing the terms and conditions of their employment.</p> <p><i>Check that all employed dentists have a written employment contract that is up to date and reflects current working arrangements. The employment contract should include a code of practice for employed dentists, the practice policies on confidentiality, equal opportunities and sickness and injury absence, and the disciplinary and grievance procedures.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Employment contract</li> </ul>			

			Who	When	Completed
<b>Professional competence (personal development)</b>					
3.13	Where appropriate, team members are registered with the GDC and are encouraged to belong to a relevant national association to help them keep in touch with developments outside the practice. <i>Make available details of relevant national associations.</i>	<b>Evidence</b> <ul style="list-style-type: none"> <li>GDC registration for dentists and DCPs</li> <li>Professional association membership</li> </ul>			
3.14	Employed DCPs receive two or more sessions of paid leave a year for formal continuing professional development. <i>Review practice policy for paid study leave and demonstrate that paid study leave has been provided.</i>	<b>Evidence</b> <ul style="list-style-type: none"> <li>Clause in employment contract</li> <li>Training agreement (dental nurses)</li> <li>Training policy</li> </ul>			
3.15	Analyse patient complaints, comments and safety incidents to identify any individual or practice-wide training needs.	<b>Evidence</b> <ul style="list-style-type: none"> <li>Practice training plan</li> </ul>			
3.16	Management and training relationships are shown on an organisational chart. <i>Review who is managed and who is managing and who has responsibilities for staff training and support. Check that these relationships are understood by all staff. Create an organisational chart of the team showing lines of responsibility.</i>	<b>Evidence</b> <ul style="list-style-type: none"> <li>Organisational chart</li> </ul>			
3.17	All dentists meet continuing professional development requirements to remain on the GDC's Dentists Register. Records of CPD are kept by individual dentists. <i>Check that dentists are up to date with their CPD requirements. Check that all DCPs are up-to-date with their CPD requirements.</i>	<b>Evidence</b> <ul style="list-style-type: none"> <li>Record of verifiable CPD for one dentist over at least one year</li> </ul>			

			Who	When	Completed
3.18	<p>All registered DCPs meet continuing professional development requirements to remain on the GDC's DCP Register. Records of CPD are kept by individual DCPs.</p> <p><i>Check that all DCPs are up to date with their CPD requirements and aim to complete approximately 30 hours of CPD per year, of which 10 hours are verifiable.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Record of verifiable CPD for one DCP over at least one year</li> </ul>			
3.19	<p>All dentists and registered DCPs undertake CPD in the recommended core subjects.</p> <p><i>Check that dentists and registered DCPs are up to date with their CPD in the recommended core subjects and that some training in medical emergencies is undertaken each year.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Record of verifiable CPD for one dentist over at least one year</li> </ul>			
3.20	<p>The practice keeps records of all training undertaken and evaluates training against objectives.</p> <p><i>Check that individual records are maintained. Develop individual portfolios for each member of the team for storing appraisals, personal development plans, training requirements, training provided and individual achievements.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>A training record/portfolio</li> <li>Training matrix</li> </ul>			
3.21	<p>The practice uses annual appraisals to identify individual training needs and develop personal development plans for all team members. Confidential one-to-one training reviews are held.</p> <p><i>Check that appraisals and reviews are up to date and identify opportunities for informal coaching and mentoring.</i></p> <p><i>Dentists are encouraged to participate in annual appraisals and the development of personal training plans, but where practice arrangements do not facilitate this, dentists should identify their individual training needs and set their training plans annually.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>An anonymised appraisal/personal development plan for a staff member</li> </ul>			

