How to assess your Vocational Dental Practitioner (VDP)

using the Longitudinal Evaluation of Performance (LEP)
As a trainer you will be required to assess your VDP’s performance on a regular basis using an assessment tool called a Longitudinal Evaluation of Performance (LEP).
The LEP assessment tool comes in the shape of an electronic or paper based form. It provides you with a framework to assess your VDP consistently and with regularity across a variety of constructs such as clinical judgement, technical ability, communication etc.

What is a LEP?

The LEP as seen in the e-RPA (electronic record of progress and achievement)
Satisfactory Completion
Compliance with different elements is required to satisfy the National Review Panel that the VDP is safe and prepared to enter the dental workforce as an independent practitioner. Although the elements for demonstrating this may vary, in addition to supportive statements from the VT Adviser and trainer, the VDP has to produce confirmation of attendance, positive patient feedback plus clinical and managerial competence.

How often should I LEP my VDP?
Your VDP is required to have completed 42 LEPs within the training year in order to qualify for “satisfactory completion”. There must also be no outstanding “needs improvement” scores; more about that later.

The LEP year is divided into three blocks with a LEP submission deadline at the end of each block. These LEP submission dates can vary slightly from year to year and your VDP will be notified of these deadline dates via their e-portfolio and VT wallcharts.
The NES adviser will highlight the importance of meeting these deadlines to your VDP as it is their responsibility.

Most trainers try to LEP their VDP once a week however at the beginning of the training year it’s advisable to LEP more often. Remember it’s important that the LEP captures your VDP’s true performance. To do this reliably, it’s best to “sample” throughout the blocks at different times and on different days and avoid clustering all the LEPs into the last few days of a LEP block.

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<th>Number of LEPs to be completed within each block</th>
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<td>Meeting these deadlines is the trainees responsibility</td>
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When should I LEP my VDP?
On day one? Maybe that’s a bit too soon but there is no reason why you cannot LEP your VDP in the first week. VDPs are used to being assessed in dental school and in outreach clinics so it won’t be new to them. The LEP is also designed to show performance improvement so there is no better time to start than at the beginning.

Who decides when and what to LEP?
You do! LEPs are trainer led. As a trainer you must make sure that your VDP has been assessed across a range of patients and case complexities, so it’s a good idea for you to take the lead. That doesn’t mean that the VDP shouldn’t be involved in selecting cases to LEP, far from it, but by taking the lead you are ensuring that they are assessed in the areas where they perhaps lack confidence.

Global rating scale
Beside each construct you have a global rating scale of; 1 to 9. Anything within;

1 to 3 = needs improvement
4 to 6 = satisfactory
7 to 9 = superior

It is essential when scoring your VDP that you benchmark their performance against where you think they should be at the end of their VT year and not against their current stage of training. For example, your VDP is in the first two weeks of practice and he completes an MOD of low complexity to a high standard. During the procedure he behaved in a very professional manner, however he took an hour and a half to complete the procedure. (Nothing wrong with this given his lack of general practice experience). However, as you are assessing him against where he should be at the end of his training, you would need to take the length of time spent on this procedure into consideration.

Needs Improvement
During the VT year it’s not uncommon for the VDP to be given a “needs improvement” score for a patient encounter. This is understandable as scoring anything greater than 4 is confirming that you believe their standard to be at a satisfactory or superior level for safe independent practice / associate level.

When your VDP scores a “needs improvement” against any construct, they are required to demonstrate
performance improvement by completing another LEP with a similar patient encounter. Common sense should prevail here. If the needs improvement score was given for communication skills and specifically about NHS charges because you felt the VDP could have explained it more clearly to the patient, it makes no sense waiting to find a similar middle aged woman requiring a Maryland bridge. If you as the trainer are satisfied that an improvement in talking about charges has been demonstrated in another, not necessarily identical, patient encounter the LEP will be accepted as a repeat. However, if the VDP was given a needs improvement for their technical ability in extracting a lower left 6 in a child. You would want to find another paediatric patient requiring a similar extraction.

When carrying out a repeat LEP make sure you indicate in the feedback that it is a repeat and state the ID number of the LEP you are repeating.
1. Can I give the VDP instruction or assistance during a LEP?
Yes, its formative assessment. To maximise learning during this assessment it’s sometimes necessary to provide some instruction. However if you feel you are having to provide a great deal of instruction you should adjust your scores accordingly.

2. What happens if I have to take over and finish the procedure, for example, a difficult extraction?
The LEP is still absolutely valid and you should score accordingly for the time the VDP was treating the patient. You might want to look at the circumstances which resulted in your intervention. For example, the VDP might have recognised that they were having difficulty and asked for your assistance. This shows good self awareness. On the other hand you might have taken over as a patient safety issue. Both of these scenarios would merit different scores in some of the constructs.

