

Deploying the clinical dental workforce to support the NHS clinical delivery plan for COVID-19

4 April 2020

This is a live document and will be routinely updated. Please send any comments or local insight to: england.covid-dental-workforce@nhs.net

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1. Background and definitions

The dental workforce in the United Kingdom constitutes over 33,000 dentists and almost 58,000 DCPs registrants in England.¹ With the COVID-19 pandemic and the postponement of elective dental care, this multi-skilled workforce could be utilised for increasing surge capacity, as well as ensuring effective resilience across the health and social care system. The dental workforce has a wide range of skills and experience that can be utilised to undertake activities that will help clinical colleagues and the wider workforce. This document sets out the principles of safe redeployment and healthcare delivery as critical care units prepare and deliver increased activity during surge² and super-surge³ during the pandemic.

The clinical dental workforce can be used to free up other roles across health and social care and help maintain the delivery of other non-coronavirus related essential services. By strategically redeploying the dental workforce based on needs, this will maximise the effectiveness of the existing healthcare workforce, as well as increase capacity where the need is the greatest. Some of the dental workforce may still be required to maintain urgent and emergency dental care access, and this is crucial to reduce pressures on emergency departments.

For non-clinical members of the dental team, there are numerous, valuable local community volunteering efforts which will help vulnerable members of society. These dental team members have a wide range of skills that can be used to support the wider workforce (see [here](#) for more information).

This document provides a list, although not exhaustive, of potential job roles where the clinical dental team may be able to redeploy their skills within their competency. Redeployment will be locally determined. Individual trusts will have their own induction and job specifications and the demand for certain roles will vary depending on locality. The GDC [has made clear](#) that it fully supports members of the dental team taking on roles outside normal dental practice, but individuals must ensure they work to the limits of their competency, in accordance with [GDC standards](#).

¹ Gallagher, J. The Future Oral and Dental Workforce for England. Liberating human resources to serve the population across the life-course. 2019.

² Surge: Increased activity supported by reducing other routine activity (eg elective / non-urgent surgery and outpatient appointments). This will operationalise operating theatres, recovery wards and similar areas to provide critical care for an increased number of patients

³ Super-surge: increased activity which requires 'normal' wards to be converted into critical care units. This will require additional resources to be provided to hospitals: hardware (eg ventilators and monitors); oxygen; consumables; and staff. Extra beds may be created through partnership with independent sector hospitals or set up of new field hospitals.

2. Principles

Safe for staff and patients

- Redeployed dental team members should work to the limits of their usual framework of competence and experience but may have to work outside their usual teams and hierarchies.
- Competencies have been mapped to specific roles, requiring support during surge. Individuals should undertake a self-assessment to ensure their competence meets the required role. Please see Appendix 3.
- Dental team members should not be removed from roles which would leave urgent dental services understaffed.
- Hospital dental workforce should place themselves firstly at the disposal of their trust's medical director for redeployment, and for Academic dentists to do the same. If there is no demand at that point for them, then they should then consider other avenues.
- Redeployed dental team members may be at increased personal, physical or mental health risk, because of their lack of experience in their new working environment. Induction and orientation will be key, as well as the assignment of a designated contact person.