			Who	When	Completed
3.22	<p>All team members are aware of the practice policy on how to raise concerns if a clinician is thought to be working in a way that puts patients at risk.</p> <p><i>Review the practice policy on poor professional performance. Discuss performance issues at a practice meeting to ensure that all members of the team know what to do if they are concerned about the performance of another member of the team. Identify an individual within the practice to undertake this responsibility.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Staff induction programme</li> <li>• A practice meeting note showing discussion of professional underperformance issues</li> <li>• Practice ‘whistleblowing’ policy showing names and contact details</li> </ul>			
3.23	<p>A named person is aware of help available from outside agencies, including agencies that help dentists with problems of stress, alcohol or drug addiction.</p> <p><i>Identify the outside agencies (national and local) that may provide help and advice.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Contact details for national and local agencies</li> </ul>			
3.24	<p>A named person will deal, in total confidence, with concerns raised by practice members, make any investigations necessary and report back to the practice member raising the concern.</p> <p><i>Review the arrangements to ensure confidentiality to protect team members who are the subject of an investigation or who have reported concerns.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Named person on ‘whistleblowing’ policy</li> </ul>			



## Monitoring Quality

		Who	When	Completed	
<b>Involving patients</b>					
4.1	<p>The practice can show that patient suggestions and comments are actively sought and the results inform practice and service improvements where possible.</p> <p><i>Undertake regular patient surveys (separate to the NHS Family and Friends Test) seeking their views on aspects of the practice. Summarise the findings and discuss at a practice meeting. Identify what the practice does well, what might be done better and any changes that can be introduced as a result. Keep notes of these meetings.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Patient survey summary (x50 responses per dentist as a minimum)</li> <li>• Notes of practice meeting when patient views were discussed and acted upon</li> </ul>			
4.2	<p>The practice can demonstrate that patient complaints and comments about the service are discussed at practice meetings to identify and agree any changes to the service.</p> <p><i>Include 'Patient complaints and comments' on the agendas of all practice meetings. Consider why the complaint was made and what changes are needed to avoid further similar complaints.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Practice meeting notes</li> </ul>			
<b>Information systems</b>					
4.3	<p>The practice has systems for storing information about the practice and its patients and ensures that it can be easily accessed and retrieved.</p> <p><i>Check the systems for storing practice information on, for example, patients, team members, individual and practice-wide training, equipment manuals and servicing intervals, and practice policies and protocols. Ensure all members of the team have easy access to the information that they need.</i></p>				

			Who	When	Completed
4.4	<p>Key procedures such as 'backing up' the computer system, practice security, preparation of surgeries and answerphone services are documented to ensure that practice members work consistently.</p> <p><i>Ask each role group to regularly review and update key procedures in their area of responsibility.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Key procedures from critical safety areas</li> </ul>			
4.5	<p>The practice has a quality assurance policy that is made available to all staff and is regularly reviewed and updated.</p> <p><i>Review the practice quality assurance policy with all members of the team.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Quality assurance policy/statement</li> </ul>			
<b>Clinical audit and peer review</b>					
4.6	<p>Practice appointment systems are designed to minimise waiting times.</p> <p><i>Review factors influencing waiting times at practice meetings and discuss whether any improvements can be made. Keep notes of these meetings.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Notes of practice meeting, showing discussion of waiting times</li> </ul>			
4.7	<p>The practice undertakes an annual cycle of clinical audit in the quality of radiographs and record keeping. An audit trail is created for each audit topic to help the practice to monitor changes.</p> <p><i>Check that, within the last year, clinical audits have been undertaken for the quality of radiographs and record keeping and that the results have been assessed and summarised. How do the results compare to previous audits? Are further changes required? Keep records of these audits.</i></p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Recent practice audits</li> </ul>			
4.8	<p>The practice identifies other clinical audit subjects to assess and improve the quality of the service provided by the practice.</p>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Practice meeting notes</li> <li>• Audits of agreed topics</li> </ul>			

## Business Management

Business Management			Who	When	Completed
<b>Financial aspects</b>					
5.1	Where appropriate, the practice owner has a consumer credit authorisation and is included on the anti-money-laundering register.	<b>Evidence</b> <ul style="list-style-type: none"> <li>• Consumer credit licence</li> </ul>			
<b>Insurance</b>					
5.2	The practice owner checks the indemnity insurance for each clinician annually and keeps a copy of their certificate or notice of cover.	<b>Evidence</b> <ul style="list-style-type: none"> <li>• Copy of indemnity documentation for each clinician</li> </ul>			