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**Healthy Living Dentistry North West**

**ORAL CANCER EXCELLENCE AWARD**

**Dental Practice Outcomes**

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| **OUTCOME SHEET****All outcomes to be completed before the evidence can be submitted**  | **Evidence** | **Date achieved** |
| 1. The HLD Lead will facilitate an Oral Cancer Excellence Award (OCEA) practice workshop to highlight the standards from the toolkit ensuring they become embedded within the daily routine of the practice protocols. All attendees must complete the evaluation for the ECPD certificate Evaluation link -<https://forms.office.com/r/jLTzSKGq86> Please ensure the dental team have read the guide (see below) before completing the evaluation. | Copy of practice team attendance certificate (supplied by HEE) |  |
| 2. All dental team members to read the guide and know where to find it in the practice.  | Signed OCC declaration form with name and GDC number (declaration included in the evaluation form) |  |
| 3. At least one dentist and one team member (all team members are welcome) to attend the HEE oral cancer course. | Certificate from Health Education North West via Maxcourse |  |
| 4. All dentists and therapists in the practice to complete online training (BDA/CRUK oral cancer toolkit) ‘Carrying out a head and neck examination’. Please ensure you complete the full training approximately 3 hours, which can be done in stages.<https://www.doctors.net.uk/eClientopen/CRUK/oral_cancer_toolkit_2015_open/> | CertificateAim to undertake this over next 4 weeks |  |
| 5. All dentists and therapists to familiarise themselves with the online referral system.  | Commitment pledge for the online referral (declaration included in the evaluation form) |  |
| 6. The dental team will undertake MECC (very brief advice about smoking and alcohol consumption behaviours) as part of the regular dental examination visit and record in patient records *e.g. custom screen on clinical IT system, additional question on medical histories form.* | Screen shot of the practice medical histories system. |  |
| 7. The practice undertakes to see patients with cancer needing an urgent assessment and treatment prior to cancer treatment.  | Principal’s Full name……………………….. |  |
| Principal’s signature………………………. |  |
| **PRACTICE NAME** |  |
| **CONTRACT NUMBER** |  |
| **NAME OF PROVIDER OR PRACTICE MANAGER** |  |
| **SIGNED** |  |
| **DATE COMPLETED** |  |
| **All evidence to be submitted to CPGM.** **dental@cpgmhealthcare.co.uk** |

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| **ACCREDITATION PROCESS**  |
| **Review feedback:** |  |
| **Accreditation by:** |  |
| **SIGNATURE**  |  |
| **DATE COMPLETED** |  |