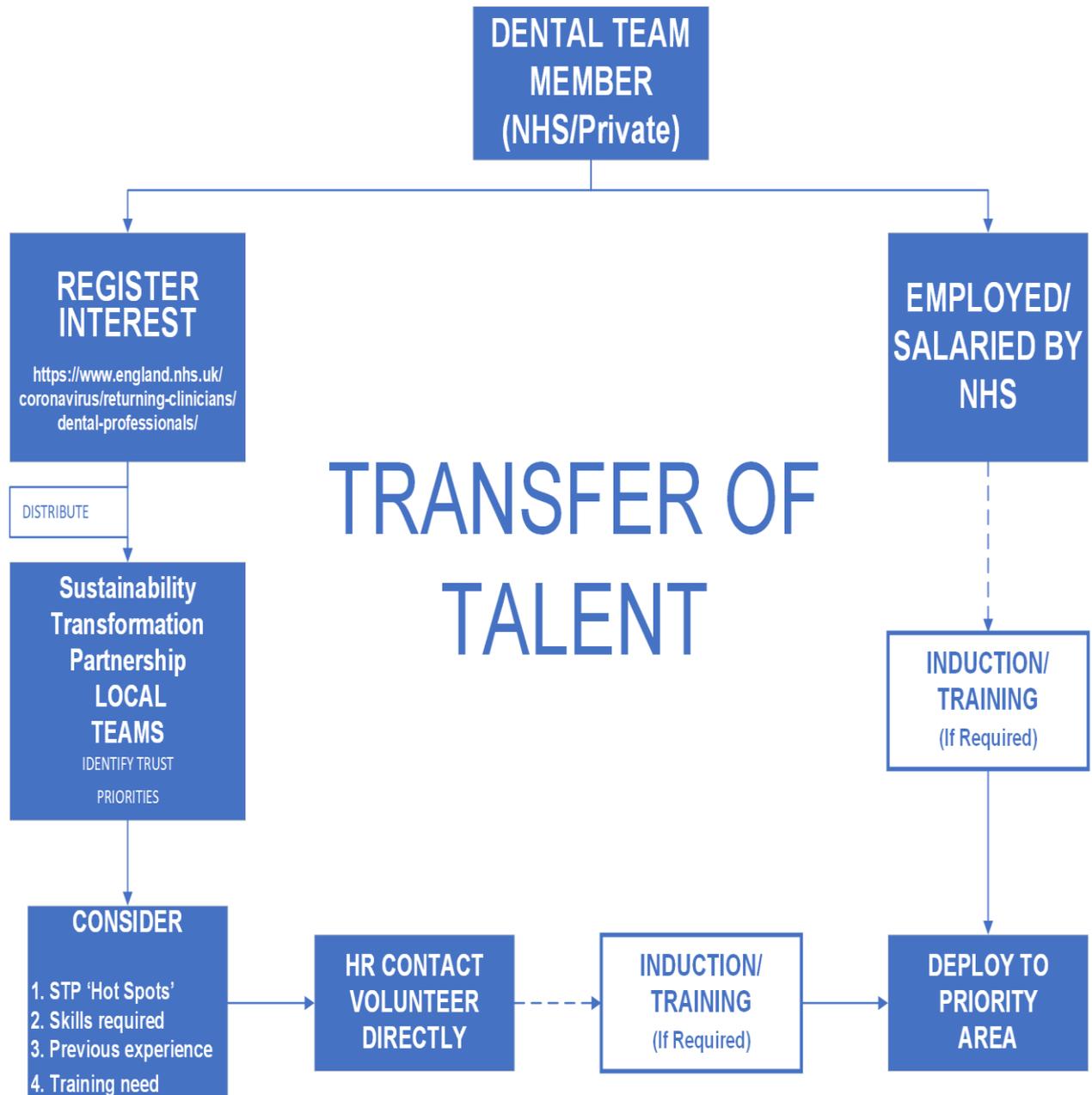
3. Key considerations

1. Dental professionals will register their note of interest via the [online questionnaire](#).
2. There will be no obligation for any member of the dental workforce to provide services. It is on a voluntary basis.
3. Expressions of interest will be triaged based on multiple factors including recognised competencies, level of experience and geographical location.
4. Consideration to competence and supervision will feature as part of any assessment.
5. Once triaged appropriately, the information will be shared with relevant regional teams.
6. Regional teams will recruit staff according to demand/operational needs.
7. Regional teams will provide necessary and identified training needs, based on local requirements.
8. Dental team members will be utilised to meet surge demand, within their scope of practice.
9. Dental team members will be expected to inform their indemnity organisations of any changes in their roles. You may be asked to carry out activities which are not currently part of your remit.
10. Individuals will need to know what roles they will be expected to do and how they will be deployed. In cases where they are employed, volunteers will need to know how to notify their employer and be made aware of the employment protections they will receive in respect of the leave.
11. Finances - compensating individuals for some loss of income and expenses is an important factor in ensuring that enough volunteers come forward. Maximising success will be aided by identifying and agreeing an appropriate rate of compensation and a simple means for individuals to claim.
12. The government has committed that indemnity will not be a barrier for those staff that work in alternative settings during the coronavirus pandemic.

