**Performers List Validation by Experience (PLVE)**

**Validation Supervisor’s Report**

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| **Name of VED:** |  | | | **GDC Number:** | |  |
|  | | |  | |  | |
| **Topic** | | | **Concerns** | | **Comments (if ‘Concerns’ box marked ‘Yes’** | |
| **Clinical Experience and Skills** | | |  |  |  | |
| Do you have any concerns about the above VED’s level of knowledge? | | | **Yes** | **No** |  | |
| Do you have any concerns about the above VED’s overall clinical competence? | | | **Yes** | **No** |  | |
| Do you have any concerns about the above VED’s awareness and insight into knowing when it is necessary to seek help/advice? | | | **Yes** | **No** |  | |
| Do you have any concerns about the above VED’s ability to organise him/herself and to prioritise clinical problems and their own work? | | | **Yes** | **No** |  | |
| **Personal Skills** | | |  |  |  | |
| Do you have any concerns about the above VED’s ability to communicate with colleagues and patients to promote teamwork and patient care (clarity, intelligibility, ability to build rapport, listen, persuade, negotiate)? | | | **Yes** | **No** |  | |
| Do you have any concerns about the above VED’s ability to act decisively and take responsibility (make decisions, assert appropriate authority)? | | | **Yes** | **No** |  | |
| Do you have any concerns about the above VED’s interpersonal skills (ability to see patients as people, empathise, work co-operatively with others)? | | | **Yes** | **No** |  | |
| Do you have any concerns about the above VED’s ability to demonstrate flexibility in day to day work (ability to change and adapt, respond appropriately to rapidly changing circumstances)? | | | **Yes** | **No** |  | |
| Do you have any concerns about the above VED’s ability to demonstrate resilience in day to day work (ability to operate under pressure, cope with setbacks, self-aware)? | | | **Yes** | **No** |  | |
| **Personal Skills** (continued) | | |  |  |  | |
| Do you have any concerns about the above VED’s ability to demonstrate thoroughness in day to day work (is well-prepared, shows self-discipline and commitment)? | | | **Yes** | **No** |  | |
| Do you have any concerns about the above VED’s commitment, enthusiasm and drive to deliver primary dental care in the UK (is a self-starter, motivated, shows curiosity)? | | | **Yes** | **No** |  | |
| Do you have any concerns about the above VED’s probity in the approach to patient care in dealing with colleagues (displays honesty, integrity, aware of ethical dilemmas)? | | | **Yes** | **No** |  | |
|  | | |  |  |  | |
| **Attendance** | | |  |  |  | |
| Do you have any concerns about the above VED’s attendance at the practice for the agreed hours? | | | **Yes** | **No** |  | |
| Has the VED attended tutorials as required? | | | **Yes** | **No** |  | |
|  | | |  | |  | |
| **Signed** | | **Date** | **VS’s Name:** | | | **VS’s GDC Number:** |
| **Practice Name & Stamp** | |  | | | | |