## Practice Contract

Extended Duties for Dental Nurses Disease Prevention Module: HS316

The Dental nurse named below has applied to attend the program of Extended Duties for Dental Nurses. This course will involve a 3-day series of lectures, presentations, and practical sessions.

This will be followed by the submission of a logbook detailing twelve case studies, to be completed in their place of work. To complete the logbook of case studies, the student will require access to clinical cases, comprising patients of the practice, that have been already treatment planned. In addition, the practice must nominate a supervisor who should work in the practice on a regular weekly basis and be able to educate and supervise the student during the clinical procedures. This supervisor may be a dentist, dental therapist, or dental hygienist.

One of these case studies will also form a direct observation procedure (DOP) assessment by an assessor and will take place at the Academic Dental Clinic later in the term. Each case study will require the dental nurse to treat a patient in the clinical environment and may require chairside assistance.

The dental nurse will also be required to attend a one-hour Objective Structured Clinical Examination (OSCE) and a one-hour multiple-choice questionnaire held at the end of the term.

Therefore, the practice owner must agree to the following requirements before the Dental nurse will be allowed to commence the program:

* + provide the dental nurse within surgery access to the internet during working hours;
  + allow the dental nurse to attend the appropriate lectures and examinations;
  + provide the dental nurse with satisfactory facilities to comply with health and safety and infection control standards as contained in the Department of Health’s guidance or successor body;
  + provide the dental nurse with chairside support through the assistance of a suitable experienced Dental nurse; and
  + ensure that the Hepatitis B immunisation status of the DCP is in line with local guidelines and that the dental nurse is compliant with other blood-borne virus policies, where applicable.

# DENTAL NURSE

I confirm I have read and understand the requirements for the course as detailed above.

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| --- | --- |
| Print Name: |  |
| Signature: |  |
| Date: |  |

# NAMED SUPERVISOR/S

I confirm I have read and understand the requirements for the course and the support to be provided to the Dental nurse as detailed above.

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| Print Name: |  |
| Signature: |  |
| Date: |  |
| GDC Number: |  |

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| Print Name: |  |
| Signature: |  |
| Date: |  |
| GDC Number: |  |

# PRACTICE OWNER

I confirm I have read and understand the requirements for the course and the support to be provided to the Dental nurse as detailed above.

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| Print Name: |  |
| Signature: |  |
| Date: |  |
| GDC Number: |  |