Existing state schemes (Clinical Negligence Scheme for Trusts (CNST) and Clinical Negligence Scheme for General Practice (CNSGP)) or emergency clinical negligence indemnity arrangements will cover staff working in alternative settings.

13. As part of redeployment, consideration should be given to previous experience and site familiarity. Focused induction should occur as a priority so that redeployed workforce are prepared.
14. It is likely there will be high sickness rates and staff will be stretched beyond their usual working practices. It is also recognised that working outside usual systems is stressful and, sometimes, extreme circumstances will additionally impact on wellbeing and staff morale. Local support mechanisms should be developed as a priority.
15. The trust or organisation to which dental team members are deployed, will be required to undertake appropriate identity checks and provide a contract in line with current local arrangements. The contract will need to reflect working hour protections, pay arrangements, annual leave entitlement and inductions that are provided to new staff.

4. Redeployment pathway



5. Workforce landscape

The dental workforce is a mix of both public and private sector professionals. Most of the dental workforce work within Primary Dental Care (85%)⁴ in General Dental Practice. The earnings for most dentists, dental therapists and dental hygienists are mainly from self-employment. Others work in salaried positions within the Community and Hospital Dental Services, as well as in postgraduate training roles. This salaried cohort can be rapidly redeployed locally as deemed appropriate by trusts as they are already employed. Currently, there are 11 dental schools in England. There are 11,000 dental practices in England of which approximately 8,348 hold NHS General Dental Service contracts.

Table 1: General Dental Council registered clinical dental workforce in England⁵

Registrant Type	Count
Orthodontic Therapist	589
Dental Nurse	47844
Dentist	33094
Dental Hygienist	6424
Dental Therapist	3124
Clinical Dental Technician	335
Dental Technician	4823

⁴ General Dental Council, Preparing for Practice, Dental Team Learning Outcomes for Registration, 2015.

⁵ General Dental Council. Registration Report March 2020.

6. Key stakeholders

- British Dental Association
- Care Quality Commission
- Dental Schools Council
- Dental professional bodies
- Department of Health and Social Care
- General Dental Council
- General Medical Council
- Health Education England
- Indemnity Organisations
- Public Health England
- NHS Business Service Authority
- NHS England and NHS Improvement
- NHS trusts
- Royal Colleges and Specialist Societies

7. Competencies and mapping of potential roles

Registrants will need to make a considered judgment about whether they are trained and competent⁶.

Local induction and training may be required around use of systems, templates and algorithms.

The expectation is for the dental workforce not to be deployed to roles that require additional training in the form of new qualifications or would require a high level of supervision.

Table 2: Key for training and supervision

LOW	Minimum additional training required
MODERATE	Up to 3 days training required

Table 3: Competencies and mapping of potential roles

Sector	Job list	Who can do this	Training need	Supervision level
A&E	Patient history taking	Dentist Dental Therapist	None	None
	Dental triage (with referral to appropriate Urgent Dental Care Centre or OMFS if necessary)	Dentist/DCPs	None	None
	Dental prescribing	Dentist	None	None
	Keeping medical records (paper and computer)	Dentist/DCPs	None	None
	Talking to patients and relatives	Dentist/DCPs	None	None
		Job list	Who can do this	Training need
	Cannulation	Sedation Dentist and/or dentist that has	None	None

⁶ Responding to COVID-19: providing treatment in uncertain time, GDC 26 March 2020.