3. Is it OK to pop in and out during a LEP, as long as I see the finished result?
A LEP is an observed assessment and for that reason we would expect you to be there for the duration of the encounter. You cannot assess what you’ve not heard or seen. You are not just assessing the finished product, you are also assessing how that product was achieved. Some patient encounters are scheduled to take a considerable time, for example a crown prep, and as a trainer you do not have time to stay for the whole patient encounter. It’s acceptable to LEP a portion of the encounter, taking an impression, for example. Providing you only LEP what you see and you don’t try to multi-LEP one encounter, your LEP of a stage of treatment is valid and acceptable.
4. Is it a good idea to act as a nurse for my VDP when carrying out a LEP?

No, and not just because you’re probably not a very good nurse. When assessing during a LEP you are assessing the whole encounter. Part of that encounter is how the dentist communicates and works with the nurse. If you nurse for your VDP then you will be unable to assess the “whole encounter”. Also, a LEP is an authentic real time, real patient assessment. Having a dentist assume the role of the nurse is not a normal aspect to everyday practice. By all means nurse for your VDP when teaching.

How should I provide Feedback, written and verbal?

The LEP is a formative assessment which means that it is designed to help the VDP improve their performance as well as provide a record of progress and achievement. Providing feedback for your VDP is an integral part of the LEP, not an adjunct. The feedback you provide should:

- Reflect the scores given
- Be specific
- Focus on behaviour and not personality
- Be well intentioned

You are required to give both verbal and written feedback to your VDP after completing the LEP. The written feedback should be a summary of the verbal feedback given. Written feedback must reflect the scores given across the construct.

How do you measure insight?

You are asked to score your VDP’s insight into their own performance after you have provided your VDP with feedback. Many trainers believe that this is just a question regarding your VDP’s ability to self assess, however it’s more than that. In order to develop insight your VDP must also be able to demonstrate that they have taken on board and synthesised the feedback information you have given them.
Some LEP Crimes

**The retro LEP**
When carrying out a LEP your VDP should be fully aware that they are being assessed. You cannot decide to complete a LEP retrospectively.

**The remote LEP**
The LEP is an observational assessment, for that reason you are required to be in the same room as the VDP you are assessing, and for the duration of the assessment.

**The “one encounter equals five LEPs” LEP**
One LEP per patient encounter is the general rule. In the past some trainers have broken down one patient encounter into five “mini LEPs”. This is viewed as short changing your VDP, especially if only the minimum of 42 LEPS is completed.

**The supernatural LEP**
The one carried out when neither the VDP or the trainer is present, otherwise known as the fictitious LEP. This would call into question the professionalism of both parties and have significant consequences for both parties.

**The dead LEP**
All LEPs require a patient who, at the very least is alive at the start of treatment. For that reason alone, using a LEP to assess your VDP giving CPR to resuscitation Annie is not on.

**The long distance LEP**
This is a variation of the remote LEP (but carries a lighter sentence) where the trainer positions themselves in a comfortable corner of the surgery and remains there for the duration.

**The patient-less LEP**
This LEP is usually a result of a patient not turning up when a planned LEP was scheduled and the well intentioned trainer has, with some creative thinking, decided to assess the VDP completing a prescription or mounting a radiograph. An essential component of a LEP is a patient, Sadly if the patient does not turn up, no LEP can occur.

**The middle of the road LEP**
All 5s or all 6s etc, really? It’s very unlikely that your VDP will have the same standard of performance in all LEP construct.
**External LEPs**

Having more than one person rate each VDP is an important aspect of the LEP assessment. As a trainer you will be required to LEP a VDP other than your own, possibly on two or three occasions during the VT year. Each region and scheme is different as to how they organise external LEPs. Your VT adviser will be able to clarify this for you.

Once you know where and when you are being asked to LEP we would advice you nearer the time to;

- telephone the practice and confirm the time of arrival and the expected duration of your stay.
- ensure that there are a range of encounters booked in and not all check-ups.
- confirm that there is adequate feedback time allocated to the visit

On the day of your visit;

- arrive on time, preferably giving yourself enough time to discuss with the VDP how you will carry out the assessment and how you will be introduced to the patients.
- bring a clinical top and loupes (if you use them)
- let the trainer know that you have arrived, if they’re there. At the very least introduce yourself to the practice manager or receptionist.

When completing an external LEP the guidance is exactly the same, you assess what you see on the day and do not let previous performance influence your scoring decisions. You can teach during an external LEP and you can assist in the treatment if the VDP requires assistance. (As an indemnified practitioner you will be covered for your own acts and omissions).