



NEBDN Service Level Agreement and Training Practice Monitoring Form Post Registration Qualifications

Course provider:	Dental Training Ltd
Course Provider NEBDN No.	OLO7217
Employer name:	
Employer address:	
Candidate name:	

Service Level Agreement for NEBDN Accredited Course Provider and Student Employer

Purpose

The purpose of the Service Level Agreement (SLA) is to formalise the roles and responsibilities of all stakeholders in the delivery of training and assessment for Dental Nurses working towards the National Examination Board for Dental Nurses (NEBDN) Post Registration Qualification.

The SLA sets out the guiding principles necessary for the establishment of an effective training and working environment consistent with health and safety legislation, NEBDN mandated documentation current GDC guidelines.

The purpose of the Training Practice Monitoring Form TPMF is to ensure students have access to a suitable clinical learning environment.

Instructions for completion

The SLA & TPMF must be completed prior to the course provider accepting a student on to the training course. Failure of the Employer to complete and sign the SLA & TPMF will result in the student not being accepted onto an NEBDN accredited course.

The Course Provider must complete the administration section and sign to say that all relevant CQC checks have been completed.

The Course Provider and employer must keep a copy of the completed SLA & TPMF for their own records

References

NEBDN Post Registration Qualification Handbook

Post Registration Curricula

NEBDN Standards for Accreditation

Relevant NEBDN policies can be found at www.nebdn.org

Services and Requirements to be provided under this agreement by

Course Provider name:	Dental Training Ltd
Employer Name:	

Course Provider

All course providers are required to go through an approval process with the NEBDN to ensure their course provision meets the NEBDN Standards for Accreditation. Course Providers must ensure all employers and candidates are made aware in the course information that if full accreditation status is not met candidates will be unable to sit the final examination.

Dental Training Ltd is committed to providing the following services for as long as training towards a NEBDN Post Registration qualification is being provided on behalf of the employer and will ensure compliance with the NEBDN Standards for Accreditation.

I agree to provide the services outlined in the NEBDN Post Registration Qualification Handbook for the defined period.

Course Provider

Name representative: Tracy Hewitt
Signed: T. A. Hewitt
Date: 7.6.21
Course Provider Address: 14 Oakfield Road Pamber Heath Hants RG26 3 DN
Course Provider Contact Number: 01189261533

EMPLOYER

..... (insert Employer/ placement name) is/are committed to providing the following services for as long as training towards the NEBDN Post Registration qualification is being provided by the Course Provider and will:

I agree to provide the services outlined in the NEBDN Post Registration Qualification Handbook for the defined period.

- Allow the candidate to attend the training course according to a pre-notified timetable.
- Ensure that the candidate will receive appropriate workplace training and supervision.
- Ensure all ranges within the eRoC can be completed (see Appendix A - G)
- Ensure that all Patients are made aware that they are being treated by a dental nurse undergoing training and give consent
 - Patients must be provided with information about the dental nurse and supervisor's roles, what standards they can expect from the dental nurse, what they should do if they wish to provide feedback and/or are unhappy with the care they have been given.
- Inform the Course Provider of any Fitness to Practise issue.

By signing this you agree that you have read the NEBDN Post Registration Qualification Handbook and understand your responsibilities and agree to provide the services outlined for the defined period. You are also permitting the Course Provider to monitor the practice CQC report to ensure students have access to a suitable clinical learning environment.

Employer

Employer name:
Employer GDC Registration No.
Signed:
Practice Mentor name:
Practice Mentor GDC No.
Date:
Type of Practice e.g. GDP, Private, Hospital or Specialist (please give details)

CQC Certificate No.

NATIONAL EXAMINING BOARD FOR DENTAL NURSES (NEBDN)

NEBDN are committed to providing the following services for as long as the Course Provider remains accredited.

NEBDN will provide;

- Valid and reliable assessments and processes.
- Equality of opportunity (within safe guidelines) as outlined in the Equality Act 2010
- Information, policies and documentation to support the student journey from registration through to award of qualification
- Support and guidance for our accredited Course Providers and for their candidates and their employers.

NEBDN Chief Executive Officer

GENERAL TERMS AND CONDITIONS - SERVICE DISPUTE

Course Provider

Should any issue arise in relation to the quality, amount and type of services being offered by the Employer, attempts should be made to resolve them directly with the Employer. If there is no resolution, course provider has serious concerns and or a risk has been identified then the NEBDN Workplace Observation Policy must be implemented.

Employer

Should any issue arise regarding the quality of the education being offered by the Course Provider, attempts should be made to resolve them directly with the Course Provider following their documented complaints procedure. If the issue is not resolved by following the course providers' complaints policy then the Employer, may contact NEBDN.