<https://www.gdc-uk.org/news-blogs/blog/detail/blogs/2020/03/26/responding-to-covid-19-providing-treatment-in-uncertain-times>

		undertaken cannulation in the past two years		
	Phlebotomy	Sedation Dentist	None	None
	Suturing	Dentist with OS/OMFS experience	None	None
	Wound dressings	Dental Therapist/Hygienist with additional skills Dentist/DCPs	Wound Care Training	Low
	Blood glucose measurements	Dentist/DCPs	Practical demonstration	Low
	Reception/Administrative duties	DCP / Dental Receptionist	Systems training	Low
	Patient observations (O2 saturations, blood pressure monitoring, respiratory rate, heart rate)	Dentist/DCPs	National Early Warning Scoring System	Low
	'Specialing' (prolonged close observation) of patients in certain situations	Dentist	Locally tailored training	Moderate
	Learning and performing new tasks as required	Any member of dental team	As required	As required
Critical Care	Patient hygiene	Dentist/DCPs	None	None
	Conversation	Any member of dental team	None	None
	Mouth care	Dentist/DCPs	None	None
	Record observations	Dentist/DCPs	Locally tailored training	None
	Audit / research data	Any member of dental team	None	None
	Housekeeping	Any member of dental team	None	None
	Job list	Who can do this	Training need	Supervision level
	Notetaking	Dentist/DCPs	None	None
	Pressure areas observation	Dentist/DCPs	Locally tailored training	Low

	Dressings care	Dentist/DCPs	Wound Care Training	Low
	Range of movement exercise after assessment by, and under advice of, a physiotherapist	Dentist/DCPs	Locally tailored training	Low
	Result chasing	Dentist/DCPs	Systems training	Low
	Bookings	Dentist/DCPs	Systems training	Low
	Referrals	Dentist	Locally tailored training	Low
	Learning and performing new tasks as required	Any member of dental team	As required	As Required
General Hospital	Housekeeping	Any member of dental team	None	None
	Talking to patients and relatives	Any member of dental team	None	None
	Healthcare Assistant duties	Dentist/DCPs	None	Low
	Porter services	Any member of dental team	Lifting and Handling training	Low
	Learning and performing new tasks as required	Any member of dental team	As required	As required
General Medical Practice	Decontamination/Infection Control of surgeries	Dentist/DCPs	None	None
	Phlebotomy	Sedation trained dentist	None	None
	Patient observations (e.g. blood glucose monitoring)	Dentist/DCPs	None	None
	Administrative duties	Any member of dental team	None	None
	Immunisations and vaccinations	Dentist/DCPs	Immunisation training	Low
	Patient triage	Dentist/DCPs	Systems training	Low
	Who can do this	Training need	Supervision level	Job List
	Learning and performing new tasks as required	Any member of dental team	As required	As required
Buddy' to team	DCPs	None	None	

Ambulance Service	Decontamination of units	DCPs	None	None
	Stocking of units	DCPs	Local induction/Manual Handling	None
	Learning and performing new tasks as required	Any member of dental team	As required	As required
NHS 111	Dental emergency triage	Dentist/DCPs	Systems training	Low
	Learning and performing new tasks as required	Any member of dental team	As required	As required
Social Care	Social interaction	Any member of dental team	None	None
	Delivery of medicines	Any member of dental team	None	None
	Delivery of food/necessities	Any member of dental team	None	None
	Cleaning	Any member of dental team	None	None
	Work with Single point of access for social care telephone advice, guidance around system.	Any member of dental team	As required	None
	Follow-up calls following transition from admission			
	Learning and performing new tasks as required	Any member of dental team	As required	As required
COVID-19 Testing	This is a potential future workforce need	Dentist/DCPs	COVID-19 Testing Training	Moderate
	Learning and performing new tasks as required	Any member of dental team	As required	As required

8. Indemnity

Arrangements are in place to indemnify healthcare workers for the NHS work they already do, through state indemnity schemes operated by NHS Resolution on behalf of the Secretary of State for Health and Social Care.

