Making Prevention Work in Practice



Health Education North West

Postgraduate Dentistry

Course Overview

This 2½ day course is aimed at providing Registered Dental Nurses with the competencies required to deliver evidenced based individual preventive advice to patients and the skills to apply fluoride varnish as appropriate. All Dental Nurses **must** have a dentist who will act as a mentor; the mentor **must** attend the course with the Dental Nurse for an identified session. Ten case studies will need to be undertaken, two of which will be in-depth. The final assessment will take place at an allocated time on 1st December 2014. Employers must give permission for the dental nurse to attend the course.





Aim:

To prepare a registered Dental Nurse to deliver safe, evidence based advice and to apply fluoride varnish.

Objectives:

- State the evidence underpinning oral health advice for the public
- Identify the action of fluoride in improving oral health
- Demonstrate technical experience in the application of topical fluoride varnish to both children and adults
- Reflect on the public health role of the dental team in relation to improving oral health

Outcome:

The Dental Nurse with additional skills will be able to relate evidenced based practice to improving oral health within the context of prevention.

This course qualifies for 15 hours verifiable CPD

Speakers:

Ian Hunt - Course Lead/ Lecturer Sarah Cash - Lecturer

Venue:

Windsor Dental Radnor Street Hulme Manchester M15 5RD

Dates:

27th September 2014 9 - 4pm 11th October 2014 9 - 4pm (Mentor **must** attend AM session)

22nd November 2014 9 -12.30pm

Monday 1st December assessment time to be confirmed

Cost:

£125.00 NHS £300.00 Private



To reserve your place on this course, please complete the attached application form and forward to Jules Arnold, HENW, Three Piccadilly Place, Manchester M1 3BN

Closing date: 12th September 2014

Payment Instructions will be provided when applications are accepted

Application form

Name of applicant	Job title	
Work address		
	Post co de	
Work telephone number		
Email address (for contact purpose only)		
Required documents		
Are you a qualified and registered dental nurse w	useking in the NUC	Yes/No
GDC number (copy of certificate required):	rorking in the Mn3:	16%/HO
Name and number of Professional Indemnity Inst	urance (Copy certificate required)	
The state of the s	arance (copy certificate requires)	
Have you had basic life support training in the las	et 12 months? (Copy CPD certificate required)	Yes/No
Have you had infection control training in the last	t 12 months? (Copy CPD certificate required)	Yes/No
Supervising dentist		
Name	Job title	
GDC number	NHS performer list number	
Work address		
	Post @ de	
Work telephone number		
•		
Email address (for contact purpose only)		
Are you willing to attend a session on TFV and their (You will be eligible to at least one hour CPD credit)	supervising duties?	Yes / No
Applicant	Supervising dentist	
Print name	Print name	
I confirm the above is correct (please sign)	I confirm the above is correct (please sig	-)
n committee above is correct (please sign)	Committee above is contect (please sig	-,