NEBDN

Should any issue arise in relation to the quality, amount and type of services being offered by NEBDN attempts should be made to resolve them directly with NEBDN following their documented complaints policy which is available at www.nebdn.org

Course Provider Administration only

Name of person completing monitoring CQC report:		
GDC Registration No.		
Risk (s) Identified	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details:		
Date completed:		

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Special Care Dental Nursing

PCAS	Two each Learning disability 4.1.1 Physical disability 4.1.2 Conditions that develop in childhood 4.1.3 Disability in adults 4.1.4 Mental health impairment 4.1.5 Medically compromising conditions 4.1.6 The older adult 4.1.7
	Two additional from the range below Domiciliary care 5.2.2 Conscious sedation 7.2 General anaesthetic 7.3
	Four other from any range of the range 4.1.1 – 4.1.7
Case Study	One required The older adult 4.1.7
Directly Observed Clinical Skills Assessment	One of each Moving and handling Simulated Emergency Oral Health Advice – Carer Oral Health Advice - Patient
Supplementary Outcome	
Risk Assessment – Moving and Handling Risk Assessment – Domiciliary Exercise in Reflective Practice Exercise in Researching Oral Health Products BLS & AED certificate Clinical Moving and Handling Certificate Record of CPD & PDP	

Dental Radiography

PCAS	Ten Required Dental Panoramic Radiographs Bitewing Radiographs (pairs)
	Twenty Required Paralleling Radiographs
	Two Bisecting Angle Periapical Radiographs Occlusal Radiographs – (can be simulated) Lateral Cephalometric Radiographs – (can be simulated)
	Four Other views – any mix of the above
Case Studies	One required of each Dental Panoramic Radiographs Bitewing Radiograph (pair) Paralleling Radiograph
Supplementary Outcome – written questions regarding	
Oblique Lateral Mandible Radiograph Bisecting Angle Periapical Radiograph Lateral Cephalometric Radiograph Dental practice Local Rules Reflective Practice Continued Professional Development record and Personal Development Plan	

Sedation Dental Nursing

Black sections – to be completed all candidates	White sections – to be completed by IHS candidates	Grey sections – to be completed by IV candidates
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PCAS	Ten Inhalation Sedation
	Twenty Intravenous Sedation - procedure
	Five Intravenous Sedation – Recovery
Case Studies	One required Inhalation Sedation
	One required Intravenous Sedation
Directly Observed Clinical Skills Assessment	Five of each
	Automatic blood Pressure
	Pulse Oximeter
	Pt Instructions – IH Sedation
	Pt Instructions – IV Sedation
	IH Sedation – machine checks
	Prepare IV equipment
	Drawing up Drugs
	Assist during cannulation
	Removal of cannula
	Clear IV equipment
	IH machine shutdown and clean
Three required Medical emergency scenario	
Supplementary Outcome	
Life Support Skills certificate(s) List of equipment List of drugs National guidance Ethical dilemma Audit / Patient satisfaction Anxiety management options Reflective practice CPD record and PDP	

Fluoride Application

PCAS	Three of each Fluoride Application, 3-10 years old Fluoride Application, 11-15 years old Fluoride Application, 16 years old and over Fluoride Application, 3 years old and over
PCAS	One of each Delivering Oral Health Advice, 3-10 years old Delivering Oral Health Advice, 11-15 years old Delivering Oral Health Advice, 16 years old and over
Supplementary Outcome	
Life Support Certificate Anaphylaxis Delivering Better Oral Health Community Programme – equipment Reflective Practice CPD and PDP	

Oral Health Education

PCAS	Two required of each Prevention of Caries Periodontal Disease Non-carious tooth surface loss Oral conditions
	One of each required Care of dentures Care of fixed prosthesis Are of orthodontic appliance
Case Study	One required From any topic area
Supplementary Outcome – written questions regarding	
Exhibition Reflective Practice Continued Professional Development record and Personal Development Plan	

Implant Dental Nursing

PCAS	Ten required Surgical – Fixture Placement
	Five required of each Surgical – Augmentation Restorative -Abutment connection
	Three required Restorative - Crown
	Two Required Restorative - Bridge
	One required Restorative - Denture
	Five required Maintenance
Case Studies	Two required Surgical Phase Restorative Phase
Directly Observed Clinical Skills Assessment	Five required Clinical Photography – Intra-oral
	Five required Clinical Photography – Extra-oral
	Five required Mixing Material / Loading Trays
Supplementary Outcome	
Intra and Extra-oral Clinical Photographs (1 set of each required) Reflective practice CPD record and PDP	

Orthodontic Dental Nursing

PCAS	<p>Three of each Fixed Appliance – Banding Fixed Appliance – Bonding Fixed Appliance – Adjustment Fixed Appliance – Debonding Removable Appliance – Fitting Removable Appliance – Adjustment Functional Appliance – Bite Registration Functional Appliance – Fitting Functional Appliance - Adjustment</p> <p>Two of each Retention – Bonding Retention – Removable Impressions - Study Models Impressions – Functional</p>
Case Studies	<p>Two required Must include an interdisciplinary case</p>
Directly Observed Clinical Skills Assessment	<p>Two required</p>
	<p>Casting Models</p>
	<p>Two required</p>
	<p>Oral Health & Care of appliance - Prior to treatment</p>
	<p>Two required</p>
	<p>Oral Health & Care of appliance - During fixed treatment</p>
Supplementary Outcome	<p>Photograph of based trimmed study models Intra-oral and extra-oral clinical photograph Cephalometric tracing, radiograph and digitisation IOTN score sheets with photographs of models PAR score sheets with photographs of models Reflective practice CPD record and PDP</p>

This form is used for recording Student, Employer and Course Provider details, this means that NEBDN will monitor the details you have provided to ensure compliance.

Please refer to our Privacy Notice at www.nebdn.org for further information

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