During a pandemic existing indemnity arrangement will continue. The Clinical Negligence Scheme for Trusts (CNST) will also cover dentist and DCPs who are redeployed to work for NHS trusts, and the Clinical Negligence Scheme for General Practice (CNSGP) will cover dentist and DCPs who are redeployed to work for general practices undertaking normal NHS contracted work.

These arrangements should cover existing and returning dentist and DCPs for the vast majority of NHS services. However, we recognise there will be a need for changes to working arrangements during this emergency period. We do not want indemnity to be a barrier. Through the Coronavirus Act 2020, the Government has therefore introduced additional indemnity coverage for clinical negligence liabilities that may arise when healthcare workers and others are working as part of the COVID-19 response, or undertaking NHS work to backfill others, in the event that existing arrangements (CNST, CNSGP or individual arrangements) do not cover a particular activity.

9. Remuneration considerations

Those members of the dental workforce that are not on a trust payroll or part of the GDS contract will need reassurance that their roles will be remunerated.

Foundation dentists, although employed by primary dental care practices, are salaried and will continue to be salaried by dental practices throughout any deployment process.

We have agreed to continue to make monthly payments in 2020-21 to all practices that are equal to 1/12th of their current annual contract value. As part of the funding package, the NHS encourages dental practices to support the redeployment of professionals and staff working in general dental services to underpin the wider NHS response, as is happening across the rest of the NHS.

10. Induction

Health Education England has developed training and induction modules to help the healthcare workforce respond to COVID-19. These modules are useful to aid upskilling of the workforce and prepare for redeployment.

All deployed workforce will also be provided with orientation and induction at a local level, to ensure they are fully prepared and supported in unfamiliar settings. Employers and service providers remain responsible for making sure that redeployed workforce is competent for role, and are appropriately inducted, trained and supervised.

Appendix 1: Transferable competencies

The dental workforce must be allocated to tasks according to their competency and skill set, as set out below. All GDC registered dental team members should have achieved the following competencies upon registration.

Dentist⁷
Obtain, interpret and record an accurate history that incorporates appropriate dental, medical (including medication history and allergies), social, demographical, cultural, nutritional, psychological and genetic factors.
Recognise the signs of abuse or neglect in vulnerable groups and the local procedures that should be followed when reporting such circumstances.
Generate a differential diagnosis and treatment / management plan based on evidence from an oral health assessment / urgent care assessment and risk screening, through the correct interpretation of clinical findings.
Implement, perform and manage effective decontamination and infection control.
Identify, assess and manage medical emergencies.
Safely and appropriately prescribe and administer medicines and therapeutic agents.
Keep clinical records (conventional and or electronic) in line with current national guidance.

Dental hygienist and therapist
Obtain, interpret and record an accurate history that incorporates appropriate dental, medical (including medication history and allergies), social, demographical, cultural, nutritional, psychological and genetic factors.
Recognise the signs of abuse or neglect in vulnerable groups and the local procedures that should be followed when reporting such circumstances.

⁷ General Dental Council, Preparing for Practice, Dental Team Learning Outcomes for Registration, 2015.

Generate a differential diagnosis and treatment / management plan based on evidence from an oral health assessment / urgent care assessment and risk screening, through the correct interpretation of clinical findings.
Implement, perform and manage effective decontamination and infection control.
Identify, assess and manage medical emergencies.
Safely and appropriately prescribe and administer medicines and therapeutic agents.
Keep clinical records (conventional and or electronic) in line with current national guidance.
Undertake relevant special investigations and diagnostic procedures, including radiography

Dental nurse⁸

Identify, assess and manage medical emergencies.
Implement, perform and manage effective decontamination and infection control according to current guidelines.
Recognise the signs of abuse or neglect in vulnerable groups and the local procedures that should be followed when reporting such circumstances.

⁸ General Dental Council, Preparing for Practice, Dental Team Learning Outcomes for Registration, 2015.

Appendix 2: Questions and answers for volunteers

General

1. In what ways can I support the coronavirus (COVID-19) response?

In addition to redeployment, you can assist with the response to Coronavirus by:

- following guidance on www.england.nhs.uk/coronavirus
- offering assistance to vulnerable members of your local community:
<https://www.goodsamapp.org/NHS>.

2. Might my practice environment be utilised during the response to COVID-19?

A dental practice is a clinical environment that potentially may be of benefit in some local areas. There are, however, no current plans in place to utilise dental practices as part of the response to COVID-19.

3. Can I help without being directly in a patient facing role?

There are opportunities to work in roles such as NHS 111. These roles will be available firstly to those individuals who are at increased risk of a severe response to Coronavirus, such as individuals with co-morbidities.

4. In what geographical location might I be expected to work?

There is likely to be increased demand across the entire NHS in England and therefore you will be offered opportunities as close to your requested area as is reasonably practical. There may of course be an element of travel involved. If you are redeployed, your travel expenses will be reimbursed. In some cases, local accommodation will be offered.

5. Will I be tested for coronavirus before my deployment?

We expect that as testing capacity increases this may become available to all NHS workers. If you develop symptoms, national guidance for testing will be followed.

6. Will I be sent to multiple different locations?

To minimise the need for training and induction, it is highly likely that once you have commenced work in a particular team, you will remain as part of that team until demand subsides, and you can return to normal clinical practice.

7. I am working in an education / research role, can I still help?

Of course. You are a highly skilled and knowledgeable member of the healthcare workforce. You will have the opportunity to work within your own clinical competence but potentially out of your traditional comfort zone.

8. Will I be provided with Personal Protective Equipment?

You will be provided with the appropriate personal protective equipment, as recommended by PHE to safely fulfil each role you work in. The safety of NHS Staff and patients is of utmost importance and current guidance is available at [COVID-19: infection prevention and control](#).

9. Are all members of the dental team able to offer services?

Assistance and support is required in a wide variety of both clinical and administrative roles. All members of the dental team will therefore have a vital role in providing an effective response to COVID-19.

10. When is this likely to start?

There is no exact or defined date as to when this additional support is needed. This will vary and be dependent on the specific demands of a local area, at a particular time.

11. If I change my mind about volunteering during my service am I able to withdraw?

Yes, however, we would encourage you to commit to a minimum period in discussion with your local placement. If you change your mind and don't want to work anymore you should tell your line manager. A professional approach would be expected – for example not leaving before you had completed your shift.

Training

12. Will I need to learn new skills?

This is dependent on your current experience and skillset. You will be assigned a role and task that is closely aligned with your current competencies. If there is a need for training, then this will be provided, via an induction and orientation programme.

13. Who will I go to if I have any concerns/questions once I am redeployed?

There will be a central point of contact at the location you have been deployed to.

Personal health

14. What if I am pregnant?

The government has advised that you should be particularly stringent in following social distancing measures. This does not specifically mean you cannot work. You should, however, have a risk assessment undertaken at work and where possible work from home or work more remotely, potentially in a non-clinical role without face to face patient contact.

Please see this [link](#) for more information on what measures to follow.

15. What if I have a chronic disease?

The government has advised individuals with particular conditions to stringently follow social distancing measures. Please see the list of conditions/diagnoses outlined [here](#). This does not specifically mean you cannot work. You should however have a risk assessment undertaken at work and where possible work from home or work more remotely, potentially in a non-clinical facing role.

Please see this [link](#) for more information on what measures to follow.

16. What if I develop symptoms of coronavirus?

If you develop symptoms of coronavirus, follow current public health advice on testing and management of staff. If at work at the time of developing symptoms you should immediately inform your line manager and withdraw from work.

17. What if someone in my family develops symptoms of coronavirus?

If someone in your family/household develops symptoms of coronavirus current public health advice on testing and management should be followed. Please see [here](#) on how to manage this situation.

18. What if I become ill while I am working?

If you become unwell, while working, please notify your designated point of contact.

19. What if a member of my household is a vulnerable individual?

Given the increased risks of coronavirus, in certain groups (see [here](#)), we would advise against returning to patient-facing clinical work if you are a carer to someone in an at-risk group. However, there are a range of opportunities in non patient-facing roles that we are in urgent need of support with. This includes assistance with clinical triaging via the NHS 111 pathway.

Contractual and remuneration

20. I am self-employed, can I still help?

You are indeed a valuable, highly skilled and trained individual. Your services will be invaluable in providing safe, effective and timely care to patients. If you work in a practice with an NHS contract, your redeployment work will be paid for under your continuing contract payments. Please see [here](#) for regular updates on remuneration.

21. I work part-time, can I still help?

You will be able to help in a part-time capacity and may even have the opportunity to increase your working hours if desired. A workforce rota will be designed to suit the availability of all staff. Please discuss your availability with the designated point of contact. Do discuss with your employers under what circumstances you should temporarily suspend your external commitments in order to provide more clinical support in your employing organisation. The balance between supporting front-line NHS services directly and delivering the business as usual work of the national bodies should be carefully considered in each case.

22. How will I be paid?

If you work in a practice with an NHS contract, your redeployment work will be paid for under your continuing contract payments.

Please see [here](#) for regular updates on remuneration.

If you work within salaried NHS dental services, your salary will be paid for as usual.

23. Will my pension contributions be maintained?

Your NHS pension contributions will continue as normal.

24. Will I have an employment contract?

No, you will not have an employment contract, however, there will be an agreement with your allocated placement.

25. What will happen to my UDA commitments?

As outlined in the communication from the Chief Dental Officer, England, on 25 March 2020, your employer will continue to receive payment from NHS Business Service Authority via the usual mechanism. Please see the [Letter of Preparedness](#).

26. How long will I be expected to help?

You will be needed for a limited time period but, at this stage, the exact length is unpredictable. You are free to stop working at any point and redeployment can be for short periods of time. You can choose how much time you contribute and are free to stop working at any point. Assistance and support, from the wider healthcare community, will be necessary until the surge in COVID-19 has been effectively and safely managed.

27. Will I have a rota / need to work specific hours?

It is likely you will work specific hours and as part of a wider rota. This will of course be planned and designed in such a way that it meets the surge demand on the system. You will be asked for your availability and, where possible, will be given shifts aligned with your stated availability.

Scope of practice

28. What roles might I be expected to do?

We recognise that dental staff have many competencies that are transferrable to the medical environment. There are multiple roles that you might be expected to take on, depending on where you work. This may be within a hospital, ward environment or within a local GP practice. You will not be asked to fulfil a role that you do not have the training or support to safely perform.

Below is a list of potential roles that the dental workforce could undertake. Note this is not an exhaustive list and is just used to demonstrate some of the potential roles that could be undertaken.

Dental nurse – decontamination measures, administrative jobs, talking to relatives, helping with feeding, moving patients, donning PPE, bedside support, equipment preparation, act as ‘runners’ between teams, turning and washing of patients, provide bedside comfort.

Dental Therapist – all of above but also wound dressing, suture removal, patient observations and monitoring, history taking.

Dental Technician - administrative jobs, talking to relatives, bedside support, equipment preparation, act as 'runners' between teams, provide bedside comfort.

Foundation Dentist and GDP - decontamination measures, administrative jobs, talking to relatives, helping with feeding, moving patients, donning PPE, bedside support, equipment preparation, act as 'runners' between teams, turning and washing of patients, provide bedside comfort, wound dressing, suture removal, patient observations and monitoring, history taking, radiography.

Dentist with Sedation Training (past two years) – all of above plus Phlebotomy and cannulation. In some cases, it may be possible to administer sedation to relieve anaesthetists.

29. Will I be asked to work in a role I am not familiar with?

As far as possible, we will aim to match dental staff to the most suitable roles in line with their capabilities. In some situations, you may need to be placed in a less complementary role. However, where this is necessary, you will be supported adequately to take on these roles, and should only work within the limits of your competency. Training, induction and supervision will be given. If the epidemic worsens it is likely that healthcare professionals will have to work outside their normal field of practice.

When deciding the safest and best course of action in the circumstances, you should consider factors which include:

- what is within your knowledge and skills
- the protection and needs of all patients you have a responsibility towards
- minimising the risk of transmission
- protecting your own health

30. Can I reject a role, if I am not confident it aligns with my skillset?

As the COVID-19 pandemic progresses, it is likely that doctors will have to work outside their normal field of practice which has been acknowledged by the General Medical Council. A similar arrangement may be required for dental care professionals. Defence organisations advise that any professional faced with clinical responsibilities outside their clinical competence should clearly outline their

concerns to the clinical/medical director managing the service. If further advice is required, please contact your indemnity defence organisation.

31. I am working in an educational or research role, what are the next steps for me?

If you have an honorary clinical contract, your organisation will contact you to discuss whether you are prepared to postpone your educational/research activities in the short term (unless working on education or research in relation to COVID-19) to provide more clinical support in the workplace. Those with teaching expertise may be able to help provide induction for new staff – for example, environmental orientation, the use of PPE, managing high flow oxygen of ventilated patients (if appropriately trained to do so).

Indemnity

32. What are the arrangements in place?

If engaged by an NHS trust to provide NHS services, individuals will be covered by the Clinical Negligence Scheme for Trusts. If engaged by a GP practice to provide NHS services, individuals will be covered by the Clinical Negligence Scheme for General Practice. Where dentists and other DCPs are redeployed to help in delivering NHS services for the purposes of dealing with the coronavirus outbreak that:

- They will be covered under the CNST if they are engaged by an NHS trust to provide the NHS services (irrespective of where the services are provided – in hospital, a clinic or on GP premises), or;
- They will be covered by the CNSGP if they are engaged by a GP practice or Part 4 contractor to provide NHS services that are either:
 - Primary medical services (provided under a GP contract [Part 4 NHS Services Act 2006] – GMS/PMS/APMS).
 - Another type of NHS service provided as part of the activities of the GP practice.
- They will be covered by emergency indemnity arrangements established by the Secretary of State for Health and Social Care, as set out in the coronavirus Act.
- These arrangements will cover existing and returning dentists and DCPs.

33. Where do I go for more advice and support about indemnity?

We recognise that dentists and DCPs may also want to access to medico-legal advice and support, and it is the Government's intention to ensure this is not a barrier to their return. We are working with the Department of Health and Social Care, NHS Resolution and providers of such advice and support to ensure it is available to dental practice staff.

Appendix 3: Self-assessment competency checklist

This self-assessment competency checklist can be completed and taken to your allocated placement to help guide the allocation of suitable roles.

Competency Assessment	
Name	
Email address	
Telephone	
Job Title	
GDC Number	
Skill	Competent Yes (Y), with initial supervision (S), No (N)
Oxygen monitoring using a pulse oximeter	
Blood pressure monitoring using automated equipment	
Blood glucose measurement	
INR measurement using a Coagucheck	
Peripheral IV access (Cannulation)	
Phlebotomy (taking blood)	
Administration of IV drugs	
Up to date BLS training	
Up to date ILS training	
Skin suturing	
PPE Donning	
Maxillo-facial skills (such as facial bone fracture assessment)	
Wound Dressing	
Infection control	

Additional qualifications PLEASE STATE: eg medicine/nursing / midwifery/ pharmacy/ paramedic	
Please provide any other relevant information or describe any skills you are able to offer in addition to those listed above	
Do you have any compromising conditions that would prevent you working in different areas of the hospital? (Y/N)	
Do you have any dependants or caring responsibilities for vulnerable individuals? (Y/N)	
Would you be able to work in evenings/ nights/weekends if necessary? (Y/N)	